SUICIDE

AND LAW ENFORCEMENT

**BEHAVIORAL SCIENCE UNIT
FBI ACADEMY
QUANTICO, VA**

BEHAVIORAL SCIENCE UNIT
TRAINING ★ RESEARCH
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FBI ACADEMY

NOTICE

Suicide and Law Enforcement

**A compilation of papers submitted to the
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DEDICATION

This book is dedicated to those valiant survivors
who have felt despair but resisted
the impulse to self-destruct.

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PREFACE

In September 1999, the FBI's Behavioral Science Unit (BSU) continued the tradition of identifying a significant issue confronting the law enforcement community then issuing a "call to arms" to recognized experts and practitioners. This resulted in a BSU-hosted conference on suicide and law enforcement at the FBI Academy, Quantico, Virginia. The purpose of this gathering of professionals from many disciplines was to discuss the impact of suicide on the law enforcement profession. Law enforcement officers, psychologists, attorneys, chaplains and employee assistance professionals, as well as other interested parties, gathered together to focus on various aspects of suicide and law enforcement.

This book contains the results of their efforts. This important work would not be possible without the forward-thinking efforts of the men and women of the FBI's BSU. Dr. Janet I. Warren has continued the University of Virginia's long record of collaboration with the FBI by providing her assistance in this project. They all worked tirelessly to put together a program that brought together a "world class" gathering of professionals who, for 1 week discussed the pain and suffering brought on by this phenomenon plaguing the law enforcement profession. After careful review and vetting by the conference participants, we compiled this work to focus additional attention and to stimulate continuing research into this "dark side" of our profession.

Law enforcement, at the beginning of a new century, is more challenging then ever. Law enforcement professionals confront the grim realities of a society struggling with the specter of violence in every aspect of life. Policing this violence-tinged society are law enforcement officers. Standing tall, they confront, not the made-for-TV world of violence, but the real world of death and destruction. Inevitably, these officers acquire the psychological baggage the professionals gathered for this conference work everyday to better understand.

Efforts such as this are not possible without the close cooperation between the FBI and the many law enforcement and educational institutions represented in this work. Cooperation has become a hallmark of the FBI as we confront the wide variety of challenges facing law enforcement on the streets or in the classroom. Cooperation is a critical success factor in the 21st century. As a grateful member of the law enforcement profession, to all of those whose contributions make this book possible, I say, thank you.

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FOREWORD

Among the many enemies faced by law enforcement officers, suicide stands as one of the most constant. It remains the least identifiable of our foes because we hide thoughts of it within ourselves. We often mask the desire to do ourselves harm behind feelings of denial and rationalization. The fact embarrassed officials report some police suicides as accidental make statistics on police suicides/unreliable.

A Quebec, Canada, survey regarding police suicide listed the top 18 reasons police officers commit suicide, in order of importance. Purely occupational issues did not surface until the 13th item. Attitudes concerning life comprised the premier issues. Many spend an inordinate amount of time gathering statistics regarding this dilemma, but I agree with Karl Menninger. He stated attitudes outweigh facts. Attitudes must change so that statistics decline.

We must study the phenomena of law enforcement stress more. Some focus considerable time and talent in researching this behavior, but we must do more. I am proud of the efforts of the FBI's Training Division and the individual interest of my successor, Supervisory Special Agent Donald C. Sheehan, for publicly and professionally facing this critical issue in the lives of law enforcement officers and their families. Dr. Stephen R. Band, Chief of the Behavioral Science Unit, supported the purpose of this conference, addressing suicide and law enforcement and subsequently, the conference itself. I spent 18 years working in the BSU and I am pleased that the work we began continues. I applaud them for choosing this topic in a day and age when authorities give more attention to the hardware and operational aspects of law enforcement than to the well-being of its practitioners.

Many write about the existence of law enforcement stress, suicide, alcohol abuse and marital discord. Few, however, have ever provided legitimate statistics accurately representing the law enforcement profession. The issues of stress, suicide, substance abuse and marital discord exist in virtually every walk of life. Why then, must we pay particular attention to their occurrence in law enforcement? When the Roman Emperor Augustus appointed a *Praefectus Urbi* in 27 B.C., he established policing as an institution, one that has survived over 2,000 years. The importance of policing rests on the fact that all surviving societies have a well-established, respected, law enforcement authority. Our law enforcement officers comprise an element essential to our survival as a nation.

Suicide continues as a behavioral problem in our society. Suicides outnumber homicides 3 to 2. Suicide has plagued mankind throughout the ages. As a form of human behavior, it has been judged from many different perspectives. For thousands of years, in ancient and primitive cultures, the phenomenon of taking one's own life met with many judgments, attitudes and feelings. Suicide has received responses ranging from outrage to acceptance.

Many views regarding suicide have emerged. Historically, some societies looked upon suicide as a sign of valor. Historians tell of Caesarian troops thwarting the attacks of Pompey until it was known that they could not win. Rather than face defeat and become prisoners, they all committed suicide to avoid capture.

History provides a background for our current view and opinions regarding suicide. Attitudes, however, have changed in time and now we address issues regarding the individual's acceptance of suicide, the influence of stress and its influence in the suicide decision, as well as the more recent issues surrounding "officer-assisted" suicides.

We must accept the task of moving into the 21st century with the renewed hope this act of self-destruction will cease. Fortunately, as the 20th century closed, many law enforcement trainers focused on holistic wellness. The entire field of police stress seemed to realize the enemy without did not cause the greatest amount of job dissatisfaction and self-destructive behaviors. The enemy within posed the biggest threat. At the FBI Academy, a now-retired agent, John Minderman, created a course titled Contemporary Police Problems in the late 1970s. I modified the course and titled it Stress Management in Law Enforcement (SMILE). The Behavioral Science Unit currently teaches to the SMILE course to the FBI National Academy. Holistic wellness remains the major focus and includes the area of awareness, involving spiritual, familial, personal and occupational issues. We also consider financial, nutritional, physical, emotional, leadership, retirement and social issues. We believe police officers can handle stress and subsequent self-destructive behaviors leading to divorce, alcohol abuse and suicide by regaining control of their lives through an appreciation of holistic wellness.

This book focuses on helping law enforcement officers at all levels, as well as those who support law enforcement, to understand suicide. It neither offers officers' therapeutic solutions nor explains various psychological theories. It does not cast a bad light on those who have chosen suicide as a solution to their trials in life. Without apologies or reservations, it attempts to implore law enforcement to offer help to those in need; to seek help when needed and to find other solutions, which will allow them to continue to serve their communities and enjoy their lives, as well as to be a part of the lives of those who love them.

As a teacher, counselor and behavioral scientist with almost three decades of experience, I realize the process of helping others remains complex and challenging. Each of us must accept this challenge. It ranges from changing our behaviors to influencing the behaviors of others. Counseling requires strength, not weakness. Law enforcement officers must access those professionals, as well as peers, who have the training to address the complexities of human behavior. I believe people want to help each other. In fact, as a result of helping others, our status as individuals increases and our self-image strengthens. This increased confidence in one's own psychological well-being has a healing effect, both with the helper and those in need of help.

Helpers, however, tend to develop their own theories. Do not stereotype individuals based upon previous assumptions about suicides. Read this book, learn what these professionals have shared in it. Apply this knowledge to continue making the law enforcement profession rewarding, for its practitioners, their loved ones and the public they serve.

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FBI, Retired

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INTRODUCTION

Lives break in many ways. Time passes and things happen. As events unfold, situations develop. Some of them become unbearable. Suicide occurs when people believe that their pain will continue, unmitigated. This hopelessness characterizes virtually all cases of suicide. The specific reasons vary widely, but 3 major themes recur. Suicidal people: 1) experience an event that seriously challenges their self-concept; 2) lose control over an important aspect of their life and 3) suffer severe disappointment in relation to somebody who has emotional significance to them. Males and females, young and old, educated and uneducated and religious and nonreligious individuals kill themselves. Police officers do so as well.

A significant number of law enforcement officers commit suicide each year. Why? Shakespeare's Hamlet was neither the first nor the last to wonder whether it is better to be or not to be. Unfortunately, many police officers decide it is better not to be. In most cases, their fatal decisions occur while dealing with job-related problems and upheavals in personal relationships. Intrusive thoughts, poor nutrition, sleep deprivation, lack of exercise and alcohol abuse help distort their normally accurate perceptions and good judgment.

What confluence of time and events culminate in such drastic acts? Although the reasons differ, the results do not. Self-inflected death, immutable, intransigent and unfathomable, under normal circumstances, acquires added negative impact. These acts devastate families, friends and fellow officers. Organizations suffer, too.

Two weeks before the suicide and law enforcement conference began, I stayed in a kibbutz outside of Jerusalem while teaching a stress management course to mid-level managers within the Israeli and Jordanian police and security forces. In view of the upcoming conference, the topic of suicide kept coming to mind. At my request, a member of the FBI legal attache staff in Tel Aviv arranged a visit to Masada, the site of, arguably, the most famous case of mass suicide in antiquity. As I stood on that sun-scorched plateau bordering the Dead Sea, I could see the outline of the wall the Roman legions built to contain the Jewish zealots while a ramp was built to serve as a platform to penetrate their defenses.

When we analyze suicide, we always discover an element of helplessness. Can you imagine the hopelessness experienced by those men, women and children as they watched the world's foremost military machine relentlessly and methodically build a containing wall and penetrating ramp? I can understand how all hope drained away as the ramp inexorably drew nearer day after day, week after week and month after month.

Facing rape of the women, enslavement of the children and death of the men, approximately 1,000 Jews killed themselves. Under the circumstances, these were honorable acts. It took great courage and incredible resolve to deny the Romans a conventional victory.

It reminded me of other suicide sites I had visited. Many years ago, as a Marine officer, I served a temporary assignment on Okinawa. While there, I viewed the cliffs where Japanese civilians jumped to their death during World War II because they mistakenly feared abuse at the hands of the victorious Marines. I also visited the underground caves comprising the headquarters of the commander of the Japanese Naval Forces. I saw the pockmarked walls where groups of Japanese military men clustered before exploding their own grenades in a misguided attempt to maintain their honor in the face of defeat. I observed the verse their admiral delicately had painted on a wall before ritualistically disemboweling himself.

To my more cynically inclined readers, this may have taken on the initial appearance of a morbid travelogue. It is not. Suicide, a cross-cultural act, has spanned the ages and shaken mankind throughout history. Having seen and felt the shock of suicide within the FBI, it does not take much imagination to visualize the reaction of those legionnaires as they walked across that rock-strewn piece of raised desert as the rising sun revealed the stark reality of total self-destruction. Even those battle-hardened veterans of protracted desert warfare must have experienced disbelief. I felt the same awe looking at the admiral's beautiful poem crafted shortly before he eviscerated himself. I experienced the same confusion when informed a fellow agent had killed himself. The same one whose background investigation I had performed and who commiserated with me about the irony of us both being transferred from the relatively tranquil atmosphere of Albany, Georgia, to the frantic environment of Newark, New Jersey. I wondered why, just like everyone else who has experienced the absolute reality of co-worker suicide.

The next thought occurred to me because the situations of the Jews and the Japanese were completely different from the law enforcement officers who, like my former colleague, chose to kill themselves. The Japanese thought they had no choice; the Jewish zealots actually did not have any recourse, but modern police do. They have an incredible array of support available to them. Their deaths are not so much honorable, as tragic. The tragedy multiplies exponentially because of the sheer lack of necessity. Law enforcement officers do not have to die this way.

Suicide costs too much. Individuals and institution suffer. People feel pain and organizations lose efficiency. We have to do better. Each article in this book represents a step toward that goal.

This book consists of 61 articles divided into 6 sections. Each of the sections deals with suicide from a different perspective. Not every article fits neatly into a particular category shared so generously, but the sections do help organize the vast amount of material the authors have with us. Self-destruction by police officers comprises the main focus of the book but other aspects of law enforcement related suicide receives attention as well. As first responders, police officers often become vicarious victims of citizen suicide. The cumulative effect of multiple exposures to these

experiences can have pronounced negative results. Suicide by cop receives extensive attention because of the devastating effect such an act can have on a conscientious officer who unwittingly becomes the instrument of somebody who decides to self-destruct.

Appendix A proposes a model survey form. Dr. Nancy Davis and I developed it hoping we eventually will be able to accurately determine how many police officers kill themselves. We try to balance our need to know specific information with a sensitivity toward the suffering relatives, friends and co-workers affected by a suicide. Appendix B is Chaplain Dennis Hayes' artful method of thematically weaving together the disparate elements of the conference. His uplifting benediction provides a spiritual grace note to help us deal with our grim subject matter.

Many books represent a specific point of view; this one does not. The large number of contributors virtually guarantees we cannot reach a consensus. Although we did not reach total agreement about suicide and law enforcement, we did produce a comprehensive treatment of the subject. This book has something for everyone who has an interest in the topic. The authors drew from an impressive array of talent across a wide variety of professions. They did not rely exclusively on their experience and education. They also used creativity to develop new approaches to an old problem.

I learned a great deal while editing this book. Dr. Warren, the contributing authors, the supporting staff and I hope you, too, will learn what you need to know about suicide and law enforcement.

Donald C. Sheehan
Supervisory Special Agent
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SECTION ONE

ORGANIZATIONAL APPROACHES

INTRODUCTION

Police suicide resonates within any law enforcement agency with tremendous force. All types of departments: large, medium and small; northern, southern, eastern and western and urban, suburban and rural; have felt the impact of such acts. The self inflicted death of an officer focuses adverse attention on any organization. If something went wrong somebody must be responsible. In the highly emotional aftermath of a suicide when blaming is common, officials can forget their first responsibility is healing the survivors.

Undoubtedly, the individuals comprising the Executive Management of law enforcement agencies feel the loss of one of their officers to suicide. However, individual compassion does not necessarily translate into an efficient, organizational response. Most importantly, we must foster a culture of caring in the law enforcement profession. This must be coupled with a comprehensive plan which is firmly in place before an incident occurs.

The articles in this section show how the FBI, the state of Georgia, the Miami-Dade Police Department, the New York City Police Department, the San Francisco Police Department, The Royal Canadian Mounted Police, the Toronto Police Service and several smaller departments deal with police suicide. There are also articles concerning other departments which do not represent official, organizational positions, but do provide valuable insights. They deal with mandatory training, policy development, plan implementation, supervisor guidelines and trauma reduction in survivors.

This information encompasses an incredible range of agencies and has universal applicability. Members of every size agency will find information relevant to them. Taken as a whole, these articles provide a blueprint for any police agency seeking a sound, organizational response to police suicide. Tempered with compassion, they may even prevent the next suicide.

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Suicide Prevention Training: One Department's Response

Scott W. Allen

Abstract: *For more than a decade, the Psychological Services Section at the Miami-Dade Police Department has been proactively addressing the processes of law enforcement suicide and indirect self-destructive behavior (Shneidman, 1987; Allen, 1986) through an interactive training program. Training modules are presented in every training block facilitated by Psychological Services Section staff. Further, specific suicide prevention training blocks are provided to the command staff, line supervisors and recruits. Consistent to the main theories in the field of suicidology (Bongar, 1991; Maris et al., 1992; Rangell, 1988 and Shneidman, 1987), law enforcement suicide is defined as a problem-solving behavior primarily aimed at improving a threatened self-image (sudden shame). The dynamics of the suicidal paradox, the avoidance of euphemisms and the nonstigmatizing and nonpunitive departmental policies are addressed. It is the department's conclusion that this training has contributed significantly to the department's low rate of law enforcement suicides.*

Key Words: suicide prevention training, Miami-Dade Police Department, police suicide, law enforcement suicide

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Suicide Prevention Training: One Department's Response

OVERVIEW

Suicide within the general population is variant, which mitigates against any one explanation of suicidal behavior or any singular educational or treatment strategy. Moreover, suicidal dynamics within the law enforcement community are enormously complex. Maris et al., (1992) have identified 15 single-variable predictors (see Attachment A) that appear to be present in the preponderance of law enforcement suicides.

Within the framework of these predictors, the Psychological Services Section senior staff psychologist developed a training program that would provide a substantive overview of the suicide process to *every* member of the department—both sworn and nonsworn personnel. Prior to the inception of the training block, which would be coordinated through the department's Training Bureau, an essential imperative was negotiated among the department's command staff, police fraternal organizations and the Psychological Services Section. All representative parties agreed upon a mandate stipulating that "no employee of the Miami-Dade Police Department would be terminated from employment solely as a result of a crisis hospitalization, inclusive of suicidal ideation, intent, or attempt."

Following this facilitative accommodation, the Psychological Services Section initiated a training program. It is presented periodically to the command staff at annual, mandatory recertification training for sworn personnel, as a block during monthly stress-abatement courses, at all civilian training blocks and to all Academy classes.

TRAINING PROGRAM

Definition of Suicide

The training program possesses several modules, a structure which facilitates a flexible presentation of materials according to time constraints and audience, such as command staff, sworn and non-sworn. The Suicide Prevention Training Program, which incorporates principles of learning theory, uses the following functional definition of suicide: suicide is a problem-solving behavior aimed at 1) improving an unpleasant and untenable situation, 2) improving a threatened self-image and 3) exercising omnipotence instead of hopelessness and helplessness. Furthermore, in most cases, the suicidal law enforcement member believes, illogically, that "my feelings are wrong, but my actions are correct." These conceptions of suicide—especially in regard to improving a threatened self-image—are consistent with Rangell's (1988) thesis that sudden shame is the underlying mechanism in an acute onset of a suicidal crisis.

Risk Factors

In the next part of the training program, a transition is made from the definition of suicide to the risk factors of suicide, including those of Maris et al. as well as Shneidman's (1987) Ten Commonalities of Suicide (see Attachment B). Then, a general overview is presented delineating the significance of each of the predictors. Risk predictors that are always emphasized are perturbation(extreme emotional agitation) and negative evaluation (Bongar, 1991), which includes hopelessness, helplessness, depression and self-loathing.

At this point, patterns of communication deviance become the central area of focus. A comparative discussion of Richman's (1986) Characteristics of Families with Suicidal Potential (see Attachment C) and law enforcement "families" with suicidal potential is facilitated. During this portion of the training, the fact that suicidal individuals are poor communicators is emphasized, especially in the context of the absolute avoidance of euphemisms, such as "You're not going to do anything stupid?" or "You're not going to hurt yourself?"

Consistent with the theoretical underpinnings of learning theory, the final component of this section discusses the seemingly inconsistent behavioral patterns of the suicidal paradox (Farberow, 1980). The participants are reminded that suicide is a problem-solving behavior and that the decision-making processes preceding a suicide attempt, therefore, are similar to those preceding any other major decision. Just as everyone is relieved when a major life decision is made, so too do individuals feel relieved when they decide to commit suicide. Thus, the suicidal paradox is of profound clinical significance, in that, it is the apparent tendency for negative affects, such as depression, emotional withdrawal and hopelessness, to abate shortly before a suicidal attempt. This improvement of mood is, in itself, a function of individuals' decisions to commit suicide. For, once the decision to commit suicide has been made, they have determined the solution to the problem of living. The participants are then reminded about not using euphemistic questions with suicidal individuals. Therefore, if they observe what may be a suicidal paradox process with friends or partners, they are obligated to inquire if those individuals have decided to commit suicide or if they are actually feeling more in control of resolving significant life problems.

Following the above section in the training program, chronic interpersonal behavior patterns that differentiate persons at high risk for suicide are discussed, such as marital discord or isolation, perceived job shame/humiliation, social isolation, help negation, substance abuse, inability to see alternatives, cessation of emotional pain and poor impulse control. During this section, a specific law enforcement officer example is used. All participants are requested to visualize their best friend or partner being at Internal Affairs for the purpose of being relieved of duty or arrested. Each attendee is asked, "What would you do to help this officer?" Invariably, the most common response is that helping officers would attempt to meet affected officers at their homes. This answer is challenged by referring back to perceived job shame/humiliation, substance abuse, social isolation, help negation and impulsivity. The class facilitator then emphasizes the necessity for friends to intervene

with their officer friends at the parking lot of Internal Affairs. In other words, the "family" of law enforcement officers of Miami-Dade Police Department (MDPD) are vested with awareness culpability, whereby they are responsible for intervening when a friend or partner is confronted with a departmental or personal humiliation. The intervention must be extremely timely and competent.

Intervention

The training module then compels each participant to confront the conflict of intervention. Immediately, the class facilitator will articulate the following challenge: "Is there anyone in this class who knows of a situation in which a suicidal (police officer, staff member, or civilian) has been fired from MDPD because of hospitalization?" Due to the preestablished departmental policy that clearly states that no employee will be terminated from service predicated solely upon a crisis hospitalization, no class participant can affirm the question. To further emphasize this point, the facilitator inquires of the class, "Even if your friends or partners lose their jobs because you facilitated their hospitalization, what has just happened if you did not do this and they have committed suicide?" Inevitably, someone will respond, "They have just lost their job." The facilitator validates that response and reminds the class that no officers lose their jobs at MDPD solely upon a crisis hospitalization.

Following this rejoinder, a general overview of crisis intervention is undertaken. The goal of crisis intervention strategies is articulated as a method to assist the individual in crisis to effectively contain or control the physical expression of the internal turmoil manifested as suicidal ideation and behaviors. Thus, the most convenient and helpful resources for the potentially suicidal officer are friends and relatives. These people are constantly available and have a considerable knowledge and understanding of the suicidal person. Support and assistance from family and friends frequently are accepted more easily by the distressed individual than support offered by a professional. The suicidal person interprets assistance from family and friends as meaningful and it restores some degree of self-worth. Assistance from a professional, however, is interpreted as a contrived relationship that can initiate further loss of self-worth. A general discussion follows in terms of every employee of MDPD being responsible for observing significant changes, especially suicidal ideation and behaviors, in their partners, friends and co-workers. Early identification is critical for the success of any crisis-intervention response. Following this early identification, individuals of MDPD then will decide whether to include a mental health professional in the hospitalization process. The facilitator strongly suggests that it will be in everyone's best interest if a member of the Psychological Services Section (PSS) is involved. With a member from the PSS coordinating the intervention, the assisting departmental members can remain in the role of a supportive friend to the potentially suicidal individual. Second, the professional can more effectively and efficiently facilitate the hospitalization process while still maintaining confidentiality with the department. Once the suicidal individual is hospitalized (in almost every case, on a voluntary basis),

the senior supervisor (usually the district major) is notified that the person has been *medically* hospitalized at the specific facility and if there are any questions as to when the individual will be returning to duty, the senior staff psychologist can be notified.

Berent (1981) espouses follow-up or aftercare postvention to prevent premorbid cognitions, affects and behaviors from returning. Follow-up care strengthens the individual's capacity to cope with stress by reinforcing creative problem-solving techniques. Follow-up further develops mastery over complicated interpersonal or family relationships, as well as over substance abuse (when documented). The class is given information about confidential follow-up counseling at PSS and is given appropriate referrals to specialized professionals and programs outside the department.

CONCLUSION

Suicides within the law enforcement community are not tragic acts committed in isolation, but, rather, an intent that is communicated by the individuals within their psychosocial environment. Suicide is neither a disease nor a psychotic violence, but simply a problem-solving behavior (Allen, 1986). Therefore, the progressive law enforcement agency will optimally provide training to its members—sworn and nonsworn—to understand the underlying processes and sequelae of suicide, as well as the stages of response within the crisis-intervention process. The progressive law enforcement agency will establish nonstigmatizing and nonpunitive policies related to the management of the employee, including confidentiality during hospitalization and nonpejorative return-to-work policies and procedures.

Pokorny (1983) argues that suicide cannot be predicted using widely acknowledged "high-risk group" factors without identifying unworkably large numbers of false positives. Therefore, management of the suicidal client-that is, preventing the individual in crisis from committing suicide-is the critical area of focus. To reduce departmental suicides, what is needed is incisive, pragmatic suicide training that also inculcates individual responsibility for competent identification, understanding, interaction, intervention and referral. Anything less obliges the suicidal person to determine the solution alone.

COMMON SINGLE PREDICTORS OF SUICIDE

1.   Depressive illness, mental disorder
2.   Alcoholism, drug abuse
3.   Suicide ideation, talk, preparation, religious ideas
4.   Prior suicide attempts
5.   Lethal methods
6.   Isolation, living alone, loss of support
7.   Hopelessness, cognitive rigidity
8.   Being an older white male
9.   Modeling, suicide in the family, genetics
10.   Work problems, family pathology
11.   Marital problems, economics, occupation
12.   Stress, life events
13.   Anger, aggression, irritability, 5HIAA (5-hydroxy indoleacetic acid)
14.   Physical illness
15.   Repetition and comorbidity of factors 1-14 and suicidal careers

THE TEN COMMONALITIES OF SUICIDE (Shneidman, 1987)

1.   The common purpose of suicide is to seek a solution
2.   The common goal of suicide is cessation of consciousness
3.   The common stimulus in suicide is intolerable psychological pain
4.   The common stressor in suicide is frustrated psychological needs
5.   The common emotion in suicide is hopelessness/helplessness
6.   The common cognitive state in suicide is ambivalence
7.   The common perceptual state in suicide is constriction
8.   The common action in suicide is egression
9.   The common interpersonal act in suicide is communication of intention
10.   The common problem in suicide is with coping patterns

Attachments A and B

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CHARACTERISTICS OF FAMILIES WITH SUICIDAL POTENTIAL (Richman, 1986)

I.   An inability to accept necessary change
           A. An intolerance for separation
           B. A symbiosis without empathy
           C. A clinging to early attachments at the expense of later ones
           D. An inability to mourn
II   Role and interpersonal conflicts, failures and fixations
III.   A disturbed family structure
           A. A closed family system
           B. A prohibition against intimacy outside the family
           C. An isolation of the potentially suicidal person within the family
           D. A quality of family fragility
IV.   Unbalanced or one-sided intrafamilial relationships
           A. A specific kind of scapegoating
           B. Double-binding relationships
           C. Sadomasochistic relationships
           D. Ambivalent relationships
V.   Affective difficulties
           A. A one-sided pattern of aggression
           B. A family depression
VI.   Transactional difficulties
           A. Communication disturbances
           B. An excessive secretiveness
VII.   An intolerance for crises

Attachment C

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An Evidence-Based Educational Intervention to Improve Evaluation and Preventive Services for Officers at Risk for Suicidal Behaviors

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Abstract: This article describes the development, implementation and evaluation of an educational program for New York City police psychologists, counselors and other employee assistance personnel. The goal of the program was to prevent suicides by improving the counseling skills and psychological knowledge of those who evaluate police officers at risk for suicidal behavior. The program consisted of five meetings. Each meeting focused on a key risk factor for suicide as identified by current research, namely: 1) mood disorders and other psychiatric diagnoses, 2) alcohol misuse, 3) work stressors, 4) family stressors and 5) personality style. During each of the meetings there was a lecture, an interactive discussion period and an experiential workshop.

Key words: police suicide, New York City Police Department, intervention, educational program, officers at risk

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INTRODUCTION

In June 1999, *USA Today* reported that more police officers die as a result of suicide than die in the line of duty (Peterson, 1999). While this seems surprising, there is evidence that police officers in the United States commit suicide more frequently than do civilians in the general population. The Fraternal Order of Police reported a rate of 22 suicides a year per 100,000 members. This is an 83% increase over the national rate of about 12 per 100,000. Statistics from various law enforcement departments show rates that vary from a 30% increase over the national rate in some city police departments to a 280% increase among U.S. Custom's agents. Between 1995 and 1999, 18 FBI special agents committed suicide, putting the rate at 26 per 100,000, a 115% increase over the national rate. In the city of Buffalo, Violanti followed the records of 2,593 police officers from 1950 to 1990 and found a suicide rate that was 53% higher than would be expected in a civilian group (Violanti, 1998). In another study, he compared the suicide rate among police officers with that of other municipal workers who had similar employment requirements and demographics (Violanti, 1996). He found a significantly elevated rate of suicide among the police and concluded that suicide constituted an "epidemic in blue."

DISCUSSION

In the New York City Police Department, 89 officers committed suicide between 1985 and 1998 putting the overall annual rate at 16 per 100,000 (O'Neill, 1999). Eight of these suicide victims were female officers in a department in which female officers make up 15% of the force.

Thus, the annual rate for female officers was 9.6 per 100, 000, a 130% increase over the national rate of 4.1 per 100, 000. While nationally males are more likely to complete suicide with a gender ratio of 4.6, the gender ratio among these officers was reduced to 1.7, indicating that female officers are not as protected as civilian women. Similarly, there were 10 African-American officers among the 89 completed suicides, for a rate of 13.8 per 100, 000, which is nearly twice the national rate of 7.2 per 100, 000. Thus, while females and African-Americans generally enjoy lower rates of suicide, within this police department their rates move closer to those of their white, male colleagues. Perhaps, this indicates equally shared risk factors imposed by the stressors of being a police officer.

The suicide of a police officer is a tragic loss of life and is emotionally devastating to family, friends and co-workers. This is the private pain of completed suicide, but the problem is broader. It also includes the more common nonlethal suicide behaviors, namely suicidal thoughts and suicide attempts. These often are markers for severe psychological distress and possible vocational dysfunction and may affect the public safety.

Prediction, in this context, is a two-way street. On the one hand, severe psychological distress, major depression, or alcohol abuse predicts higher rates of completed suicide and non-

lethal suicide behaviors. On the other hand, suicidal behavior predicts that an officer is likely to be suffering from severe psychological distress or alcohol abuse. A police officer who is experiencing suicidal thoughts, for example, may react uncharacteristically in a dangerous situation. The officer may become unable to safely make rapid decisions in a life-threatening circumstance and may thus become a public hazard. While not every police officer with a psychological problem or even psychiatric illness will be suicidal, nearly every suicidal police officer will have serious psychological dysfunction. Thus screening for suicide will not only reduce the tragedy of completed suicide, it also will help us identify and treat impaired police officers.

This dual purpose of suicide screening is, however, well known to officers, who may be reluctant to discuss suicidal behaviors or the underlying impairment that they indicate, for fear that such disclosures will permanently damage their careers. This reluctance on the part of police officers to openly discuss personal distress or to seek help for this distress may be the biggest challenge that police counselors face in their attempt to evaluate officers at risk (Janik, 1994).

An Educational Program to Preventing Police Suicide: Goals

This section will describe the ongoing development, implementation and evaluation of an educational program on suicide prevention for New York City police psychologists, counselors and other employee assistance personnel. The program draws together the expertise of psychiatric researchers working at the forefront of suicidology, suicide prevention advocates and police psychologists. The primary goal of the program is to prevent suicides by improving the knowledge and skills of those who evaluate police officers at risk for suicidal behavior. A secondary goal is to help these counselors identify and refer police officers whose suicidal ideation or suicide attempts indicate severe distress and probable vocational dysfunction. (As already mentioned, these two goals may sometimes interfere with each other.) The detailed goals include:

- reducing completed suicides;
- reducing the number of suicide attempts;
- reducing the distress causing suicidal ideas and behaviors;
- improving early detection and appropriate treatment referral of police officers with suicidal thoughts, especially treatment for depression, alcohol abuse and poor coping styles;
- reducing the potential of harm to other officers and the general public from a suicidal individual possibly making bad judgements and decisions and
- reducing the stigma around mental health issues among law enforcement personnel and increase the acceptance of treatment options.

Development of the Program: An Occupational Health Approach

From the existing evidence, it seems safe to suspect that suicide is an occupational hazard of police work. Our approach to developing a practical prevention program followed the protocol of an occupational-health assessment as outlined by Fein (Fein,1998), with modifications needed for dealing with mental health as described by Kahn (Kahn, 1993). This consists of the following steps: 1) identify a health problem with an elevated incidence in the particular occupation, 2) identify, in general, the risk factors for the problem, 3) identify which of the established risk factors has an elevated exposure level in the particular occupation and 4) modify work processes to reduce exposure to the hazard where possible, or introduce protective factors, or monitor and treat sequelae of exposures. Simple applications of this sequence lead to the recommendation that asbestos workers need special suits and that police ought to wear bulletproof vests. However, one also must recognize that not every health problem that is elevated in a particular occupation is due to on-the-job exposures. It is also possible that certain jobs attract persons at higher risk or that the culture associated with a particular occupation poses risks. Applying these ideas to suicide prevention involves some of these more complex factors as outlined below.

Risk Factors in General: A Multiplicity of Risks

Over the last 30 years, research into the general risk factors for suicide has undergone a transformation through the influence of psychometrics, phenomenological psychiatry, neurobiology, epidemiology, genetics and cognitive psychology (Mann, 1998). In addition, the emergence of the biopsychosocial approach to health problems in general has introduced a more comprehensive, multifaceted approach to the study and modeling of suicidal behavior (Jacobs, 1999). The biological study of suicide also has moved from focusing on suicidal ideation as primarily related to depression to focusing on suicidal acts as primarily related to the biology of aggression and impulsivity (Mann et al., 1999). Taken together, this research has identified a large number of risk factors for suicide, but many of these are either not currently useful in a clinical setting or, like sex, age, race and ethnicity, cannot be altered by a clinical or public health intervention. While it is beyond the scope of this section to review all of the known and suspected risk factors for suicide and suicidal behavior, the interested reader is referred to Jacobs (Jacobs, 1999) for a comprehensive discussion. For our purposes, a useful starting point is the list of 15 clinically useful risk factors compiled at a 1998 national conference on suicide prevention convened by the Surgeon General (U.S. Department of Health, 1999).

The following list is adopted from that report:

1. Previous suicide attempt
2. Psychiatric disorder, especially depression or manic-depression
3. Alcohol or substance abuse, especially in the context of psychiatric disorder

4.   Family history of suicide
5.   Hopelessness
6.   Impulsive or aggressive tendencies
7.   Barriers to mental health treatment
8.   Relational, social, or financial loss
9.   Physical illness
10.   Easy access to firearms or other lethal methods
11.   Unwillingness to seek help due to stigma
12.   Influence of celebrities, friends, or family members that have committed suicide
13.   Cultural or religious belief that sanction suicide
14.   Local epidemics of suicide—contagion
15.   Isolation, a feeling of being cut off from others

Despite all the research on risk factors, however, it remains impossible to accurately predict suicide on the individual level. The best we can do is identify persons who are at increased risk for suicidal behaviors and make sure that those persons receive preventive interventions and treatment for their underlying problems.

Risk Factors in General: The Stress Diathesis Model

Working with numerous risk factors without an overall model can be daunting and quite confusing. The Stress Diathesis model (S-D) proposed by Mann and his colleagues (Mann et al., 1999) is an attempt to organize many of the known risk factors and biological aspects of suicide into a comprehensive and comprehendible model. It is based on several key observations. First, over 90% of suicides occur in the context of a psychiatric disorder, yet the overwhelming majority of persons with psychiatric disorders do not make suicide attempts. Second, while psychiatric illness, particularly severe depressions, are excruciatingly painful experiences leading some sufferers to become suicidal, the objective severity of depressive symptoms do not predict suicidal behaviors. On the other hand, among depressed persons, an aggressive or impulsive personality style does correlate with suicidality. Third, family patterns of suicidal behavior seem to indicate an inherited suicidal trait independent of the inheritance of particular psychiatric diagnosis. Finally, suicide attempters and completers seem to have a dysfunction of the brain chemical serotonin that is similar to that found in aggressive or violent persons.

Based on these observations, the Stress Diathesis model postulates two independent components in suicidal behavior that work together. The first consists of lifelong personality style, which predisposes to aggressive/impulsive behavior in response to stressful circumstances or powerful emotions. This is the diathesis or tendency. A number of the risk factors we have mentioned may contribute to this diathesis, which is why they are risk factors for suicide. These

include genetics, early life experiences, chronic illness, chronic alcoholism, substance abuse and, even, possibly learned aggressive coping style.

The second component of the model is a stressor that supplies an intense desire to end one's life. Whether life circumstances, a psychiatric illness, or both bring this about, it results in the drive or desire to end the painful experience. Patients have portrayed the mental anguish of depression as worse than any experience of physical pain and it often is accompanied by a sense of hopelessness. Because the majority of psychiatric patients and of persons experiencing a major loss do not make suicide attempts, there are probably inhibitory forces that prevent most persons from committing suicide despite the suffering. In aggressive/impulsive persons, these natural inhibitions fail, opening the door to suicide when they are in emotional pain, just as they are susceptible to aggressive behavior when enraged. Finally, the Stress-Diathesis Model recognizes that there are environmental risk factors, such as access to firearms that may contribute to the probability of an attempt or to the degree of lethality once an attempt is made.

Risk Factors in Police Work

With these general risk factors in mind, we then reviewed the literature on police suicide and conducted interviews with personnel from the New York City Police Department Employee Assistance Program. We also reviewed materials from previous programs with similar aims. This brought to our attention a number of risk factors that are deserving of special attention within the context of police work. Not all of these risk factors, however, are helpful in screening for potentially suicidal officers. For example, McCafferty has pointed out that police work is stressful because mistakes easily can be fatal (McCafferty et al., 1992). He also points to the fact that police constantly are exposed to violence, death and cruelty and concludes that this is a psychologically hazardous exposure that might contribute to the elevated suicide rates among police. If McCafferty is correct and more research is needed to substantiate these hypotheses, these stressors affect all officers and, therefore, may not be helpful in the context of a suicide-screening program. Rather, such risk factors call for a change in work-process, such as rotations through different types of exposure, or for introduction of protective measures, such as stress reduction classes (Novaco, 1977). On the other hand, individual variations in dealing with these stressors would be of interest to our program.

This process brought into special focus six risk factors for individuals and two systemwide risk factors. The individual risk factors were 1) mood disorders and other psychiatric diagnoses, 2) work stressors, 3) family stressors, 4) alcohol misuse, 5) an aggressive/impulsive personality style and 6) suicidal ideation. The systemwide risk factors were 7) access to firearms and 8) stigma interfering with appropriate help-seeking behaviors.

Educational Strategies: Lectures, Discussions and Workshops

Review of responses to previous programs revealed that merely lecturing on important risk factors, no matter how relevant, would not really change the clinical behavior or improve the overall effectiveness of the participants. This is consistent with the literature on the clinical dissemination of innovation. Steckler described the many stages needed for innovation to diffuse to practitioners (Steckler et al., 1992). These include awareness, persuasion, occasional use and finally, adoption. Stross showed that dissemination is a complex process requiring multiple sources of information that reinforce each other (Stross, 1987). Similarly, Martin found that effective strategies for disseminating research-based innovations required several independent interventions and that it took many months from the time of initial awareness of an innovation to its adoption into practice (Martin et al., 1998). Finally, he found that adaptation of new process or procedures that also require an attitudinal change could be even more challenging.

It is not simply a matter of having the right information, it also must be in a form that is easily applied. Moreover, as in the introduction of new equipment, users must be given hands-on training in the skills needed to use the new tools. This is especially true for the evaluation of highly sensitive and private psychological material.

Taking all of these factors into account, the final program consisted of five meetings, each of which contained three elements: 1) a lecture, 2) an interactive discussion period and 3) an experiential workshop. Each lecture summarized the current state of knowledge regarding the risk factors mentioned above. The interactive discussions then focused on how participants could best apply this knowledge in their particular police setting. During the workshops that followed, the participants role-played difficult interview situations involving the key risk factors under discussion. The lectures and discussions were aimed an increasing psychological and scientific knowledge and understanding of suicide and its application to police work. The workshops were aimed at increasing the participants' skills in empathic interviewing and at in improving their abilities to assess mood disorders, alcohol abuse, work and family stressors and ineffective coping styles. Specifically, the workshops aimed at improving those counseling skills needed to implement effective suicide screening.

It is important to add that obtaining a detailed discussion of suicidal ideation is such an important risk factor that it was included in all meetings, rather than being the focus of a single meeting. According to a recent article by Beck, a person's suicidal ideation at the worst time of their life was a very powerful predictor of eventual suicide (Beck et al., 1999). Thus, any assessment of suicidal potential must include a detailed discussion of suicidal ideation. However, as we discovered in the development phase of the course, even highly experienced counselors often are reluctant to directly discuss suicidal thoughts and attempts. They fear discussing suicide would plant the idea in a person's mind. Of the 89 completed suicides since

1985 in the NYPD, 82 (92%) involved firearms (O'Neill, 1999). Therefore, each workshop also included discussion of access to firearms. Finally, we discussed the need to overcome denial and resistance to honest disclosure by officers who feared stigma and feared damaging their careers.

Educational Strategies: Evaluation Methods

Three evaluation methods were planned to assess whether the course met the specific objectives outlined above. The first was a weekly questionnaire filled out anonymously by each participant. This will be discussed in greater detail below. The second method involves qualitative follow-up research 8 months after the course using focus groups made up of the participants. The focus groups will attempt to ascertain if participants improved their skills in conducting screening interviews, in evaluating officers at high risk for suicide and in reducing the stigma that surround these mental health issues. The focus groups also will study counselors subject views on whether the course improved their ability to detect and refer potentially suicidal officers. The third method, still in the planning stages, will involve a quantitative assessment of the number and types of referrals made from the NYPD counseling services, the number of suicide attempts and the number of completed suicides over the coming years.

The weekly questionnaires evaluated the lecture and workshop separately on five dimensions as follows:

1) Did the lecture/workshop meet your needs?
2) Did the lecture/workshop meet the objectives of helping you to identify those at risk for suicide?
3) Value of syllabus, outlines and readings?
4) Instructors' effective use of class time?
5) Instructors' facilitation of participation?

Each question could be rated: 4) excellent, 3) good, 2) fair or 1) poor. In the next section, we will include the mean scores of these dimensions for each lecture and workshop. In addition, participants were encouraged to add written comments and suggestions on the evaluation forms. Many of these comments were reflections of the interactive discussions and are included in the descriptions of these discussions below.

Implementation of the Program: Content and Evaluation of Individual Meetings

The lectures summarized the current state of knowledge regarding a key risk factor for suicidal behaviors and the interactive discussions focused on how participants could best apply this knowledge in their particular police setting. During the workshops, participants role-played

difficult interview situations involving the key risk factor under discussion. The lectures and discussions were aimed an increasing psychological and scientific understanding of suicide and its application to police work. The workshops were aimed at increasing the participants' skills in empathic interviewing and in improving their abilities to assess mood disorders, alcohol abuse, work and family stressors and ineffective coping styles. A course outline with relevant lecture slides, summaries and suggestions for further study was distributed.

First Session

The first lecture focused on the overall assessment of suicide risk factors and the clinical procedures for obtaining the necessary information. The scientific basis for the study of suicide risks was outlined and the state of current research was presented. The various risks to be discussed later in the course were introduced. Special focus was given to the need for obtaining detailed clinical information about suicidal ideas and behaviors. Barriers to obtaining this information and techniques for overcoming these barriers were introduced. In particular, the use of symptom checklists and standardized clinical questionnaires was demonstrated.

Evaluation means and standard deviations of first lecture by 43 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.1 (0.48)	3.3 (0.50)	3.3 (0.47)	3.5 (0.50)	3.4 (0.54)

The discussion period that followed was focused on the task of applying this material in the specific context of police work. In particular, the discussion involved the differences between the clinical therapeutic situation, in which patients are committed to treatment and the assessment task in which officers often are distrustful of the process and are only minimally cooperative.

The workshop involved a dyadic role-play with scenarios from participants' experiences. One participant played the role of a client he had evaluated while the other participant played himself at work and conducted an assessment. Participants were asked to focus on a set of particular skills relevant to the day's topic. For the first session these were getting comfortable with a frank discussion of suicide and crisis counseling. After the role-play, all participants were invited to critique the role-play in a supportive and constructive fashion, as well to discuss alternative approaches. Participants consistently stated that watching their peers conduct these mock interviews was extremely helpful in building skills, as was doing the mock interviews and getting peer feedback.

Evaluation means and standard deviations of first workshop by 40 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.2(0.46)	3.3 (0.52)	3.4 (0.53)	3.4 (0.55)	3.4 (0.55)

Second Session

The second lecture focused on the psychiatric illnesses as major risk factors for suicide. The lectured covered both the relationship of psychiatric illnesses, such as depression and anxiety disorders, to suicide and the diagnostic and assessment techniques used to identify these conditions. This included the recognition of verbal and nonverbal communication as organized into the standard mental status exam, the concept of signs and symptoms as organized in the DSM IV diagnostic system and the particulars of mood disorders, anxiety disorders, paranoid states and psychoses.

Evaluation means and standard deviations of second lecture by 34 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.2(0.52)	3.2 (0.65)	3.4 (0.64)	3.3 (0.57)	3.3 (0.59)

The discussion period focused on the process of obtaining and organizing clinical information about an interviewee in the police setting, where different narratives may be presented by supervisors, family members and the officer in question. The specific usefulness of checklists, especially in the identification of depression, was elaborated, as was the special problem of dealing with nonpsychologically oriented persons.

The workshop focused on the skills of interviewing in order to obtain information and the need for close observation of nonverbal clues. In particular, nonthreatening nonjudgmental approaches to asking about symptoms were practiced and discussed, as were techniques for observing and describing behaviors in the interview situation. While most participants were aware of the DSM-IV diagnostic system, many of the participants stated that they were not regularly in the habit of using symptom checklists (either mentally or on paper) in their assessments. A number of participants found this technique to be helpful in simplifying their assessment and in giving them greater confidence in their evaluations.

Evaluation means and standard deviations of second workshop by 34 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.1(0.62)	3.0 (0.68)	3.2 (0.61)	3.4 (0.54)	3.2 (0.60)

Third Session

The third lecture focused on work stressors, family stressors and sudden losses as suicide risk factors. This lecture emphasized the unique types and levels of stress that police officers face at work and the special stressors that police work places on police families For a review of these issues, see the work of McCafferty et al., (1992), Janik (1994), Violanti (1996) and Lester (1998).

Important examples of work-related stressors were discussed. These include: constant potential for injury and death, exposure to high levels of cruelty and violence, ambivalent attitudes of the public, responsibility without authority, co-worker interdependence (only inpolice work does survival depend on one's relationship with a partner), potential investigations of routine work, ineffectiveness of the correction system, distorted press accounts of police incidents, potential allegations of brutality and racism, paramilitary isolation from the norms of the general culture and exposure to potentially corrupting situations. In sum, police work probably carries the highest potential of any vocation for a sudden reversal of fortune. Police officers are in constant risk of traumatic loss of their life, their health, their co-workers, their reputation and especially their careers. An accusation of wrongdoing, whether in the line of duty or not, can lead to the end of one's career and livelihood. Similarly, what might amount to a minor error in another line of work could be devastating in police work.

Moreover, compared to other workers, police officers are more likely to have work stress interfere with family life, as shown by a 1990 survey of police officers by the National Institute of Occupational Safety and Health in which 37% reported severe marital problems (McCafferty et al., 1992). Of the 89 suicides since 1985 in the New York City Police Department, 54 (60%) were found to have suffered the failure of a relationship preceding the suicide (O'Neill, 1999). McCafferty believes that dissolution of a marriage or relationship through divorce or angry separation may be the most common event preceding a suicide (McCafferty et al., 1992).The lecture also covered the constructive and destructive strategies that people adopt in coping with stress. Finally, the lecture discussed techniques for recognizing high stress and poor coping style that should be incorporated into the suicide screening process.

Evaluation means and standard deviations of third lecture by 41 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.2(0.53)	3.3 (0.52)	3.4 (0.50)	3.4 (0.63)	3.4 (0.59)

The discussion period focused on the participants impression that in the face of these severe stressors there was a great deal of ineffective coping strategies enacted both by individuals and by the police culture in general. This included stoic denials of psychological pain, emotional isolation from significant others, overuse of alcohol and overidentification with the job sometimes coupled with cynicism and distrust of the general public.

The workshop focused on interview skills needed to obtain sensitive personal information about work and family stressors as described by D'Andrea and colleagues (D'Andrea and Solovey, 1984). These included: being nonjudgmental, being empathetic, sticking with the here and now, working with feelings first and active listening and reflecting of content.

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Evaluation means and standard deviations of third workshop by 41 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.1(0.49)	3.2 (0.64)	3.3 (0.48)	3.4 (0.54)	3.4 (0.55)

Fourth Session

The fourth lecture focused on alcoholism and substance abuse as suicide risk factors. Alcoholism and abuse are both acute and chronic risk factors. Chronic alcoholism or substance abuse can lead to a downward spiral in which both work performance and family relationships suffer. This increases stress and can contribute to depression and anxiety, which, in turn, often leads to more drinking or substance use as a form of self-medication.

In addition, acute intoxication is a severe risk for suicide as it causes disinhibition and interferes with normal decision-making processes. Of the 89 completed suicides in the NYPD, 64 (72%) had alcohol in their blood at the time of the suicide.

Evaluation means and standard deviations of fourth lecture by 43 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.3(0.56)	3.4 (0.55)	3.3 (0.56)	3.4 (0.54)	3.3 (0.46)

The discussion period focused on the high prevalence of problem drinking within law enforcement and the difficulty counselors faced in confronting the omnipresent denial around this issue. Alcohol use is an ubiquitous ingredient of police culture.

While misuse of prescription drugs was part of the standard evaluation, the possibility of illegal substance abuse presented far more complex legal and confidentiality issues and often was left out of formal evaluations. Another issue raised in this discussion was police policy of not allowing officers on active duty to be on antidepressant or other psychotropic medication. While rarely enforced, this policy could be problematic under current pharmacological recommendations that include, for example, long-term medication maintenance after a depressive episode has completely remitted. The workshop stressed skills involved in assessing substance abuse, overcoming denial, recommending AA and use of peer support to overcome resistance to treatment recommendations.

Evaluation means and standard deviations of fourth workshop by 42 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.4(0.58)	3.4 (0.50)	3.2 (0.54)	3.6 (0.55)	3.5 (0.50)

Fifth Session

The lecture focused on research indicating that certain personality types or coping styles are risk factors for suicide under stressful conditions. As described above, this is a key concept in the Stress Diathesis model of suicide as described by Mann and his colleagues (Mann et al., 1999). In particular, an aggressive or impulsive temperament adds significantly to the risk for suicide under conditions of depression, severe stress or extreme losses. Persons whose coping styleinvolves taking definitive action in the face of strong emotions are more likely to act on suicidal ideas, which occur with many types of psychological stress. The easy access to lethal weapons within police departments makes this type of person even more vulnerable to impulsive and lethal suicidal behaviors.

Evaluation means and standard deviations of fifth lecture by 40 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.4 (0.55)	3.5 (0.55)	3.4 (0.59)	3.5 (0.51)	3.3 (0.56)

The discussion focused on the notion that police departments might recruit and police work might encourage, precisely the type of personality and coping style that is at high risk for suicide under conditions of psychological stress. The discussion emphasized that this type of personality or coping style was not wrong or bad. In fact, these personality characteristics may be very desirable and helpful to police work under normal circumstances. Rather, the problem arises when an officer attempts to use these same coping styles to solve personal problems. This lack of flexibility may lead to an overly aggressive style in the face of family conflicts and a willingness to use ultimate methods to "solve" intrapsychic problems.

The workshop dealt with ways of recognizing different character traits and coping styles and including such assessments into a screening for suicide risk. The workshop also aimed to demonstrate how adjusting one's interview style to better fit with the temperament of individual officers could significantly improve rapport and cooperation.

Evaluation means and standard deviations of fifth workshop by 39 participants.

Usefulness	Relevance	Reading materials	Facilitation of participation	Use of time
3.4(0.63)	3.4 (0.59)	3.4 (0.59)	3.3 (0.62)	3.4 (0.59)

Finally, participants were asked to give an overall rating for each of the five meetings.

Evaluation means and standard deviations of overall ratings by participants.

First Lecture and Workshop	Second Lecture and Workshop	Third Lecture and Workshop	Fourth Lecture and Workshop	Fifth Lecture and Workshop
3.5(0.5.6)	3.3 (0.53)	3.4 (0.55)	3.4 (0.50)	3.4 (0.64)

FUTURE DIRECTIONS

In the first stage of the evaluation, the course received a strong endorsement from the participants, as indicated by the scores on the questionnaires and by the written comments. Overall, 95% of participants scored the lectures as good-excellent on all the rated items and 93% scored the workshops as good-excellent on all items. In their written commentary, participants stated that the areas that were most improved as a result of the course were knowledge of suicide risk factors, their skills in direct discussion of suicidal ideas and plans and their skills in evaluating depression. Whether the course has a lasting effect on the knowledge and skills of the participants and whether it can help prevent future suicides by improving the screening procedures has yet to be rigorously tested. Feedback from each of the evaluation phases will be used to further refine the content of lectures and the experiences presented in the workshops.

However, thus far, we are encouraged to optimism by the story of one participant who described an interview she conducted after the first three lectures. She stated that while she suspected that the officer being interviewed was having suicidal thoughts, she ordinarily would have been reluctant to directly discuss suicidal ideas. However, this time she overcame her reluctance. The officer revealed suicidal ideas and a plan he had considered. Moreover, once asked in a nonjudgmental way, the officer was quite forthcoming about his thoughts and feelings.

CONCLUSION

Under the best of circumstances, it is difficult to create an atmosphere in which someone in dire psychological pain can openly discuss their feelings. In the presence of suicidal ideation, this is even more difficult. The police counselors who participated in this training work under less than ideal circumstances. The officers they evaluate often fear stigma, career setbacks and the shame of having their weapons removed. The officers often deny the degree of their drinking or their family problems. They tend to minimize psychological factors. They nurture an independent, self-reliant and often invulnerable self-image. They function in a vocational culture, placing a high premium on physical and psychological toughness. When interviewed, especially in the work setting, they often are reluctant to expose any emotion or sign of weakness. This course was designed to partly mitigate these difficulties by improving the knowledge and skills of the police counselors so they can better contribute to creating a trusting atmosphere where difficult emotions can be honestly discussed and where potentially suicidal officers can be evaluated and referred for appropriate treatment.

Suicide in San Francisco: Lessons Learned and Preventions

Alan Benner

Abstract: *The author uses his own experience as a starting point for exploring law enforcement suicide. The goal is to arouse attention, engage in candid discussion and develop prevention strategies. An argument is made for the need to innoculate officers against the common interpersonal and organizational dysfunction resulting from a law enforcement career. The effort needs to include creating and legitimatizing resources for officers and their loved ones. A key ingredient is actively involving officers, as the experts, in the process.*

Key words: police suicide, San Francisco Police Department, prevention, lessons learned, research.

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Suicide in San Francisco: Lessons Learned and Preventions

INTRODUCTION

I came close to killing myself 25 years ago. I would have fit the classic profile: white male, over 30, off duty, chocked gun in hand, drinking, marital problems, disillusioned and isolated. Seeing what I was about to do reflected in the bathroom mirror shocked me away from the brink. The next morning I found my gun where I had dropped it and realized I had not been dreaming. I was in trouble. At the time, I was a mounted patrol officer and part of the tactical unit. My image of who and what I was, made disclosing almost impossible; it did not help that sexual dysfunction was an issue in my marital problems. How could this be? I had just completed a bachelor's degree in psychology. I was a father of two young children. I was a Marine. I was a cop. I was one of the last of the American cowboys, an urban warrior and a member of "The Thin Blue Line." How could such a person have these problems? One answer sprang most readily to mind; I was a fraud.

Ashamed and shaken to my core, I knew I needed help. With a lot of ambivalence, I forced myself to confide in fellow, tactical officers. Revealing my personal problems to others was an uncharacteristic act. Admitting things that were not "manly" could destroy my credibility with my peers and make me a laughing stock. The officers I chose to talk to were senior to me. I expected some amused even sardonic responses to my plight. After all, I was a fraud. I desperately needed to exorcize the emotional turmoil I felt from my isolation and shame. I took the risk. The responses I got were nothing like I feared. They ranged from, "You think you're the only one?" to a "Dutch Uncle talk" and referral to the Human Sexuality Clinic at San Francisco's campus of the University of California Medical School. I was stunned. Mixed with my relief and gratitude was a feeling of utter stupidity. I had kept these secrets for so long that they almost killed me. I had kept secrets all those years that needn't have been kept at all.

I had been holding tightly to and operating from a guiding template of beliefs, values and personal expectations. Keeping your personal problems strictly to yourself was only one belief among many. I could not conceive this "roadmap" for navigating through life's challenges might be flawed. All this time I believed that my basic problem was that I wasn't doing things "right." Now, another possibility arose: what if the problem was not based solely upon my own personal beliefs and values guiding my behavior and expectations also were flawed? I accepted that I could not avoid my own culpability. However, was it possible that there could be mitigating factors, besides my own naivete, which led me to the desperate and dangerous place I had just escaped?

Answering that question has been a personal ongoing goal of mine for more than 25 years. The investigation has seldom been on the front burner of my life. Instead, the quest has been like a constant observing filter that took notice of relevant information as it was encountered. The process continued as I matured and was promoted. I experienced new assignments and new people. I got divorced and remarried. I obtained a Ph.D. in psychology and studied issues embedded in officer

suicides. I tried to learn from whomever I could. To this day, the fulfillment of my goal has eluded me. I have, however, come to some conclusions about parts of the answer.

As I came to conclusions about elements of the question, I tried to translate what I had come to believe into training and therapy interventions. I offer you a sample of these, admittedly, highly personal observations in hopes they will be useful.

THE NEED TO THINK AND TALK ABOUT OURSELVES AND SUICIDE

I believe that as we learn more about suicidal behavior in law enforcement and we compare and contrast these findings with findings about the general population, we will find many more similarities than differences. As fellow humans, we all share the same kinds of strengths, weaknesses and needs. The impact of loss, depression, major anxiety, isolation, substance abuse, self-deprecation, or unbearable pain are ingredients of a deadly emotional cocktail. If served under the right circumstances or when we are at our most vulnerable, anyone could succumb. Those in law enforcement do themselves a disservice if they dismiss the possibility of ever being suicidal. It is particularly unwise to dismiss the possibility by thinking suicide is chosen only by the weak and inferior; the unspoken corollary being, "No great loss, there." With that mind set, the simple act of considering suicide as an option translates into "proof" of personal weakness, inferiority, unworthiness and being expendable. Rather, there is value in entertaining the possibility that, in some extreme and unlikely circumstances, one *could* be at risk. Regardless how remote that possibility might be, a prevention strategy needs to be devised. Planning for unlikely occurrences is done all the time in law enforcement. When thinking about liability and risk management or devising patrol tactics, we are reminded constantly to attend to the "high risk" but "low frequency" events. That is because experience has taught us that the failure to do such planning has resulted in bad outcomes, bad publicity, costly litigation and even loss of life. To consider the possibility of one's own vulnerability to suicide and plan to survive is every bit as valid as planning how to stay alive in dangerous patrol activities or in natural disasters. It's the fool who dismisses such forethought because: "That is never going to happen here or it's never going to happen to me."

I remember discussing with my first radio car partner how we would handle the temptation of corruption that was plaguing our radio car sector. We decided that we were both vulnerable to corruption but that our price tag was a million dollars, each. Short of that, it was not worth it. By recognizing the danger and our own vulnerability to it, we devised a conscious strategy. That strategy inoculated us against all but the most extreme and unlikely set of circumstances. Thinking and talking about suicide is no different. The goal is to be prepared for that which we never expect to encounter.

I employ various questions related to suicide to encourage officers to consider suicidal vulnerabilities and prevention strategies. Most commonly, they are used in training situations but have proven useful in some clinical interventions.

Here are six examples:

- What is you were unknowingly drugged and by the time you realized it, you felt out of control and crazy? What would you do about it? What if you suddenly found yourself, for no apparent reason, terrified and out of control? What would you do about that? What, if anything, is the difference?

- What do you know about panic attacks? How are they manifested? Why do they occur?

- Imagine a circumstance where suicide is an acceptable option. What might be acceptable for someone else? What might be acceptable for yourself? What, if anything, is the difference?

- If you were to be approached by someone very important to you and they were suicidal, what would you say? What might you do? Would the same thing work for you? If so, why? If not, why not?

- If, inexplicably, you found you were seriously considering killing yourself, who would you turn to? Would you turn to anyone? Why or why not?

- Suicide bequeaths a terrible price upon the loved ones left behind. Do you owe it to them to strategies prevention, even if you cannot imagine killing yourself? Why or why not? What might be some suicide prevention strategies you could employ?

LOOKING AT THOSE WHO DIED, 1965-2000

I would not have been the first San Francisco police officer to commit suicide, nor the last. Within the 10 years I had been in the department, three officers had taken their own lives; one of them was an academy classmate of mine. An additional nine succumbed in the following 25 years. In total, from January 1965 until January 2000, the San Francisco Police Department experienced 20 job-related deaths. There were 6 accidental deaths and 14 officer homicides. Twelve officers killed themselves. The officer mortality rate was not evenly spaced across these 35 years. The 10 years from 1967 to 1977 were the most turbulent. There were 12 officer homicides (85% of the total homicides) and 3 accidental deaths (50% of the total accidental deaths); there were also 3 suicides (25% of the total suicides). Excluding suicide, 15 on-the-job deaths occurred between 1967 and 1977. That accounted for 75% of the total for the 35 year period. In contrast, 1987 to 1997 had 1 officer homicide (7% of the total) and 3 accidental deaths (the remaining 50% of that total); suicides doubled to 6 (50% of that total).

There were some major differences between the two time periods. Those differences seemed to influence the suicide rates. During the 1967 to 1977 years, the San Francisco Police Department was under siege. Park station was bombed, and two separate terrorist groups assaulted Ingleside Police Station and the Housing Authority Offices, killing an officer and wounding others in each case. There was a bazooka attack on Taraval Station. Another large bomb with, fortunately, a defective fuse was placed on the roof of Mission Station and timed to detonate at line-up and change of watch when 50 to 60 officers were in the station. Ambushes, sniper attacks and walking up to officers parked in their cars and shooting them accounted for other deaths. During the 1967 to 1977 time period there also were many major demonstrations, pitched battles and mass arrests. It was the era that saw police station windows bricked up, high cyclone fences erected and thick bulletproof glass and phones installed between the police and their public. This era gave birth to the practice of officers wearing bulletproof vests and routinely carrying hidden backup guns. These experiences and the resulting defensive precautions were hardly restricted to San Francisco. Police departments across the country experienced the same kind of turmoil.

By contrast, the years from 1987 to 1997 were less turbulent. There were still demonstrations over the Gulf War, the AIDS epidemic, the environment and other causes. Drive-by shootings increased, criminals became better armed than the cops and suburban schools experienced a series of shootings where troubled youths killed their classmates and teachers. Nonetheless, the level of reported violent crimes reduced significantly; community based policing created partnerships between law enforcement and the citizenry, things *seemed* easier. Most important, the police were no longer the primary targets they once were. Yet, the suicide rate of San Francisco police officers doubled during this more "tranquil" period. Why and what can we make of it?

WAYS TO LOOK AT SUICIDE

The Research Perspective

There is a growing effort to conduct research to answer questions, such as: Do police officers commit suicide at a greater or lesser rate than the general public? Are there differences among police agencies? Are there different suicide rates during different periods of time? The most common yardstick of comparison is to statistically determine the number of suicides per 100,000 of the targeted populations. This is done by the following formula: the number of suicides are divided by the number of officers in the agency or total sample; the resulting percentage is multiplied by 100,000 and that number divided by the number of years involved in the study (#suicides / #officers x 100,000 / #years). Michael Campion did such a study of small agencies (39 officers on average) with the sampling period of 1990-1998 (Campion, 1999). Campion's study found a ratio of 18.1 per 100,000 officers and he points out that his study replicates Michael Embedded's ratio of 18.1 per 100,000 officers established by an extensive review of the literature (Embedded and Warlike, 1999). The San Francisco police suicide ratio over 35 years was 17.1 per 100,000 (12 suicides / 2,000 officers = .006 x 100,000 = 600 / 35 years = 17.1). Campion goes on to report that according to the

U.S. Census Bureau data, the suicide rate for the general population in 1997, adjusted to the police age range and sex, was 20.2 per 100,000, significantly higher than the police suicide ratio. But, are we comparing "apples" to "apples" here?

The 1992 Bureau of Criminal Justice Statistics reported that 90% of the law enforcement agencies in the United States had less than 50 sworn officers. I believe that future research will establish that the higher the suicide ratio the larger the police department. It is much easier to become isolated and "fall between the cracks" in a larger more impersonal agency. There also will be different ratios established between different parts of the country, different cities and different time periods. For example, the San Francisco Police suicide ratio per 100,000 for the 35 year period from 1965 to 2000 was 17.1, lower than either Campion's or Embedded's research findings for police. During 31 years within that same time period, the San Francisco's Medical Examiner's Office records provide data that translates to a ratio of 14.0 suicides per 100,000 for the general population (Allison, Donna, 1999). This is significantly below the police ratio. During the turbulent years of 1967 to 1977, the police ratio was 13.6 suicides per 100,000 and the general populations' was 26.0 per 100,000. From 1987 to 1997, the police ratio was 33.3 suicides per 100,000 while the general population was 21.0 per 100,000. It is arguable that different decades exert different forces. Between 1967 and 1977, police officers in San Francisco were too busy trying to keep others from killing them to kill themselves. The suicide ratio for the general public indicated that they were more negatively influenced by the turmoil of the times. The more tranquil period of 1987 to 1997 found that the danger became reversed for the police and twice as many officers died by their own hand than in the turbulent 1967 to 1977 years. The general public suicide ratio seemingly reduced with the crime rate; the 1997-1998 fiscal year suicide rate is the lowest in the 31 year record period. Admittedly, this data is murky. Controlling for variables of age, sex and ethnicity is needed and will cause the data to reflect yet another perspective.

The Police Officers' Perspective

Police officers cannot wait for researchers to refine the data. The kind of ratios that get their attention are more basic: "How many of us were killed by criminals versus how many of us took ourselves out?" In San Francisco, the ratio from 1967 to 1977 was 12 murders to 3 suicides (12:3); not good but understandable. The ratio of 1 murder to 6 suicides from 1987 to 1997 (1:6) is scary, confusing and unacceptable. It is find to speculate that officers will be less emotionally at risk for suicide if more people are trying to kill them. Even if proven true, the knowledge does not help. The "them versus us" cause of death ratio does make officers sit up and take notice. This provides an opportunity to do training, to explore suicide causal factors, engage in dialog, create awareness and, hopefully, inoculate officers against suicide.

This "inoculation" approach is a standard law enforcement training practice. It is used to prepare officers for violent confrontations or traumatic events. They are taught about normal human

reactions to abnormal events and how to survive them and come out "on top." The same thing needs to be done with suicide. A major difference is that addressing suicide requires acknowledging dysfunctional systems and challenging the reality of cherished myths. Try giving the "we are family" speech to officers who have been off on disability over a month and feel like they have dropped into a black hole and been forgotten. The only contact they are likely to get is a call inquiring when they are returning to work. Try giving the speech to officers who have just been unexpectedly transferred out of assignments that their professional identities and sense of competence were based upon. There are legitimate reasons why such things happen. But, when unexamined and unprepared for, officers are left to conclude that they have been found unworthy by the "family" and are expendable.

These are but two of many examples where officers would be better served if they had been prepared. It is counterproductive to dismiss the issue or the person by saying, "they should have known; it comes with the territory;" or "here's another sniveling malcontent." Instead, conscious efforts have to be made, early on, to prepare officers for such unpleasant realities. The goal is to ensure an awareness of "what does come with the territory," warts and all. Doing some honest homegrown research and providing the results, particularly to new officers, is one way.

THE POLICE CAREER AND PERSONALITY CHANGE

My doctoral dissertation was about different strategies to validate entry-level psychological screening for police officers (Benner, 1991). I concluded that there was no substitute for predictive validation. In the process, I had given the Minnesota Personality Inventory (MMPI) and the California Personality Inventory (CPI) to 178 police recruits during their first week in the Academy. Ten years later, I obtained 44 volunteers to retake the MMPI and CPI, as well as fill out a questionnaire I had devised. The research was inelegant and it was flawed for, among other things, I was unable to employ random sampling to obtain my post-test subjects. Some of the findings are quite relevant to the discussion here. Chief among them were two statistically significant scale score changes between the pre- and post-tests; the level of significance was for a 2-tailed test. One was an increase in post-test groups' aggregate MMPI scale score for depression; the scale measures the overall level of depression and general morale. The other was a decrease in the post-test groups' aggregate CPI scale score for sociability; the scale measures a person's outgoing, sociable, participative temperament. Taken together, the increased scores on depression and decreased scores on sociability provide empirical support for the stereotype of the cynical "closed down" veteran cop.

The subjects' supported the statistical results through their written responses to the questionnaire. The majority believed the job had changed them, 41 or 93%. When their written responses were analyzed, the predominant adjectives that the subjects used to describe their own personality change were extracted. Of the 44 subjects:

- 13 saw themselves as more *Cynical*
- 9 felt they had become more *Conservative*

- •   5 characterized themselves as more *Prejudiced*
- •   5 reported they were more *Assertive and Self-Confident*
- •   4 felt they had become *Less Tolerant*
- •   2 described themselves as *Less Compassionate*

One of the subjects recently died in a car accident. Otherwise, the remaining 43 subjects are still active members of the department. They range in rank from deputy chief, commander, captain, down to two who are still patrol officers. Their narrative responses to survey questions were candid and powerful. While the abstracted adjective descriptions of change generally are negative, many of the answers to other questions were adaptive and more positive. The aggregate results of the survey and the verbatim responses are used in academy and other training. Feedback has been that the information is appreciated and it generates productive thoughtful discussion (see Attachment A). The narrative responses were too lengthy to reproduce, but they are included in the referenced dissertation.

EFFECTIVENESS AND SUPPRESSION: OUR STRENGTHS ARE THE OTHER SIDE OF OUR WEAKNESSES

Law enforcement involves controlling others. To effectively control others, officers must first be in control of themselves. Normal garden-variety emotions have to be suppressed, lest they get in the way of objectivity, command presence and appropriate behaviors. Examples: *Fear* cannot be entertained until an event is concluded; officers literally race one another to serious felony runs. *Anger* is an emotion to be studiously avoided; it can derail the best of "game plans," lead to unnecessary use of force, cause citizen complaints and administrative discipline. *Revulsion* of what is seen and of what must be done has to be resisted; it can get in the way of rendering first aid at an accident or conducting an investigation at a gruesome crime scene. *Empathy* needs to be held in check; it is a balancing act between giving comfort to victims and preventing diversion of too much energy from apprehending suspects, restoring order and so forth. Officers master suppression and denial of emotions very quickly. It serves them well. It becomes an automatic unconscious function. The suppression function often is complimented by developing gallows humor. This humor utilizes exaggeration and irreverence to break the connection between the stimulus and unwanted emotional response, particularly anxiety.

Soon, nothing is sacred and "black humor" becomes an effective constant companion. No working street cop, detective, crime scene investigator, or emergency worker can function effectively without using denial, suppression and humor. Unfortunately, what works so well on the job can adversely effect communications with loved ones. Suppression of normal emotions means not recognizing them when they arise and that includes not talking about them. High impact emotional issues are commonplace in relationships. Avoiding, dismissing, or "laughing them off" on a consistent basis means that many issues go unresolved. Over time, problems are almost inevitable.

This kind of problem can be addressed in academy and advanced officer training and through family orientation programs. Departments need to provide new officers with helpful books like *I Love a Cop* (Kirschman, 1998) and a list of Webster with good content and links to other sites like policefamilies.com and copshock.com; officer directed peer support and critical incident response programs need to be formally supported on either a city or countywide basis and consumer advocacy should be encouraged in pursuit of confidential and culturally competent mental health resources. Relationship problems are almost a constant element in officer suicides. It stands to reason that it is practical to "innoculate" officers and their families against known dangers and commonly experienced problem areas.

ORGANIZATIONAL POLICIES

I recently traveled to a large West Coast city to testify in support of an officer whose department was seeking to dismiss him because of an on-duty suicide "attempt"; the distinction between a suicidal "attempt" versus a suicidal "gesture" was a major point of contention. The officer had been experiencing relationship problems. These culminated in a phone call where infidelities were admitted and the officer was told the relationship was over. The other party was on the East Coast and the 3 hour time difference caused the phone call to occur while the officer was at work. Despondent, gun drawn, he considered suicide but rejected the act with a loud yell of "No"! Another officer burst into the office, took the gun and summoned help. The despondent officer was hospitalized, treated and returned to duty approximately 2 weeks later. He had an exemplary career up to this point and had no previous disciplinary actions.

The officer's job was an intense administrative one where he was responsible for a complex, technical and important project. The fact that he had returned in a "light duty" non weapon-bearing status had no effect upon the officer's functioning. Nothing untoward occurred as the officer got into therapy and started rebuilding his life. The project was concluded almost 11 months after the suicidal episode. It was then that the administration decided that a fitness-for-duty evaluation was needed. The officer was ordered to see a city psychologist. The psychologist's report raised the concern that the officer possibly would be at risk for suicide for some time. This was based, in part, on research reports which concluded that people who attempt suicide are at risk for repeat attempts for up to 3 years later. The psychologist's report concluded that the officer should remain on "light duty" and weaponless until that time had passed. The psychologist would then reevaluate the officer.

Police administration decided that there were insufficient "light duty" positions and those were most appropriate for officers who were recovering from on-the-job injuries. Because the officer was not permanently disabled, there were no Americans with Disabilities Act (ADA) requirements for reasonable accommodation. There was no protection against an administrative department policy regarding brandishing a duty weapon in an unsafe manner.

My testimony included the assertion that there had been no reason to conduct a fitness-for-duty evaluation in the first place. There was no basis after 11 months of competent job performance and consistent stable behavior. Second, the officer continued responsible and appropriate behavior after the negative psychological evaluation and despite numerous indignities suffered at the hands of the department. A primary point of contention was whether the officer had "attempted" suicide or made a suicidal "gesture." I contended it qualified only as a gesture because an attempt is a completed act usually involving a physical consequence. The most important question is whether "suicidal" officers are salvageable or not? Are officers who "attempt" suicide but survive, make a suicidal gesture (putting a gun to their head but not pulling the trigger, sitting on a high ledge but not jumping), verbalize suicidal intent but do not follow through, or admit to suicidal ideation capable of continuing their career as police officers? Do law enforcement organizations have an obligation to help them try? I believe the answer to both questions is yes.

My testimony included the assertion officers can and do recover. This was buttressed with personal experience on the outcomes of 2 suicidal attempts, over 20 gestures and over 40 officers who verbalized intent; 6 of whom had to be hospitalized. All survived with no repetition of suicidal behavior. Out of the 60 plus, all but three transitioned back to full duty status; this includes the 2 officers who actually attempted suicide. The 3 who could not transition back are working light duty; one recently retired, not on disability pension but on a regular service pension after 25 years as an officer. Based on my experience, it was my testimony that the agency would be mistaken to terminate the officer in question. Not only in my opinion but that of several of the agency's own in-house psychologists and numerous of the officer's co-workers was that he is completely capable of returning to full duty.

While waiting for the outcome, rank and file members of the agency declared distrust of the agency. The fear was that the case was an indication of a tendency to discard officers who are recognized, by word or deed, as being or having been at risk for suicide. A better outcome would be to follow the recommendations for a suicidal prevention program contained in an article submitted into evidence:

> A suicide prevention program can work only if members of the department feel free to take advantage of it. Police administrators and supervisors must play a nonpunitive role. They must communicate to officers four clear messages: 1) Seeking help will not result in job termination or punitive action; 2) all information will be respected and kept confidential; 3) other ways exist for dealing with a situation, no matter how hopeless it seems at the time; 4) someone is available to help them deal with their problems. Police training and departmental policy, as well as the everyday examples set by police leaders, must communicate these four messages consistently. (Baker et al., 1996).

The board of rights hearing came to a surprisingly courageous decision. They found the officer was guilty of violating the use-of-force policy by drawing and exhibiting his personal department-approved firearm. The penalty, however, was an official reprimand, rather than termination.

CONCLUSION

Despite the case discussed above, there are reasons to be optimistic about curbing police officer suicides. This book will be one indication that the days of ignoring or even hiding facts about police officer suicide are over. More information uncovered by research will lead to research of causality, which will provide the information needed for prevention strategies. Fledgling efforts to demystify suicide and strip it of any romantic illusions already exist in some police departments, usually via peer support programs. The U.S. Air Force released a report that it has cut its suicide rate in half over the last 4 years since it implemented a comprehensive suicide prevention program (CDC Mortality and Morbidity Report, November 1999).

My personal belief is that by simply encouraging people to talk candidly about suicide reduces its likelihood. Attending to issues surrounding suicide reduces its attraction, its capability to ensnare people when they are most vulnerable. In law enforcement, developing a greater awareness of the systemic dysfunction that comes with the territory will help reduce inappropriate self-blame by officers. There is benefit in exploring the conundrums in law enforcement, such as needing to control and suppress emotions in order to be effective. Then, we find out what was a good tactic at work can be damaging to communication and relationships at home. The goals include not keeping secrets that undermine self-esteem. Experience shows that everything, short of "success," on the suicide continuum can be turned around. Officers previously at risk must not be discarded. They should expect and their department's administration should expect that previously "at risk" officers will return to full duty. I did.

RESPONSES TO QUESTIONNAIRE
Averaged From 44 Subjects
Personal Information Since Beginning Law Enforcement Career

Name:_____

Age: 35.3 years   Sex: 3 females, 41 males   Rank: 33 officers, 11 sergeants/inspectors

Race:
	Asian	4	9.1%
	Black	6	13.6%
	Hispanic	3	6.8%
	Other	1	2.2%
	White	30	68.2%
	Total	44	99.9%

Marital Status: 31 married (70%), 9 single (21%), 4 divorced (9%).

1.   Total number of years in law enforcement: 12.05.

2.   Number of years in uniformed patrol: 9.37.

3.   Since joining this police department, list in order the assignments you have had and the time spent in each: Not reflected.

4.   Were you married before becoming a police officer? Yes: 15 (34%), No: 29 (66%).
Did you get a divorce since becoming a police officer? Yes: 7 (16%), No: 37 (84%).
Have you remarried since becoming a police officer? Yes: 7 (16%), No: 37 (84%).
Are you in a long-term intimate relationship? Yes 27 (66%).

5.   Do you have children? Yes: 30 (68%).
Do they live with you? Yes: 26 (59%).
How old and what sex are your children? Not reflected.

6.   Have either of your parents died since you became an officer?
Yes: 11 (25%), No: 33 (64%).

7.   Have either of your parents (one or both) had alcohol problems?
Yes: 16 (36%), No: 28 (64%).

Attachment A

8.   Have you gone back to school since becoming an officer?
Yes: 18 (41%), No: 26 (59%).

9.   Do you work secondary employment? Yes: 27 (61%), No: 17 (39%).
If yes, how long and for what reason? Not reflected.

10.   Estimate (using 100%) the percentage of your friends who are police (48%) versus nonpolice (52%).

11.   Do you feel you are similar (20, 48%) or dissimilar (22, 52%) to other police officers in this regard (question # 10)?

12.   Estimate the number of times you have been involved with the following types of cases:

Homicide: 14	Child abuse cases: 28
Domestic violence: 127	Death cases: 45
Resisting arrest: 45	Assaults on a police officer: 25
Drunk driving: 58	Family disturbance: 432

13.   Have you been disabled on the job? Yes: 40 (91%), No: 4 (9%).
How many times? An average of 4.2 times.
If the answer is yes, describe the injury(is) and how long you were off work for each. Not Reflected.

14.   Have you been involved in a job-related shooting? Yes: 16 (36%), No: 28 (64%).

15.   As a police officer, have you had any emotional experience or shock that has had a lasting effect upon you? Yes: 29 (66%), No: 15 (34%).
If your response was yes, please describe the kind of incident(s) and the effect(s). See narrative comments.

16.   What about in your personal life away from the job? Did anything happen of an emotional nature or shock that has had a lasting effect upon you?
Yes: 24 (55%), No: 20 (45%).
If yes, describe the situation. See narrative comments.

17.   Do you feel that the job of being a cop had any influence on your marital/relationship status? Yes: 20 (45%), No: 24 (55%) Explain your thinking. See narrative comments.

Attachment A (continued)

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18.   Do you believe that you have changed since you became a police officer?
        Yes: 39 (89%), No: 5 (11%).

19.   Do you believe the job itself has changed you? Yes: 41 (93%), No: 3 (7%).

20.   To the extent that you have perceived a change in yourself, what percentage of that change
        do you believe was job related (56%) as opposed to being caused by nonjob-related factors
        (44%)?

21.   Describe what kind of changes, if any, your personality has undergone since you have
        become a police officer. Describe why you think this has happened. In the same vein, if you
        believe that you have *not* changed, why is that and how do you feel about it? See narrative
        comments.

Attachment A (continued)

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Lessons Learned: A Suicide in a Small Police Department

JoAnne Brewster
Philip Alan Broadfoot

Abstract: *When a police officer commits suicide, it has a tremendous impact on every level of the police department. Through analysis of an individual case of the suicide of a police officer from a small city department, we explore the impact on other officers and on the department as a whole. Based on this experience, we provide concrete suggestions for other departments facing a similar situation. Suggestions focus on the development of departmental procedures to deal with an officer's suicide, management of the departmental grief reaction and prevention of police suicide.*

Key words: small police departments, grief reaction, police suicide, law enforcement, suicide

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Lessons Learned: A Suicide in a Small Police Department

INTRODUCTION

Both the media and law enforcement professionals have reported an "epidemic" of police suicides compared with the rate in the general population, although that conclusion is by no means undisputed (see Dash and Reiser, 1978; Terry, 1981; Karel, 1995; Violanti, 1996). In fact, it is difficult to accurately determine how many police suicides occur because records are often not kept, many departments are unwilling to share data on the topic, or suicides deliberately are misreported as accidental or natural deaths (Karel, 1995; Violanti, 1996; McCafferty et al., 1992). Nevertheless, the prevailing sentiment remains that the incidence of suicide in law enforcement is high. Every law enforcement agency should be prepared to deal with the possibility of an officer's suicide. The suggestions contained in this article are directed mainly to departmental administrators, as they will be primarily responsible for providing direction to the department after an officer's suicide.

Suicide generally is thought to occur when an individual sees no better solution to a problem. It is a reflection of the individual's feeling of hopelessness and is a way of ending the pain that the problem causes. It is unlikely that any single factor precipitates a suicide; rather that a combination of factors, both internal and external to the individual, often contribute to the final decision. Many possible explanations for police suicide focus on the stresses found in the job itself, including organizational practices and characteristics, the criminal justice system, the public and the inherent nature of the work (Violanti, 1996). Friedman (1968) found that a large percentage of police suicides apparently were precipitated by an event that would have resulted in a demotion or suspension at work. Police officers also experience a high number of exceptionally traumatic stressors, such as exposure to death, disasters, mistreated children and human misery (Violanti, 1996; Heiman, 1975). Some authors have suggested a connection between exposure to such trauma and police suicide (Danto, 1978; Loo, 1986). An additional factor that distinguishes police officers from the general population is their ready access to firearms. Studies of police suicides in the United States revealed that 90 to 95% involved the use of the officer's service weapon (Friedman, 1968; Violanti, 1995). Of course, police officers also are subject to the same personal difficulties as the rest of the population. Marital discord appeared to be the precipitating factor for many police suicides (Friedman, 1968; Danto, 1978). Some officers who commit suicide appear to have clear psychological dysfunction, such as depression or psychosis (Friedman, 1968). Many officers have been found to have been drinking at the time of their suicide or have a history of heavy drinking (McCafferty et al., 1992). Officers often do not seek assistance with personal problems, as the police subculture has historically expected them to be able to deal with any adversity (Violanti, 1996). All of these factors may contribute to the incidence of police suicide.

THE SUICIDE

This study focuses on the suicide of "Joe," a 16-year veteran police officer. It is not intended to be a detailed analysis of what led to his suicide. Rather, it focuses on the impact of the suicide on the department and on the lessons learned from that experience. Although every police suicide has unique features, other departments should be able to benefit from these lessons as well. All of the following information regarding the events leading up to the suicide and immediately following it is public knowledge or was obtained as part of the criminal investigation into the incident.

The jurisdiction was a city of 19,000, with 47 sworn officers. Joe was married with two children. He was quiet and even-tempered and was well liked and well respected in the community and in the police department. He was a regular churchgoer. There were no indications that he suffered from any serious psychological difficulties. He had no history of alcohol abuse or depression. He did have a history of marital difficulties as a result of extramarital affairs in the past, but the marriage appeared to be stable. He had experienced no unusual work-related difficulties. He may have been unhappy about recently having been passed over for promotion, but was engaged in broadening his work experience and acquiring further education to improve his chances for future promotion. He enjoyed generally good relationships with his colleagues. There were no obvious clues that he was at any imminent risk for suicidal behavior.

Why would such an individual commit suicide? The clear precipitating event was an allegation of sexual assault made by a woman with whom he had a sexual encounter while on duty. The next evening, the woman went to Joe's home while he was at a class and, upon discovering that he was married, informed his wife of the incident. The woman and his wife subsequently confronted Joe just before he was to report to work and he admitted to consensual sex, but denied sexual assault. He stated that he probably would lose his job as a result of the incident and so might as well not go to work, but he did report at approximately 11 p.m. The alleged victim then called her lawyer, who advised her to call the police chief and the state police. The state police began an immediate investigation. At 4:45 a.m., while he was on patrol, Joe was asked by the dispatcher to return to the department and he responded that he would be there shortly. When he did not arrive, another request was made and he reiterated that he would be in shortly. He failed to respond to additional calls directly from the police chief and never arrived. A search was initiated and he was found in his cruiser approximately 90 minutes later, having shot himself with his service weapon. He was still in uniform but had removed his badge, nameplate and gun belt and had put his last performance evaluation, which was good, on top of them.

Approximately 6 hours elapsed between the time that Joe was confronted by the two women and his suicide. During those 6 hours, he probably reached the conclusion that he was about to lose all of the things that he considered most important: his marriage and family, his job and his reputation. Although he had contact with several co-workers and even a family friend during those 6 hours, none of the people with whom he came into contact suspected that he might be suicidal.

In many cases of police suicide, the immediate precipitant is an event that is likely to lead to significant difficulties at work or at home. In this case, Joe was facing problems in both arenas. Of course, it is difficult to say what the actual consequences of the allegation would have been, but Joe's assessment that he would lose his job and family may have been accurate. Although the suicide may have ended Joe's psychological distress, it caused tremendous pain for his family and his colleagues.

THE DEPARTMENTAL REACTION TO THE SUICIDE

After Joe's suicide, many of the people with whom he interacted during that last 6 hours reviewed their interactions with him for ways in which they inadvertently may have contributed to his decision or for clues that they may have missed regarding his intentions. Even the alleged victim later expressed feelings of guilt about her role in the incident. Other individuals exhibited obvious shock and sadness in response to the suicide. These reactions seemed natural and predictable and department administrators expected them. What they did not anticipate, however, was an almost immediate intense outpouring of anger from many officers who were critical of the administration's decisions. The criticisms can be divided into two main groups. The first type of criticism focused on the way the administration handled the brief investigation. Practically every action taken or decision made during the critical 6 hours was second-guessed as to whether it contributed to or failed to prevent the suicide. Every aspect of the administration's handling of the incident in the days following the suicide was also critiqued, including the funeral arrangements. At times, the criticisms seemed irrational or contradictory; for example, some administrators were criticized for "losing it" emotionally, while others were criticized for not showing any emotions in response to Joe's suicide.

The second type of criticism involved complaints about long-standing organizational practices that were believed to have contributed to Joe's decision to commit suicide. For example, prior administrative decisions to emphasize education and computer skills in the promotion process were felt to place senior officers at a disadvantage. Many veteran officers found themselves needing to go back to school to compete successfully for promotions. Some officers, including Joe, may have resented the time and expense involved in the pursuit of academic credentials that they thought were unnecessary. Although this promotion policy is not immediately relevant to the precipitating incident, some officers contended that any feelings of discouragement that Joe may have experienced as a result of the failure to obtain promotion contributed to his sense of hopelessness about his job situation. In addition, several officers complained about the way that internal investigations were routinely handled. They felt that in any internal investigation, the officer seems to be considered guilty until proven innocent and that a citizen's complaint is given more credence than an officer's explanation of a situation. They suggested that Joe may have believed that his side of the story would not be given a fair hearing, possibly contributing to his feelings of hopelessness about his situation.

Administrators were just as shocked and distraught as other members of the department in response to the suicide. However, they still were responsible for making all of the practical decisions

that had to be made in the subsequent hours, days and weeks to deal with the aftermath. In addition, they had to cope with the growing realization that whatever they did would be perceived negatively by at least some members of the department. The generally high levels of anger and criticism took them completely by surprise. Although several debriefings were conducted by a Critical Incident Stress Debriefing team, by the end of the first week after the suicide, it was clear that additional assistance was needed to cope with the department's reaction and consulting psychologists were brought in. Additional meetings were held with each shift and with the administrators, so that everyone had the opportunity to express their feelings about Joe's suicide and how the incident was handled. The psychological consultants met periodically with various groups in the department for a year after the suicide.

Psychological services also were offered to all officers and family members and the city paid all fees for 6 months for those who used the services. Through a long process of self-inspection and communication and some changes in internal procedures, the department gradually stabilized, but some aspects of the grieving process lasted more than 2 years.

The grief reaction following Joe's death may have been particularly intense because his suicide took place while he was on duty and was connected to an investigation that might have cost him his job. Those circumstances also may have prompted the negative focus on the administration's actions. If an officer's suicide is viewed as unconnected with the job, the departmental reaction might take a different form. Nevertheless, many general lessons can be learned from this experience that should be helpful to other departments. The following suggestions can be divided into 3 main areas: developing departmental procedures to be followed after the suicide of an officer, understanding and coping with the departmental grief reaction and preventing officer suicide.

DEVELOPING DEPARTMENTAL PROCEDURES

All departments should develop a basic plan for responding to any death of an officer, including a suicide and many of the following suggestions are applicable to any circumstance that results in the death of an officer. In the present case, there was no established protocol for how to handle an officer's death and the fact that Joe's death was a suicide made the issue much more complex. It is difficult to make reasonable decisions when overcome by emotions and decisions made on-the-spot will always be second-guessed. If a department has a plan to deal with practical concerns that arise after the death of an officer, then administrators will have more time and energy available to apply to the management of the department's grief reaction. On the other hand, if administrators are overwhelmed by the necessity of inventing a plan on a moment-to-moment basis, they will be unable to also attend to the emotional needs of their staff or to their own emotional needs. Ideally, such a plan should be developed with input from all levels of the department. With advance planning, critical decisions can be made in a rational manner. A plan will provide needed structure for everyone in the aftermath of an officer's death. At a minimum, the following issues should be addressed.

Funeral Protocol/Other Honors

In the case of an officer's suicide, much of the funeral protocol may be identical to that for deaths from other causes, but some departments may question whether an officer who commits suicide should be accorded a police funeral or whether they should be honored in other ways. Other departments may decide that if the individual was a police officer in good standing and if the family is in agreement, the officer should be given a police funeral regardless of the cause of death. Of course, there are many variations in the protocol at police funerals and each department may wish to define what level of recognition should be given in each general circumstance. For example, the highest level of recognition and honor is usually reserved for an officer who is killed in the line of duty. In other circumstances, such as a natural death or suicide of an active or retired officer in good standing, a department may modify the funeral protocol. The general funeral protocol to be followed in each circumstance may vary from department to department, but it should be planned before it is needed. In that way, grief reactions and attitudes toward any individual officer will not play a part in the decision-making process. If a department is interested in obtaining guidance, Douglas (1999), of the National P.O.L.I.C.E. Suicide Foundation, has offered suggestions regarding a funeral protocol for police suicides. Of course, the existence of an internal investigation that had not been concluded increased the ambiguity regarding the appropriate protocol in the present case. Some things that were sources of conflict included the length of time that a mourning badge was to be worn, whether and for how long a flag would be flown at half-staff, where members of the department were to be seated during the funeral and whether a picture or other memorial to the officer would be displayed and if so, where.

Visiting Law Enforcement Officers

Just as a bereaved family is put in the position of being host to visitors who come to pay their respects, the bereaved department also is the host for visiting officers and it should be prepared to facilitate police attendance at the funeral. While the family typically has the services of a funeral director to help them plan the funeral, most funeral directors do not have the experience to handle the additional arrangements necessary for a police funeral. This task will fall to the department, which should designate an individual to make the arrangements necessary to accommodate visiting police officers. Many departments fail to attend to this task and visiting officers are left to fend for themselves.

A central location should be designated where visiting officers can assemble prior to the funeral. This location can be indicated in the original notification of the funeral sent to other law enforcement agencies, along with contact numbers for additional information. There should be a designated information desk where visiting officers can obtain information about funeral arrangements and maps showing the location of the funeral parlor and cemetery. It also is appropriate, when possible, to have a brief police reception following the funeral to provide the

opportunity for officers to obtain support from others and to attain more of a sense of closure. Community organizations may be willing to organize a reception for the department.

Distribution of Information

After an officer's suicide, rumors may begin to circulate throughout the department as to what actually happened. It is important to provide accurate information to the members of the department before inaccurate information spreads. Immediately after Joe's death, officers who were just coming on duty heard a variety of rumors as to what had taken place, including that he had been feloniously killed in a drug deal. By the end of the first day, the city manager released a statement to the press, but some officers who did not see the newspaper did not learn the facts of the case until the second day, when a department-wide e-mail was sent. It would be best if news of this nature could be communicated quickly to department members, preferably on a face-to-face basis. However, depending on the circumstances, the first few hours following a suicide may be so overwhelming to those involved that some time may pass before accurate information is made available to the rest of the department. Ideally, one individual should be designated to provide such information. The information officer should make every effort to attend the briefing of each shift during the first few days following the suicide. Frequent e-mails may also be useful to provide updates in departments that already rely on e-mail.

There was no concealment of the fact that Joe's death was a suicide. Nevertheless, once that initial acknowledgment was made, many officers found it difficult to discuss the manner of Joe's death. Some reluctance may have come from beliefs that suicide is not an honorable death and should not be talked about, perhaps to spare the family and the department any embarrassment. However, the damage done to a department by a reluctance to discuss the situation is much worse than any feelings of embarrassment that may be experienced. The fact that a death was a suicide should be acknowledged, along with other details that seem appropriate and are not an invasion of the deceased officer's privacy.

Rumors also will circulate in the community. Departmental procedures should include general guidelines as to what the media will be told and by whom. If positive relationships have been maintained with representatives of the media, they may be willing to be sensitive to the needs of the family and the department. In this case, the two local newspapers were informed of the story by the alleged victim and representatives of the newspapers approached the police chief before running their stories. He was able to clarify some of the facts and also asked them to delay publication of the story until after the funeral. They agreed and everyone was spared additional distress.

Backup for Essential Law Enforcement Services

Each department should develop an agreement with the heads of neighboring departments to provide immediate backup assistance following an officer's death. Backup officers will need maps

of the jurisdiction, an explanation of local procedures and access to the appropriate radio frequencies. Working out the details of these arrangements in advance prevents confusion and delay at critical times. Specific individuals should be designated to brief the backup personnel so that a smooth transition is possible. Backup may be needed to cover for officers who are emotionally unable to return to duty. In a small department, it is particularly important to have complete backup coverage for the day of the funeral, so that everyone in the department who wishes to do so can attend.

At some point each department also may be in the position of providing assistance to a neighboring department that has experienced the death of an officer. It is important to actively offer to help because the affected department may be reluctant to ask for assistance. The chief or sheriff of the bereaved department also may be receptive to offers of consultation from the administrators of other departments, who can provide some objectivity in the decision-making process. Even an administrator who has never been through this experience may be able to identify potentially problematic situations that are not perceived by staff of the bereaved department. Ideally, each state's associations of chiefs of police and sheriffs should consider establishing a network of administrators who have dealt with an officer's suicide and are available to consult with others in this situation.

Psychological Services

In the event of an officer's death, critical-incident counseling should be available to all departmental personnel. In a small department, it is likely that everyone will be affected by the death and all personnel should attend at least one debriefing session. The procedures for conducting critical incident stress debriefings are well established and readily available. Administrators should be aware, however, that the "normal" debriefing procedure may not be sufficient. They should be prepared to arrange for additional psychological assistance where necessary, paying particular attention to the needs of members of the deceased officer's shift or others who may have been involved directly in the event. In the weeks following a suicide, supervisors should remain alert for indications that officers are having difficulty coping with their reactions, so that appropriate referrals can be made. The first anniversary of the suicide also may be a difficult time for members of the department.

Each department should develop a working relationship with local consultants, such as chaplains and mental health professionals, who may be able to provide quick assistance in the event of a crisis. This department had previously established a relationship with a local psychological practice and was able to quickly obtain help when the crisis did not seem to be resolving. The police chaplain also was extremely important in helping everyone to deal with the grief process. He spent many hours at the department in the days and weeks following the suicide and facilitated the communication between officers and the administration.

Expressions of Sympathy

After an officer's suicide, the department will be in the position of expressing condolences to the deceased officer's family and receiving condolences from the community and from other law enforcement agencies. Some prior planning will make these experiences more manageable, particularly with regard to interactions with the deceased officer's family. Many people find it awkward or uncomfortable to express condolences to a bereaved family.

The department may have to notify the family of the officer's death or may send a representative to the family as soon as they learn of the death. Even if the death occurs while the officer is off-duty, the department should initiate contact with the family as soon as notification of the death is received, rather than waiting to be approached by the family. The departmental representative should talk with the family about their expectations regarding the department's participation in the funeral. If the department has already established a funeral protocol for an officer's suicide, the departmental representative can offer specific assistance and honors and the family can accept all or any aspects of the proposed funeral protocol. The department should send flowers to the funeral home and should allow as many officers as possible to attend the funeral and family reception. Decisions regarding additional interactions with the family should be guided by the premise that the deceased officer's family needs the department's emotional support.

The department also will receive expressions of sympathy from individuals and groups within the community and from other law enforcement agencies. Although these gestures often will be sent directly to the department's administration, it is important to make sure that all members of the department are made aware of them. In this case, condolence cards were posted where everyone could read them, which was very helpful to the department. Another gesture that was greatly appreciated by administrators was a brief personal visit by a neighboring police chief a few days after the funeral. This experience has sensitized administrators in Joe's department to the importance of appropriately acknowledging the death of an officer in other departments. They have added acts of condolence to their own departmental procedures regarding how to respond to the death of police officers and deaths within police families or the families of other city employees. The department now routinely sends condolence cards in all such cases and also may send flowers or representatives to the funeral, depending on the circumstances.

MANAGING THE DEPARTMENTAL GRIEF REACTION

In a small to mid-sized department, where most members know each other, there is likely to be a department wide grief reaction in response to an officer's death. There are several ways to conceptualize the grieving process, one of the more well-known being Bowlby's (1980) four-stage model. Bowlby suggested that bereaved individuals move through a succession of phases over the course of days, weeks and months after a death. Immediately following the death, there is a phase of numbing, in which people feel stunned and to varying degrees unable to accept the news of the

death. During this phase, there may be outbursts of extremely intense distress or anger. Intense sadness, anger and frustration also are characteristics of the second phase, called the yearning phase, when survivors try to recover the lost person. Bowlby (1980) also noted that self-reproach over minor acts of omission or commission associated with the death are quite common in mourners, although it is not nearly as prominent as anger toward anyone who is perceived to have been in any way responsible for the death or negligent in preventing it. The third phase of disorganization and despair occurs once the loss is accepted as real and may include feelings of helplessness and depression. Finally, in the reorganization phase, normal activities are resumed and feelings are no longer so overwhelming. Individuals may move back and forth between these phases, not necessarily proceeding through them in a straightforward manner. Some individuals display an immediate onset of the grief reaction, others exhibit a delayed reaction and some do not exhibit any outward signs of grief (Wortman and Silver, 1990, cited in Weiten and Lloyd, 1997).

Through an understanding of grief processes, it becomes possible to understand and even predict the reaction of Joe's department to his suicide. That reaction contained elements of shock, sadness, guilt and anger characteristic of Bowlby's first three stages. Although most people expect to feel shocked or sad after a death, they often are unprepared for the feelings of guilt and anger that they or others may experience. As Bowlby noted, whenever an individual dies from any cause, it is common for mourners to experience private feelings of guilt or regret over something said or unsaid, or done or left undone. These feelings are difficult enough in the case of a natural or accidental death. When someone commits suicide, these regrets may take the form of unusually painful questions regarding whether the mourner had a role in precipitating the suicide or in failing to prevent it. Perhaps, as a defense against these emotionally threatening questions, most people also search for external reasons for the death and a great deal of anger may be expressed regarding those factors or individuals identified as being to blame for the suicide. When a police officer commits suicide, the search for explanations will occur at every level of the police department as colleagues and supervisors try to cope with the painful emotional reaction to the loss. An angry, blaming response may be particularly likely to occur or may be particularly intense if the suicide is in any way interpreted to be job related, as it was in this case.

If administrators understand this process, they will be in a better position to anticipate that there may be anger and criticism directed toward them, regardless of how unfair some of this criticism may seem. Administrators who do not expect grief-driven anger and criticism may make hasty decisions to appease angry officers and may later come to regret those decisions. The focus of the criticism may vary depending on the circumstances of the incident and the presence of ongoing conflicts within the department. Anger also may be directed toward other individuals both inside and outside the department, including the officer's family. Departmental administrators need to provide an opportunity for members of the department to express their criticisms without fear of reprisal. They need to listen but not overreact. If changes in departmental procedures appear to be necessary, a thorough review can be made beginning several weeks later and changes can be made in an atmosphere that is no longer so emotionally charged. Regardless of the nature of the criticisms,

it is important for administrators to avoid becoming defensive. This may be difficult if the administrators also are caught up in self-reproach over their possible role in the events leading up to the suicide. They may find it easier to remain objective if they can consistently remind themselves and convey the message to others, that suicide is a choice made by an individual who is experiencing overwhelming pain and who perceives no other solution to a problem. No one action, event, or person "makes" another individual commit suicide.

Either immediately or as time passes, anger also may be directed toward the deceased officer. If individuals are not aware that this is a natural part of the grief process, they may be troubled by these feelings. Some officers may focus on the dishonorable nature of the death and may feel that the deceased officer has disgraced the department and the profession. Other officers may focus on the hostile or punitive aspects of the suicidal behavior itself. The fact that Joe committed suicide while on duty, in his patrol car, was perceived by some to be an expression of hostility toward the department and an implication that he blamed the department for his predicament. Officers whose anger is focused on the deceased officer also should be given the opportunity to express their feelings. As the recovery process proceeds, they may be able to focus instead on feelings of compassion for a fellow officer who mistakenly chose a tragic solution to a problem perceived to be insurmountable.

PREVENTION OF POLICE SUICIDE

Increasing awareness of the possibility of police suicide is critical to prevention efforts. Law enforcement agencies should ensure that all personnel are aware of potential risk factors for police suicide. A full discussion of the risk factors is beyond the scope of this paper, but they include psychological difficulties, alcohol abuse, stress and trauma and relationship problems (Violanti, 1996). Departments obviously cannot maintain a "suicide watch" on every individual who is having difficulties at work or at home. It is common lore that police officers have high rates of marital distress, divorce, alcohol abuse and job stress. Most officers will cope with these difficulties without deciding that suicide is the most viable solution. At times, however, individuals are placed under intense stress that may be recognizable to those who are familiar with the situation. Because every situation is unique, it is not possible to make foolproof suggestions as to how to recognize the risk of suicide. However, if the stress involves the possibility of a significant loss, particularly of a loved one, of the job, or of one's reputation, the possibility of suicide at least should be considered. As Joe's case illustrates, suicide can occur even in people who have no history of psychological disorder and appear to be relatively content with both their work and family situations. A single precipitating incident can change the situation drastically and can result in a suicide within a few hours, without anyone becoming aware of the individual's intentions. In most cases, however, crises develop more gradually, providing more opportunity to assess risk factors.

Recognition of risk is only the first step in prevention of police suicide. A willingness to intervene also is essential to the prevention effort. Sometimes, supervisors are aware that an officer

is having problems, but they are reluctant to ask questions or offer assistance. Supervisors should not let the fear of being wrong stop them from finding out if an officer is considering suicide. If officers are considering suicide, asking the question may save their lives. If an officer is not considering suicide, asking the question will not make a suicide more likely. Some officers may be embarrassed or angry at having the question raised, but this is a small price to pay to prevent a possible suicide.

Even if an officer denies suicidal thoughts or plans, intervention may still be necessary. Many colleagues and administrators are well aware of psychological difficulties, marital problems, alcohol abuse, sexually inappropriate behavior and other maladaptive behaviors on the part of individual officers. However, unless such behaviors directly interfere with job performance, they often are ignored. Even if an officer is not an imminent suicide risk, dysfunctional behaviors may lay the foundation for future suicidal behaviors. The supervisory staff in Joe's department now are much more likely to address these types of issues when they are aware of obviously dysfunctional behavior in an officer. They discuss their concerns directly with the officers and refer them to appropriate sources of help. They are much more willing to face the discomfort of dealing with these situations than to face another suicide of a police officer.

CONCLUSION

Every law enforcement agency must be prepared for the possibility of an officer's suicide and the resulting grief reaction. The exact course and content of the reaction cannot be predicted, but it will probably include behaviors fueled by sadness, guilt, frustration and anger. Handling this reaction will be a significant challenge for the leadership of the department. An analysis of this case suggests that adequate advance planning, an understanding of the grief process and a willingness to accept the help of others outside the department will facilitate the process of coping with a department-wide grief reaction after an officer's suicide.

An FBI Perspective on Law Enforcement Suicide

John H. Campbell

Abstract: On May 4, 1983, a question was asked by executive management of the Federal Bureau of Investigation. The question focused on postcritical incident trauma: "Do special agents of the FBI have similar reactions to shooting incidents that law enforcement officers as a whole do?" Dr. David Soskis and Supervisory Special Agent John Campbell were commissioned to analyze the FBI agents' reactions to shootings and to determine the ramifications of these effects on agents involved in the exercise of deadly force. From that analysis, as well as from a series of interviews and a conference that was held at the FBI Academy in Quantico, Virginia, on June 20, 1993, a series of recommendations was established. Those recommendations included intervention both at the shooting scene and during the first week; long-term issues and prevention in training.

Key Words: FBI training, police suicide, law enforcement, suicide, prevention

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An FBI Perspective on Law Enforcement Suicide

On May 4, 1983, a question was asked by executive managers of the Federal Bureau of Investigation. The question focused on postcritical incident trauma: "Do special agents of the FBI have similar reactions to shooting incidents that law enforcement officers as a whole do?" The FBI was not in a position to determine the answer or react to that question, so Executive Assistant Director John Otto promptly directed that a thorough and comprehensive evaluation of the effect of postshooting trauma on FBI special agents be conducted. Based on that directive, Dr. David Soskis and Supervisory Special Agent John Campbell were commissioned to analyze the FBI agents' reactions to shootings and also to determine the ramifications of these effects on Agents involved in the exercise of deadly force. Dr. Soskis served as a consultant for Psychological Services for the FBI and Supervisory Special Agent John Campbell was an instructor and researcher in the Behavioral Science Unit of the FBI. Again, based on the directive, a comprehensive analysis was conducted. From that analysis, as well as from a series of interviews and a conference that was held at the FBI Academy in Quantico, Virginia, on June 20, 1993, a series of recommendations were established. Those recommendations included intervention, both at the shooting scene and during the first week; long-term issues and prevention in training. This was the first FBI-organized policy or program established by the FBI that looked into the specific welfare of the agents. It revolved around the use of deadly force and the use of a weapon and it specifically focused on dealing with the psychological, physical and emotional aftermath of shooting incidents.

In the fall of 1989, the Behavioral Science Unit was again commissioned to look at issues pertaining to the welfare of special agents of the FBI. At that time, questions arose: "Do special agents of the FBI commit suicide? If so, under what circumstances and are there early-warning signs?" A working group was established with leadership responsibility assigned to the Behavioral Science Unit of the Training Division. Included in this "working group" were representatives from the Criminal Investigative Division, Personnel Division, Employee Assistance Unit and Legal Council Division. The working group focused their attention based on some major premises. The first premise was that suicides are rare. The second premise was that self-inflicted deaths do happen in the FBI; however, those numbers are lower than suicide rates in the general public or in law enforcement as a whole. The third premise was that there are frequent indicators or early-warning signs exhibited by the individuals who are intent on taking their own lives. The fourth premise was that employees who are under investigations for serious misconduct have a higher potential for self-murder. The final premise was that, in fact, intervention can work.

This working group was the Bureau's first recognition of and effort to intervene in the suicide of FBI employees. The focal point of this research and analysis was specifically dictated by Floyd Clarke, deputy director of the FBI. He previously had been a special agent in charge at the Kansas City field office and had worked with an agent who ultimately committed suicide. That agent committed suicide based on a criminal investigation targeting him. Therefore, the question that Deputy Director Clarke wanted this working group to analyze was, specifically, "Do employees

under investigation for serious misconduct or criminal acts contemplate suicide and are they more likely to take their own lives?" The working group realized that there were a number of problems created by specifically focusing on employees under criminal investigation. The first problem was that suicide is a very complex issue and there are a variety of approaches. The second issue was the fact that the FBI (and any organization) must protect its members and itself by alerting members and their managers as to potential problems, especially—even if it is rare—the potential for suicide. The third problem confronting this group was that FBI managers and employees do not read administrative communications and, therefore, any information given to employees and managers has to be at the same time very comprehensive and very limited. The next problem was that managers in the FBI and in law enforcement in general, are not interested in being clinicians. They want to be able to call someone to take over such problems. The final problem identified was that most Bureau managers did not and do not possess human relation skills or experience. In fact, when they are required to deal with the personnel side of issues, it is very difficult for the managers within the Bureau. Compounding these problems are two truisms or cardinal rules that the FBI operates under. The first one is "no good work goes unpunished," which essentially means that a person who is successful is rewarded by being given more work or more challenges or is forced into assignments that become increasingly more arduous. The second cardinal rule is "the Federal Bureau of Investigation is an investigative agency." The work of the FBI is investigation and that is what the agents and managers do well; they investigate and investigate and investigate. If, in fact, employees are under administrative action or if there is an inquiry conducted regarding potential criminal actions or misconduct by that employee, the FBI will investigate and investigate and investigate. At some point this becomes a tremendous burden and the pressure on the employee that is the target of that investigation is overwhelming. Even though employees are fully aware of the investigative policies and procedures as well as of the work ethic of the FBI, they may find it extraordinarily difficult to not succumb to the pressure of long-term investigation when they are the subject.

Based on the research, analysis and assessment of this working group, a communication dated February 1, 1990 and entitled "Suicide Risk Assessment" was prepared. This communication was forwarded to all employees of the FBI by the director of the FBI and it essentially provided practical indicators or early-warning signs of those individuals who may be self-destructive. Also discussed in this communication were prevention, intervention and postvention guidelines for dealing with a suicide. An explanation of why this was being prepared and provided was detailed. That explanation is as follows:

> Self-inflicted death, or suicide, is not uncommon in the FBI nor in the general population. Yet, when it occurs, it often generates a great deal of emotional response among survivors, sometimes to the extent of being traumatic or unhealthy. I am concerned that the FBI has not provided managers, supervisors and other necessary employees with information concerning the assessment of suicide risk. The following is a brief guideline on the recognition of potential suicide risk of employees and a brief description of some steps to take to offset that risk.

Bureau managers can informally assess suicide risk. The indicators for the potential suicide will be present early and the best prevention for suicide is to attend to the threat as early as possible. Furthermore, clear indicators exist that can (and often already *do*) give managers clues that the employee might try suicide. These indicators included:

- the employee is under investigation;
- talks about harming themselves;
- previous attempts to harm themselves;
- a suicide in the employee's family;
- increased use of alcohol or drugs;
- warnings to coworkers, friends, or family that they might try to harm themselves;
- sudden deterioration in physical health;
- increase in paranoia or expressions that somebody is out to get them;
- living alone with no apparent support resources;
- increased unwillingness to communicate with others;
- spending spree or indebtedness;
- exhibiting symptoms of depression such as feelings of hopelessness;
- sleeplessness;
- sharp weight gain or loss;
- loss of energy;
- expressions of self-worthlessness;
- social isolation;
- difficulty in concentrating;
- anxiety;
- the inability to express pleasure and
- indecisiveness.

The communication went on to identify resources for employees, supervisors and managers in the FBI. If any of those early-warning signs or any combination of those suicide risk assessment factors were observed in employees, the managers were encouraged to immediately contact the Behavioral Science Unit, the Employee Assistance Unit of the FBI or the existing Psychological Service Resources.

As an afterthought to this communication and from further analysis by Dr. David Soskis, Dr. Richard Ault and this writer, some very important issues exist today that are much clearer than when this research project was completed. In 1989, the perception was that alerting Bureau managers about the issues was very desirable. The risk of doing nothing or doing something wrong seemed much greater to those who had never encountered those issues before. But the specific approach indicated in the communication was somewhat different from the normal approach of the Bureau. Again, this was a helping hand and Bureau employees were not accustomed to reaching out and assisting others. It was recognized that suicide arouses very strong and often contradictory feelings. Those feelings

include fear, pity, anger, desire to help or to relieve suffering, desire to protect the potential victim and desire to protect oneself because the administrator, friend, or investigator may feel responsible or be held responsible for the death.

Other issues also included in this review would be guilt, identification with the victim, identification with the family or the suicide action itself and, at times, the need to distance oneself from the act or the incident. How does one explain such a terrible event? It is difficult for anyone, whatever their training and experience, to acknowledge and balance all of these thoughts and feelings. Much of what is dealt with in suicides revolves around depression, which is the most common psychiatric disorder, both for the general public and for Bureau employees.

Because of the seriousness and irreversibility of a suicide, this is a very common issue that needs to be discussed openly, fairly and with an educated perspective. At the same time, there is a need to provide resources for dealing with suicide. The ability of our managers and employees to identify the potential for suicide is key. In focusing the afterthoughts of this communication, the research identified several issues including the employee who talks about self-harm and employees under investigation for misconduct. Unfortunately, talk about suicide by employees sometimes is allowed to pass by or goes unexplored by managers or supervisors. Comments, in fact, paint a realistic picture of a troubled employee. The best position to establish in regard to comments pertaining to self-harm is that there is no such thing as a casual or harmless comment. Any comment must be taken as serious and a follow-up contact or a follow-up direction should be immediately addressed. This becomes a very sensitive area. A heavy-handed administrative approach may succeed only in shaming and isolating that employee. That isolation and shame may push that employee beyond that breaking point. A better response to a person who has mentioned suicide, is distraught, or is displaying depression or some of the other early-warning signs, is a general progressive inquiry. That has to be done with sensitivity and it has to be done with someone skilled in the interviewing process. It should be a progressive dialogue with this employee.

Researchers have determined that it is not true that bringing up the topic of suicide plants a seed and increases the risk, as long as it is done with a genuinely helpful intent. The risk of being silent is definitely greater. The suicidal person may interpret silence, or lack of response, as confirmation that things really are hopeless. Most suicidal people desperately need to share their thoughts and feelings and will benefit from an approach that is gentle, calm and hopefully comes from a more balanced perspective. There are obviously different levels of suicidality and each of these levels may determine a different response. An intervention by an overzealous manager or supervisor may isolate the employee. There are cases where a manager has to intervene immediately, particularly where an employee describes an inability to postpone that suicide impulse. There are other issues that necessarily dictate the level of response and the immediacy of the response, as well as the demand for the clinical expertise.

The employee who is under investigation for misconduct is a very specific issue. Suicide of special agents who are under investigation for wrongdoing has become, in the FBI, a statistically overrepresented number. It also evokes very strong emotions. There are a number of common life events that indicate loss, including the loss of control. Those factors include divorce, death of a spouse and economic dislocation; these are compounded by the normal (or abnormal) extent of depression exhibited by law enforcement. Actually, in most cases of crisis and loss, those individuals affected contact helping professionals and there is no severe external negative or moral implication. Unfortunately, oftentimes in the Bureau, because of the very high standards and because of the perfectionist philosophy, the employees of the Bureau are uncomfortable in reaching out for psychological support. Over the last 15 years, this has changed dramatically. The changes are due to the very fine effort of the Behavioral Science Unit in conjunction with mental health professionals and ultimately to the expansion and the growth of the Employee Assistance Program of the FBI.

The employee who is or may be under investigation or is in serious trouble with the Bureau presents a series of very unique problems. Those problems are complicated and revolve around the loss of control and the loss of identity. If the action of the employee is grounds for dismissal or criminal prosecution or charges, or if it is surrounded by feelings of shame, despair and anger, it may be the basis of potential suicide. In approaching these employees, it is surely necessary to realize that the employee immediately will recognize the presence or absence of an honest, accurate depiction of what is going on with this investigation or with the inquiry being conducted. There is a compounding factor that has to be addressed: the investigator. Bureau managers and supervisors work under the premise that they must protect the Bureau. That protection, at times, is counterproductive; it creates a great deal of anger, not only for the employee who is considering committing suicide but also for the interviewee.

Five issues or topics often are encountered in dealing with employees who are under serious administrative action. These include contradictory roles, losing one's job, saving face, anger and control and immediate suicide risk.

Contradictory Roles

Administrators might find themselves trying to play two or more roles that are fundamentally contradictory—that of the investigator/punisher and that of the concerned helper. It should be noted that the Bureau is often the major source of the stress and shaming; the responsibilities of the manager and investigator will be perceived by the employee as being contradictory and present barriers from actually effectively dealing with that employee. Therefore, the recommendation is that before an employee is confronted with a serious allegation, there must be appropriate individuals, friends, or associates identified in the office and those individuals should not be the same individuals who are conducting the investigation or inquiry.

Losing One's Job

Obviously, being fired for wrongdoing is catastrophic for any employee and is even more so for an employee of the Federal Bureau of Investigation. It creates economic loss, loss of self-esteem and very difficult family issues to be dealt with. If this investigation appears to not be that serious, the employee should be advised that these are not consequences that should be of concern. However, if the offense is serious and there is a certainty, or possibility, that this may be a basis for termination or for criminal action, the employee should not be falsely reassured. This could be extremely counterproductive. A sincere statement of regret that this has happened may be more helpful. If at all possible, there should be some reassurance to the employees that their troubles will not likely cost them their jobs.

Saving Face

It should be recognized that employees of the FBI generally are highly motivated and their self-esteem and identity revolve around their job. That self-esteem is critical to their identity. It is appropriate to recognize past loyal service to the Bureau and provide an expression of appreciation and recognition for the work that this employee has been involved in. An effort to minimize public disgrace and preserve realistic sources of self-identity should be a goal. If it is true, acknowledge that the employee has served the Bureau well in the past and give some very specific and concrete evidence of that. Labeling a person suicidal is serious and that label, in itself, can easily constitute a second wound that compounds the personal and professional trauma, thus actually increasing the risk for suicide. This serves to emphasize the need for confidentiality and clarity in this type of investigation. Even if employees are suicidal, they are not stupid; they are quick to detect questions directed to that end. It is most appropriate to question the employee regarding self-destructive thoughts. Of course, saving life supersedes confidentiality, but being labeled as suicidal is a potential source of personal and professional hurt and shame. Concerns specific to suicides should be shared carefully, usually with only one or two close individuals or employees who are involved in the investigation or those who can potentially provide support.

Anger and Control

Quite frequently in the investigations of employees, issues of anger and control surface. Intense anger is, in fact, a central channel to suicide. These feelings are often exacerbated or compounded when an employee is under investigation and is obviously always concerned, whether the basis for the inquiry is true or not, that the investigation be handled promptly, appropriately and professionally. Quite often, long-term investigations attack the self-esteem of the employee. There is anger focused at the organization for this long-term intrusion into the employee's life. If guilty, the employee also may focus anger inward, feeling angry for doing the misdeed, being caught, shaming the family and shaming the Bureau. Part of the appeal of suicide is its ability to punish severely and finally through self-murder rather, than through the due process. Suicide serves to

punish those around the employee and provides the ability to regain control. The perfectionism of the Bureau and its employees exacerbates the loss of control. The suicide act, even though self-destructive, provides that employee with a way of acting out their anger and challenging the organization. There is a universal need for control and that need for control is even stronger in a paramilitary organization like the FBI. Investigators and managers should be aware that strong feelings of anger, both their own and the employee's, are common in these situations; these feelings have self-protective, as well as expressive functions. In addition, these investigations often leave employees feeling that they have completely lost control of their lives. Managers and investigators must do what they can to give employees some meaningful control of how the situation is handled, especially aspects that may have severe effect on finances and self-esteem.

Another anger and control issue has to do with guns. The requirement of special agents of the FBI is to be armed whenever necessary and that gun provides them with a perfect suicidal tool. The official Bureau weapon often is only one of several that agents can access if there is a suicide intent. The bottom line is that in case of severe and explicit suicide threats or actions, loaded guns should be immediately removed.

Immediate Suicide Risk

A final issue is the case of severe and immediate suicide risk. It may be necessary to notify family or treating clinicians and to take the employee to the hospital or to have someone stay with the employee until adequate evaluation and care can be arranged. The main goals and techniques established in the FBI's postcritical incident program are valid and appropriate. The use of intervention, postvention and dealing with the aftermath of a suicide is necessary. The goals include a debriefing that should allow the sharing of the experience and feelings about the aftermath, that should validate normal reactions without imposing any specific ways of making sense of them and which should help employees identify those types and kinds of reactions that might require further aid.

A final warning is necessary. It is appropriate to be cautious about persons who suddenly seem to recover from being seriously suicidal, reassuring everyone that they are fine and do not need help anymore. Recovery is usually gradual and such assurance and cheerfulness can indicate that the person has decided to end it all and is calmed by feeling relieved of the need to worry or to cope any longer.

There were several collateral issues that were addressed in looking at the assessment of suicide by the employees. The first one had to do with the rates of suicide. At the time of this initial work, the suicide rate among Bureau employees was not alarmingly high as compared to the rate of the general population; however, recent statistical analyses point out an even more dramatic need

for intervention and action. In the last 5 years, 4 employees have been killed in the line of duty and 16 employees have taken their own lives through suicide. At least a quarter of those employees were under administrative inquiry.

CONCLUSION

It is in everyone's interest for the organization, in this case the FBI, to treat employees in crisis with as much respect, sensitivity and helpfulness as possible. This includes employees who are in trouble. Most employees can be helped without labeling them suicidal: a label that can be harmful when inappropriately applied. When employees have attempted suicide or have made serious threats, immediate evaluation and treatment are clearly justified. The challenge to the FBI is to enhance the initial research and communication and to provide needed resources to employees and managers through the Employee Assistance Program. The issue of suicide demands the FBI's very best helping hands.

Suicide of a Chief Executive Officer: Implications for Intervention

John J. Carr

Abstract: The suicide of a chief of police, in our experience, presents a unique set of stressors upon command-level staff, who were often collegially closest to the victim, at the very point in time when their leadership and support are most required. Rhode Island's most recent loss occurred within the 47-member Central Falls Police Department of November 20, 1998, with the suicide at headquarters of Chief Thomas A. Moffatt. Prior to this date, our Centurion program had a collegial, albeit informal, relationship with the Central Falls Police Department providing for stress management training and consultation upon request. A formalized internal stress management unit was lacking as of November 20, 1998. This article will focus on supports provided, miscues experienced and lessons learned as a department coped with a multiplicity of victims, a multi-jurisdictional investigation and intense political and media interest. The above factors have perpetuated this tragedy far beyond the date of occurrence and have led to multiple crisis/stress management strategies, many of which continue to date.

Key words: police chief, Rhode Island, police suicide, law enforcement, suicide

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Suicide of a Chief Executive Officer: Implications for Intervention

INTRODUCTION

The loss and guilt experienced by family members, both natural and departmental, following the suicide of a colleague are well documented. The suicide of a chief of police, in our experience, presents a unique set of stressors upon command level staff, who were often collegially closest to the victim, at the very point in time when their leadership and support are most required.

Rhode Island's most recent loss occurred within the 47-member Central Falls Police Department on November 20, 1998, with the suicide at headquarters of Chief Thomas A. Moffatt. Prior to this date, our Centurion program had a collegial (albeit informal) relationship with the Central Falls Police Department, providing stress management training and consultation upon request. A formalized internal stress management unit was lacking as of November 20, 1998.

This article focuses on supports provided, miscues experienced and lessons learned as a department coped with a multiplicity of victims, a multi-jurisdictional investigation and intense political and media interest. The above factors have perpetuated this tragedy far beyond the date of occurrence and have led to multiple crisis/stress management strategies, many of which continue to date.

On the morning of Friday, November 20, 1998, Chief Thomas A. Moffatt of the Central Falls Police Department arrived at headquarters in his assigned vehicle, waved to passing officers and proceeded to drive into the underground garage. Several minutes later, two members of the department walking through the garage noticed the chief in his vehicle, parked in his assigned slot.

When Chief Moffatt failed to return their greeting, they approached the cruiser and found him slumped to the side with his department-issued pistol on the seat at his side. Unable to gain entry, they called for assistance from fire department personnel, housed in the same complex and notified police dispatch. Chief Moffatt was subsequently removed from the vehicle and pronounced dead of an apparent gunshot wound.

NOTIFICATIONS

The department senior officer, Commander Rudolph Legenza, was immediately on the scene and was subsequently joined by the Central Falls Mayor Lee Matthews. In the midst of establishing a "crime scene," with both the police and fire service understandably upset, concern was directed toward notification of both Chief Moffatt's natural family and his off-duty departmental "family members" prior to media disclosure. While command staff were instructed to call off-duty personnel, Commander Legenza and Mayor Matthews drove to the Moffatt home and met with Mrs. Moffatt

and her daughter, who is a Rhode Island State Trooper and one of three grown children. Later that day, Commander Legenza shared that he would never be able to erase that meeting from his memory; the weeks and months to follow would prove this to be true.

REQUESTS FOR ASSISTANCE

Based on an ongoing relationship between the Rhode Island Centurion program and the Central Falls Police Department for the provision of both recruit and in-service stress management training, I was requested to respond to the commander's office the afternoon of the first day. At the same time, the Central Falls Fire Department had requested the assistance of the Rhode Island Critical Incident Stress Management (CISM) team, which had worked with fire personnel in the past.

Upon arrival, the anguish of civilian, sworn and command staff was self-evident. Off- and on-duty personnel were gathered in small groups and multiple media vehicles were gathered outside. In a closed meeting with the commander, it was determined that both immediate and long-term supports should be made available. Given the nature of the tragedy, the Rhode Island CISM team, led by a nurse coordinator, had incorporated law enforcement peer supporters drawn from the stress unit of the Rhode Island State Police (RISP) and personally known to me. As Chief Moffatt had retired as a 22-year veteran of the RISP prior to his tenure with the Central Falls Police Department, it became immediately apparent that two departments, not one, would be affected by his death.

The CISM team was assigned to provide critical incident defusing to staff members present; given the nature of the tragedy, additional information to the extent known would be provided. The CISM team also WAS requested to provide onsite presence at the wake and funeral, given the anticipated attendance of RISP personnel. In a separate conversation with the Commander, I was requested—both as an administrator and as a clinician—to provide any and all internal supports to departmental personnel for the duration of the incident. I was offered office space with a patrol lieutenant I had worked with before on the department's tactical team.

Additionally, the personnel director for the city, on site with the mayor, expressed concern for municipal department directors and staff at City Hall who had worked closely with Chief Moffatt, many of whom had friends or relations in the department. Subsequently, in the following week, we provided a closed debriefing for all department directors and the mayor on site at City Hall, encouraging mutual support for themselves and their employees.

A meeting with staff was requested and provided while department directors covered their units, thus allowing all personnel to attend. As wake and funeral arrangements evolved in concert with the family, the lieutenant, myself and the department chaplain collaborated regarding on-site presence at all functions, as well as on a municipal bus to be utilized by personnel for the 2-hour round trip. Relationships established during this difficult period by our *ad hoc* stress unit have continued to date with departmental and municipal staff.

CAUSAL FACTORS

Ongoing departmental, state, municipal and media investigations have prolonged this tragedy for several months. Answers to the question of why this happened have in no way mitigated the impact of this tragedy on all involved.

It would appear that Chief Moffatt had developed an addiction to gambling in his personal life. Unable or unwilling to seek assistance, this addiction subsequently affected his professional judgment. It is alleged that he borrowed money from subordinates within the department and that he misappropriated department funds. On the morning of his suicide, a meeting with Chief Moffatt had been requested by a state union official to discuss ethical concerns raised regarding his borrowing of monies within the workplace. It is reasonable to assume that this meeting might have been presumed by Chief Moffatt to be a precursor to the end of an untarnished 30-year career in law enforcement.

CONCLUSION

At no point in a professional career can we take our personal credibility or professional integrity for granted. The development of a problem that may be intensely personal, painful and private makes us no less professional. As helping professionals, perhaps the most difficult decision is to recognize the presence of a problem and to seek help ourselves. In the absence of a stress program, we are more likely not to seek assistance and the problem may become worse. A properly constituted program is reflective of the "heart behind the badge." Should we develop a problem and then seek professional help and resolve the problem, it will ultimately help our career.

Update

For a 5-month period, Commander Legenza, as acting chief of police, has provided support to both departmental associates and family members during this protracted tragedy. Commander Legenza's most painful recollection is that, early on, in every conversation with a Moffatt family member, he "caused someone to cry." To his credit, Commander Legenza had the strength from the beginning to ask for professional assistance both for himself and for members of the department.

Alan DeNaro was sworn in as chief of police on April 19, 1999, a full 5 months following the loss of Chief Moffatt. At a recent meeting, Chief DeNaro and Commander LeGenza expressed their commitment to the development of a departmental assistance program.

Developing a Plan: Helping a Department Heal After a Police Suicide

Dennis Conroy

Abstract: This article discusses some of the psychological effects of a police suicide on the survivors in the department. It is strongly recommended that a department develop a protocol for dealing with police suicide, even if a department has not gone through one. This protocol should be as detailed as the protocol for dealing with a line-of-duty death. Suggestions are given to aid in the development of such a protocol.

Key words: police department procedures, police suicide, law enforcement suicide, intervention

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Developing a Plan: Helping a Department Heal After a Police Suicide

INTRODUCTION

Imagine an officer in your police department has just committed suicide. You ask yourself: "Who is it? How did the officer do it? How well did I know this officer? How do I feel about this death and what do I think about this officer now?" Finally, you ask yourself, "How am I going to handle these thoughts and feelings of mine, as well as deal with the thoughts and feelings of my department?" Imagine it.

No police department, large or small, can "simply heal" after a police officer in that department has committed suicide. A self-inflicted death causes damage to others in the department that is far beyond the scope of a passive self-healing. Such critical damage requires active intervention by surviving police officers, family members and police managers. The first step in this healing process is an understanding of what the suicide means to the individual surviving officers and to the department as a whole. The officers are likely to be very closed to outsiders in their response, while the department management itself may be secretive about the real meaning of this death, not even explaining it to other members of the department.

EFFECTS OF A POLICE SUICIDE

A police officer's suicide often creates a variety of significant problems within a police department. A suicide is more painful for the surviving officers than a line-of-duty death. Most officers see a police suicide as senseless, unjustified, or without worth. They tend to believe a line-of-duty death has redeeming factors in that the officer is protecting the public or dies in a way that all police officers realize is possible. After the suicide of a police officer, every other officer feels that they have a hole in their hearts and each one has a number of startling realizations. The realizations are not necessarily cognitive; they strike closer to the very core of an officer. Each officer must fully grasp that "the officer is gone," or, even more profoundly, "That could have been me."

When a police officer commits suicide, the survivors have no specific focus for their anger. Each surviving officer may feel anger that does not have a healthy outlet. Loss causes hurt and in this case, the surviving officers have lost someone they love. In other circumstances, they would feel this hurt and typically display it as anger. For surviving officers of a police suicide, however, anger at the dead officer feels emotionally dangerous. They want to have fond memories of their fallen comrade. The surviving officers face a strong risk of internal conflict between feeling anger at the dead officer, as well as a possible affection for a friend, respect for a comrade in arms who risked life and limb and perhaps, even gratitude for the dead officer saving other officers' lives on occasion. If they direct their anger towards the officer who committed suicide, they may feel that they are negating any good that the officer did while alive. Also, the surviving police officers may view the

dead officer as a victim and may believe that they cannot blame or be angry with the victim because, by definition, it is not the victim's fault.

The surviving officers tend to aim their anger in other, often inappropriate, directions. They may direct it toward family members, fellow officers, members of the public they have to deal with, or even inward toward themselves. They will direct their anger somewhere, though and they can do so with a vengeance.

A police suicide often creates another problem for the surviving officers when their department or the dead officer's family changes or eliminates the opportunity for the ritualistic grieving usually done with a line-of-duty death. Many officers feel confused by a lack of departmental protocol. They may feel lost because their department has no formal rituals associated with this type of death. They are likely to feel uncertain as to what role would be appropriate for them at the dead officer's funeral. They also will not know how to say goodbye to this officer in a police tradition. They may have great difficulty, feeling proud of the life the dead officer led, yet confused or ashamed of the way the person died.

As a result of the differing opinions and responses to the suicide of a police officer, several factions may develop within a department. The factions are based, in part, upon individual moral or religious values. Each officer will have a different view of the suicide and those views may be dramatically different than the view of the departmental management. Some officers will hold a religious belief that suicide is never permissible. They will abide by that religious belief no matter how they felt about the officer or how they grieve their own loss. An intradepartmental conflict may develop because some officers are likely to consider this as a line-of-duty death, deserving all the pomp and ceremony that typically accompanies such funeral services. Other officers will argue that because this officer chose to die, assigning a line-of-duty death status to this death would demean those officers who gave their lives to protect someone else.

This suicide also affects the departmental standing of the deceased officer and of each surviving officer. If the dead officer was involved in many departmental activities, the suicide will have a more dramatic effect. If the dead officer was a field training officer, a member of the SWAT team, or a supervisor, the death will affect the department to a greater degree by disrupting the extensive formal roles the officer filled within the department. Similarly, if the dead officer had mentored or provided support for many other officers, the impact of this death will be more severe because of the absence of this continuing support and because of the number of officers helped through these informal roles.

The mental health of the other officers at the time of a police suicide also influences the impact this suicide has on surviving officers and the police department in general. If the officers are in generally sound mental health at the time, they are more likely to be able to talk about and grieve this suicide in an appropriate manner. However, if the officers already are feeling depressed or under

a great deal of stress, the suicide will have a much stronger impact. Those officers already feeling overburdened may not have the emotional stamina to grieve this loss. The symptoms of their own mental distress are likely to increase. If an officer already is depressed, the depression may increase. If an officer is engaged in compulsive behaviors, these behaviors may increase. These officers may feel the suicide is "just one more thing" they do not want to deal with in their lives. They may respond by isolating themselves and having the symptoms of their own illnesses increase to dangerous levels.

The relationship of each surviving officer with the deceased is one of the individual variables that will impact the department collectively. The closer the relationship or the more frequent the contact, the more acutely the individual officers and the department in general will experience the loss.

The location and method of a police suicide will bring out different responses from the surviving officers. A suicide committed in the privacy of the officer's home will affect surviving officers differently than a suicide committed either in front of other officers or in a squad car in a very public manner. A private suicide can cause the officers to wonder why the suicide happened and how they might have intervened. A public suicide forces the other officers to respond to public comments and questions about the possible reasons for the suicide, the method of the suicide and the reactions of the surviving officers and the department after the suicide. Media involvement after a police suicide makes it difficult, if not impossible, for the officers to grieve privately. A public suicide also provides an opportunity for political commentary, with corresponding political gain or loss, not afforded by a private suicide. Again, this commentary interferes with the surviving officers' private grief. Most police officers believe it is important to air their "dirty laundry" in private, but feel compelled to respond to non-police friends and associates when a police suicide becomes public.

Blaming

Although it is an emotionally risky venture, some officers will blame the officer who died. Such blame is an emotional defense mechanism that helps distance these survivors from the deceased officer. Blame also serves to emphasize, truthfully or not, that the survivors would never consider doing such a thing. They articulate that the suicide was a matter of choice and a way out. They may say, "He took a coward's way out because he couldn't stand the pressure." By disparaging the dead officer, a surviving officer attempts to protect himself from the harsh reality that even good police officers may feel so bad that they commit suicide. Survivors also may defend themselves against the knowledge that all of the "good guys" do not live forever or die as heroes. They may fear that they might do the same thing in a similar set of circumstances. If they can emotionally distance themselves enough from this death, they can lessen the realization that they could die the same way. Officers who blame the dead officer for the suicide may show anger toward the dead officer's family and toward other officers for not being indignant enough about the suicide and for not distancing themselves from the officer who committed suicide. Surviving officers also may distance themselves

from their own families because they do not know what to say when asked if they knew the dead officer or if they have ever thought about suicide themselves. Many officers have thought about wanting to end their emotional pain at some particular moment, but do not want to admit it to themselves or anyone else.

Some officers will blame themselves for not preventing the suicide. They may see themselves as responsible because they consider the police department to be one big family in which family members are available to help each other through any crisis or emergency. Some surviving officers may see their role in the police family as a trusted elder who should have been able to serve as a confidant to the officer who committed suicide. Then the survivors may feel additional blame because of the belief that they let down a "member of the family".

Other officers can feel intense pain and guilt if they remember the deceased officer having shown signs of depression, such as an absence from normal meetings or coffee shops. They might recall other signs of emotional troubles, such as uncharacteristic outbursts of anger. These officers easily can blame themselves for the officer's death if they saw such signs and did nothing to intervene. If these officers were present at the time of the suicide or if they were in the same house, they will place additional blame on themselves for not finding some way to rescue this officer from his own intent and actions. They also may feel ashamed in their discovery that police officers are required to protect people they do not believe deserve it, but are not able to save the ones they love from killing themselves.

Survivors

The effects of a police suicide on the surviving officers are more difficult and long-lasting if the deceased has a blood relative who is an officer in the same department. In that case, the officers must face daily a living reminder of the deceased officer. As officers pass this surviving relative, they are likely to have difficulty making conversation. They probably will not know what to say about this death to another officer who was truly family for the officer who committed suicide. With this constant cue to remember, officers have much more difficulty grieving, forgiving and moving on.

A portion of the officers in the department will blame the department management for the suicide. They might accuse the management of not making help available before the officer took such drastic action. They may accuse department managers of having done something to create so much stress for the officer that the person found suicide to be the preferable release from the stress.

Surviving officers also may blame society in general for the death of their comrade. They may believe that the officer was not able to function in an adversarial relationship with the community-at-large. They might think that if the community had shown more support for police

officers, there would have been some sort of appropriate safety net in place. The officer would not have felt so isolated and lonely and would not have committed suicide.

Police managers cannot insert their own views of the death into the funeral arrangements. Managers who respond based upon their own beliefs often are accused of favoritism or of using the officer's suicide for political gain. There is likely to be a greater disruption in departmental functioning after a police suicide when officers perceive that protocol for response to this death was based upon the relationship the dead officer had with management. Each police department should have a plan for the aftermath of a suicide and managers should stick with that plan.

DEVELOPING A PLAN

A progressive police department will take the following general considerations into account in developing a plan to deal effectively with a police suicide. Department management must be respectful of all views of this death. Although officers may blame themselves, the officer who committed suicide, department management, or the community-at-large, they will all suffer from this loss and must find a way to work through it.

Police managers also must remember that no matter what the cause, a police suicide is still a tragedy and a loss to the department as a whole and to each individual officer. Emphasize how the officer lived, not how the person died. Rather than get caught up in the issues of blame or responsibility, a police suicide response plan should focus on the healing that must happen after such a significant loss.

Focus on the needs of the officers, civilian employees and family members. Each of these groups may have different needs in reaction to the suicide of a police officer. The officers may need some uniformed involvement in the funeral ceremonies. Civilian employees will feel a strong need to be included as part of the department's response to this death. A police department's focus after a suicide often is on the surviving police officers. The department's civilian employees can feel very hurt and alienated if they are slighted or ignored. Make sure the plan includes provisions to help the civilian employees work through their own grief regarding this loss. Arrange for *all* interested employees to get time off, if possible, to attend funeral or memorial ceremonies.

Family members of the surviving officers may not fully comprehend the effects of an officer's suicide. They may not understand the conflict surrounding the death, the reasons for the suicide, or the emotional toll it can have on their own police officer. They may not realize the stressors of police work and the difficulty many officers have in talking about emotional issues. Family members may develop considerable fear that the surviving officer, the spouse, or parents may succumb to suicide as a way of dealing with work-related pressures. The spouse and children may have even greater concerns about the safety of their police spouse or parent if they already have such problems in the family as marital difficulties or parent-child conflicts.

Protocol

The protocol for dealing with a police suicide needs to be as detailed as it is for a line-of-duty death. Because there is such a tendency for members of the department to have different responses to this death, the protocol should be very structured. This formal structure must be in place so that the departmental response is not seen as a reflection of the officer's popularity or standing with police management. It is essential that there be consistency across rank structures and personalities, with compassion for survivors, in developing this protocol. Remember, just because a department does not have a protocol for dealing with a police suicide does not mean that it will not have to go through one.

Notification

One of the first tasks after a police suicide is to deliver the news in an appropriate way to the appropriate people. Have a plan for telling the immediate family, the other officers, civilian employees and, if necessary, the community-at-large. The manner in which the news is delivered will have substantial impact on how it is received and on the subsequent response by each of these groups. Certainly, delivery of the news will depend on the circumstances of the death.

If the death is suspicious in any way, the death scene will be a crime scene and must be protected as such. The scene must be secured and processed as though it were a homicide. If there is any doubt about the cause of death, all investigative procedures must be exhausted to eliminate homicide as a possibility. Nagging doubt will interfere with departmental healing unless everyone is sure that the death was not a homicide. In any police death involving suspicious circumstances not pointing clearly to a suicide, the department will have to issue a formal public statement. This statement should be brief, indicating an ongoing investigation into the cause of death and reiterating department policy not to discuss ongoing investigations.

If the suicide takes place in private and family members discover the body, they are likely to be uncertain about who to call or what to do. If other officers are present or in the same building at the time of the suicide or if they are the ones to find the body of the dead officer, the department will still need to deliver the news through a formal procedure to ensure it is accurate, consistent and thorough. The death response protocol should include an initial contact person, so that whoever discovers the death can begin the formal departmental response process. If the department does not make notifications appropriately, consequences can be painful. For example, imagine that one of your officers committed suicide and you found out by reading it in the newspaper. Or, imagine that after a police suicide not all family members were notified of the death before television coverage preemptively informed them of the news. Either of these scenarios will make healing much more difficult for many of the surviving officers, family members and the department in general. The department must be the official bearer of the news.

Media

A public police suicide inevitably will involve the media. The media may even be present when the suicide occurs. Departmental response to the media must follow a planned approach in releasing any information about the deceased officer. The response should be brief—focusing on the tragedy, not speculating on the cause of the suicide—and be respectful of the feelings of friends and family members. All departmental release of information must be done with respect to the survivors.

A private death allows the police department more flexibility in dealing with the media, thus providing the opportunity to more strongly consider the wishes of the family in any news release. Any media contact regarding a private suicide should involve friends or family members of the deceased officer, if possible. They should be allowed to discuss the officer's life and death with the media in whatever manner that feels most appropriate to them. The department should offer support to friends and family members, but should not take over as the official spokesperson for this tragedy. This stance helps keep the death as private as possible. If the family wishes, the media should be no more involved than if the deceased were a civilian. This privacy may be difficult to maintain because police officers, alive or dead, often are a media target. The family wishes, while important, must also be consistent. Asking for no media involvement, yet arranging for a long line of squad cars with lights to be in the funeral procession, is unrealistic.

Cleaning

Some police officers commit suicide with their own service weapons. Every officer is accustomed to carrying a gun and it is always readily available. This method of suicide leaves a particularly difficult situation for the survivors. They will need help cleaning the area as soon as possible. Once the death has been determined to be a suicide, the police department should make arrangements for cleaning by a reputable and immediately available biohazard cleaning agency. Do not leave this job to the officer's family or assign other officers to do this work. Make sure this job is done as soon as possible by a professional cleaning crew. Contract with such a cleaning company should be part of the department's suicide response plan.

Liaison

If possible, assign an officer who was a friend of the deceased officer to work as a liaison to remain with the family and help protect them from onlookers, bystanders, media and curiosity seekers. This officer can be a focal point for departmental contacts, as well as the individual who conveys the family wishes to the department. This officer can help coordinate funeral service arrangements, including visitation location and hours, church or burial times and locations and other family wishes. This funeral belongs neither to the police department nor to the community-at-large, though both have suffered a loss. The department may provide input or make requests regarding specific arrangements, but final decisions belong to the family.

Liaison officer is a very demanding role. Therefore, do not expect the officer to do this liaison job well and still perform regular duties. This officer should be relieved of regular duties in order to serve in this capacity. The department must be clear at the onset of this assignment whether this liaison officer will be required to use vacation time or whether the department is temporarily reassigning the officer to perform this function.

If the dead officer had children, the family and department should work together to make arrangements for them to attend whatever parts of the visitation and burial they are able. Their participation will depend on their ages, as well as their health and their response to their parent's death. If the children are not able to attend these services, the liaison officer can assist in making child care arrangements with other officers or other officers' families, if appropriate. The spouse of the deceased officer should be allowed to grieve without worrying about the care of very young children.

Older children may need someone to explain to them what happened to their parent. A family friend could do this, if appropriate, or the department chaplain, a peer support person, or a departmental employee assistance counselor could talk to older children. This explanation should take place in a quiet setting where the children can ask whatever questions they need to ask, listen to age-appropriate answers and grieve openly. The person giving this explanation must understand that children of different ages understand and react to death differently and must be able to give age-appropriate explanations.

The liaison officer should have a manual outlining the benefits available to the spouse, procedure for collecting those benefits and an estimated time frame for how long it might take to collect them. The liaison officer can help the spouse fill out the appropriate paperwork and make sure the forms are submitted to the correct places in a timely manner. The liaison officer also could make the necessary phone calls arranging for the death certificate to be forwarded to Social Security and other agencies. This assistance will relieve the family of tasks that they may not have the emotional energy to perform.

Written department protocol should specify whether friends and peers of the dead officer can attend the visitation or funeral on department time, in uniform and driving squad cars. The department protocol also should stipulate whether only limited numbers of officers (i.e., immediate peers) can attend on department time. The written protocol should include policy regarding the use of police officers as honor guards at the visitation and the inclusion of a 21-gun salute at the burial site.

The family of the dead officer, as well as friends and peers, will need a list of resources available for long-term follow-up. The pain from this suicide will not evaporate quickly. It may not manifest itself until several weeks after the funeral. The department protocol should identify long-term resources and if possible, connect people with appropriate resources during the initial time of

grief. This connection will help family members, friends and other officers reach out later when they really start to feel the pain.

Trained peer support personnel who knew the dead officer or departmental police chaplains can be used to make follow-up visits to the home during the period after the funeral when the emptiness and pain begins to set in for the family. Peer support personnel must understand that their role is to help, not to make any attempt to replace the dead officer. Police chaplains may not be of the same religion as the family or other grieving officers and thus may not be able to provide religious support to them. Police chaplains, however, can provide significant healing spiritual support.

At all times the department must treat the family of the dead officer with respect. This respect greatly affects how the surviving officers will respond and how the department will begin to heal.

Departmental Response

The department response can be broken down into three stages: 1) immediate, 2) the first 2 weeks and 3) long-term. The immediate response will depend on whether or not the death is clearly a suicide. If the death is clearly a suicide, the immediate response is likely to include delivering the news, providing critical incident defusings and coordinating funeral arrangements. Other officers in the department will need to be told about the officer's suicide. It is best to do this in person whenever possible. The facts of this death should not be broadcast over the police radio or sent via mobile data terminals. If a written statement is disseminated, it should be brief and not include much detail. Written statements can fall into the wrong hands and could prove embarrassing to the officer's family, the officer's friends, or the department in general. Officers coming on duty should be informed of the suicide and the circumstances of the death at roll call. The officers should be given the facts of the situation to avoid, or at least minimize, the rumors that are sure to follow. This information should not include any speculation on the reason for the suicide or the officer's given reasons, if known. If the officer's closest peers are off duty, on-duty personnel should be used to notify them in person of this tragedy, if possible, before any media release.

If the department has an employee assistance program, their personnel can provide immediate defusings or debriefings. They also can help identify long-term resources and make appropriate referrals to those survivors who need them. Most employee assistance programs are staffed by qualified mental health professionals who can help to observe individual responses to this suicide and make suggestions for debriefing implementation and structuring, management response and long-term help that will be needed. Personnel from the employee assistance program should be familiar with the specific department culture to help tailor an appropriate departmental response to minimize the effects of this suicide. They also may be helpful in designing the department protocol for a police suicide.

Police chaplains can be helpful in all three phases of the response. Initially, a police chaplain can help the family deal with the trauma by staying with the family. The chaplain can be a ready resource for questions about death, life after death and other issues the family might have about their loved one. The chaplain also can help the family with whatever memorial services they request. In addition, the police chaplain can do long-term follow-up by helping the family stay connected with the greater community.

Most police officers trust the chaplains who work with their department. The officers tend to feel comfortable showing their feelings to a chaplain who can help them with their grief. Because such support usually is provided within the context of a religious contact, it is legally privileged communication. This privacy protection helps the officers feel more comfortable in sharing their grief.

Critical incident stress debriefing teams (CISD) are another helpful resource in the phase immediately following a police suicide. CISD personnel can facilitate debriefings, giving all of the officers an opportunity to discuss their feelings. A debriefing should be a small group process for officers to grieve together. If possible, structure these so that officers with very different views of the death are not in the same group. The debriefing should be a time for sharing, not for the anger and confrontation that may result from people with opposite views of the death in the same debriefing.

Finally, when establishing the protocol for a departmental response to a police suicide, use a committee of volunteers from throughout the department. Involve patrol officers, investigators, ranking officers, managers, civilian employees and even labor personnel; it will be much more effective if it is designed by the department, rather than the managers. Remember, this protocol is designed in the cooler moments between times of crisis. Do not deviate from it during crisis without good reason.

CONCLUSION

Every size of law enforcement agency can benefit from having a plan in place to deal with police suicide. A good plan can mitigate the crushing impact of self-inflicted death by implementing procedures for respecting the views of all concerned, performing the death notification, handling the media, cleaning up the death scene, appointing a liaison team for the family, defining the role of the police chaplain and arranging for debriefing of departmental personnel. The best plans focus on the needs of the concerned parties.

From Critical Incident Stress to Police Suicide:
Prevention Through Mandatory Academy and On-the-Job Training Programs

Maria (Maki) Haberfeld

Abstract: *The mandate imposed upon law enforcement officers to enforce the laws, protect from evil, solve problems and serve the needs of the public- all with courtesy, respect, professionalism and impartiality-necessitates a degree of mental and physical endurance that cannot be achieved through the training and education currently offered by law enforcement agencies. This article examines the practical side of dealing pro-actively with the stress encountered by police officers on a daily basis, stress that when dismissed as "part of our job" routine generates disastrous outcomes. The specific emphasis is on understanding critical incident stress (CIS) and its impact. A practical outline of mandatory training, both at the academy and on the job, is presented, including an expanded definition of CIS and a set of training modules that incorporate debriefing procedures.*

Key words: critical incident stress, police training, police suicide, law enforcement, suicide

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From Critical Incident Stress to Police Suicide:
Prevention Through Mandatory Academy and On-the-Job Training Programs

INTRODUCTION

Police work is a misunderstood phenomenon. People tend to romanticize, stigmatize, demonize, exaggerate and mostly misunderstand the critical aspects of police work. It is not about danger, power, esteem, or politics. It is first and foremost a very special calling that enables one person to sacrifice his own safety and security in order to protect others. It is about priorities set by police officers, which are almost antithetical to common sense, in which a person puts other people's needs ahead of his own. However, someone who can elevate himself above and beyond common sense still needs recognition of this sacrifice. If this needed recognition is missing, factually or perceptionally, then a police officer embarks on a profoundly ruinous road toward cynicism and self-destruction. This article starts with the depiction of the poorly understood aspects of police work. Three real-life encounters involving frustrated and misunderstood police officers highlight the dire need for an expanded definition of critical incident stress. The expanded definition is followed by revisiting and extending Maslow's Hierarchy of Needs, which, in turn, provides fertile ground for new training modules. The new concepts are presented in a generic mode and the author recognizes the need for customization, based on the size and the resources of each department.

The CompStat Meeting

It is early morning in the command and control room of the New York City Police Department (NYPD). The room is already partially filled by guests of the police commissioner and some officers. At 7 a.m. sharp, the meeting starts. The room, although filled primarily with law enforcement personnel, seems to be divided by an invisible line: on one side are the departmental brass, the ones who will lead the meeting and on the other side, the ones who are going to respond. The meeting lasts for 3 hours during which a number of officers, from high-ranking precinct commanders to plainclothes detectives, answer a battery of aggressive questions directed at them. The entire encounter resembles a high-intensity football game more than a departmental meeting. The big screens behind the backs of the "defensive team" light up with numbers and statistics, adding to the overall atmosphere of an offensive attack, far removed from what one would define as constructive criticism. It feels like the tension in the room could be cut with a knife. The team on the defense holds up quite well; from time to time, however, one can see a dangerous spark in the officers' eyes.

As the accusations fly, accusations ranging from perfectly valid to a bit extreme, a short break is announced. In a way, this brief intermission might be considered as a regrouping time for the team on the offense because the moment the meeting recommences the vitality of the inquisitors seems more powerful than before. The questioning continues (at this point, one could refer to this form of verbal exchange as interrogation) and the officers bravely face the mounting attacks.

Finally, 3 hours later, at 11 a.m., the meeting is over. No blood has been spilled, nobody was hurt physically; in fact, the overall productivity or clearance rate of the department might even go up. However, the psychological impact of such a meeting is not addressed by anybody. "It works," in the words of the departmental brass. Yes, maybe it does, technically speaking, for a relatively short period of time, but for an outsider sitting in a room charged with high-intensity verbal assaults flying in one direction only, it does not work. One can only speculate what it would take for an outsider to endure this treatment. In a football game, the players get hurt as well, most of the time physically and if mentally, then it is a price they have to pay for fame, money and adoration. After the CompStat "game" is over, the police officers go back to the streets or their precinct commands. There is no fame, money, or adoration--more importantly, there is no justice for them.

It goes without saying that in any work environment there always is room for improvement and accountability, but one question remains unanswered: What is the right way to express constructive criticism? Is the bottom line the final technical outcome, or is it human dignity? One could argue that the clearance rate or reduction in crime and the officer's morale are equally important, but it is clear that only one variable from this equation is taken into consideration during the CompStat meeting.

The 41 Shots

It is quite reasonable to assume that most readers are familiar with the tragic events that led to the death of Amadou Diallo in New York City. Nevertheless, a short description of the event will clarify the purpose of this example. Four plainclothes police officers, members of the NYPD's Street Crime Unit, received some intelligence information about a rape suspect. Following the intelligence lead, the four entered into an encounter with Amadou Diallo, an innocent African-American immigrant, who came to the United States to improve his life. What exactly happened during the encounter is something one can only speculate about; the fatal outcome, though, is a fact. This case of mistaken identity led to 41 shots being fired at the unarmed Diallo, resulting in his immediate death. The officers involved were charged with second-degree murder.

It is beyond the scope of this article to present any defense of the four officers, although a legitimate case might be made for taking into consideration the physiological state of individuals experiencing critical incident stress. Suffice it to mention that one of the symptoms of stress is a significant impairment of peripheral vision; up to 70% of our vision may be impaired by stress (Olson, 1998). This symptom may serve as a valid explanation for why the officers fired that many shots and for why they hit the victim in his legs and other parts of the body; impaired vision can cause one to shoot at the wrong target. Regardless, the crucial point for this article is the specific offense with which the officers were charged. Second-degree murder implies that the officers, though without premeditation, intended to kill Mr. Diallo.

Despite the fact that this incident is a perfect example of critical incident stress (CIS), the tragedy of this incident from the perspective of the accused officers lies not only in the fact that the life of an innocent man was taken by mistake but also in the fact that they are accused of intentionally taking his life. One cannot begin to imagine how it must feel to make a tragic mistake in the course of one's line of duty and not only suffer the consequences of this mistake but also be exposed to additional, horrible charges of intent. No matter what the final outcome of this case is, for the four defendants there is no justice at this point—just as there is no justice for any officer on the street attempting to serve and protect society from rapists, murderers and other dangerous individuals. People frequently say that, "mistakes are human," but it seems that police officers are excluded from the category of the human. Occasionally, soldiers get killed by friendly fire. It is tragic and inexcusable, but it happens. Rarely, if ever, are the soldiers involved charged with second-degree murder. If they were, we might have very small armies.

The Off-Duty Encounter

A young police officer in his early 20s is relaxing after work. After only one beer, the officer leaves the bar and approaches his car. The car is blocked by a double-parked vehicle. The officer approaches the driver and asks him to move his car. The driver refuses and curses the officer, who at this point identifies himself as a police officer (he is not wearing a uniform). The driver looks at the officer's identification, then pulls out a gun. At this point, the officer pulls out his weapon and, at the same time, a police car arrives at the scene, followed by another patrol car. The arriving officers take control of the situation. The citizen is handcuffed and taken away and the young officer is asked for his statement. While the officer's statement is being taken, his gun is taken away from him by the officer in charge. The next day, he is placed on suspension without pay for drinking and for displaying his weapon off duty.

This story was told to the author of this article by one of her students, who happened to be the young officer depicted above. The young male, with 3 years on the force, was taking the class "Police and Community Relations" and decided to share his personal experience with the rest of his classmates during the section entitled "The Human Experience of Being a Police Officer".

Again, it is beyond the scope of this article to analyze the truthfulness of the story; nevertheless, it must have had some validity. Toward the end of the semester, the officer said that he had just been reinstated and returned to his regular duties without any disciplinary hearing. During the semester, he came a number of times to the author to express his frustration with the system and with the police department that doubted his words and violated his trust—a trust based on the assumption that in a hostile encounter with a citizen (on or off duty), he would receive backup from the organization. The importance of this story lies not so much in the accuracy of a given example, but in the fact that the officer, loaded with frustration, obviously had no outlet for his grief. The author and the students in class asked him a number of times whether he had complained or

received counseling. The answer was cynical: "No. Who cares? The organization does not care about you and your colleagues are too preoccupied with their own stuff".

Again, whether the story happened the way it was described or not is immaterial. The fact is that on a daily basis officers emerge from encounters with citizens, peers and supervisors with a feeling that the organization or their peers did not provide them with the support to which they felt they were entitled. Whether the incidents were critical in nature or not, the sense of injustice was very real.

Police Suicide as a Function of Routinely Ignored Hidden Stressors

The three stories, presented above, were very intense for the people involved. However, only one of the three would be classified as CIS and generate, maybe, the desired response. The desired response would be counseling and debriefing; however, even if provided, this range of responses would address the wrong stressors. The stressors addressed in the Diallo case, for example, undoubtedly would include the tragic situation itself: the death of an innocent man and the entire shooting incident. It is doubtful, however, that the profound injustice embedded in the charge of second-degree murder would be addressed immediately—or ever—by the police organization. After all, the officers involved were placed on suspension; therefore, by default, they are guilty until proven innocent. There is no room for debriefing on the issue of the charge. When the trial of the four is over, whether they are found guilty or innocent of the charges, it is extremely improbable that they will receive any counseling or other mental assistance. If they are found guilty, they will be let go; if they are found innocent, they simply will be reinstated and, once again, the hidden stressors will have been ignored.

As for the two other cases discussed, they certainly are routine and ignored as part of "the human experience of being a cop". Furthermore, police officers are expected to deal with these job stressors and even accept them as justified. As one of the author's colleagues mentioned, "the precinct commanders are paid well; they should be accountable for their work-whatever it takes".

If incidents generating CIS are not recognized and treated, they will lead to cynicism, depression and, in the most extreme cases, to police suicide. The assertion of the author is that some of the answers to the problem of police suicide lie in the misunderstood phenomenon of how police officers react to situations from which they emerge with a sense of injustice.

STRESS MANAGEMENT TRAINING IN LAW ENFORCEMENT

CIS Definition: The Source of a Misguided Approach to Training

In the past, most studies of stress in law enforcement focused exclusively on postshooting trauma. Kureczka (1996) identified a number of other traumatic events, collectively known as critical

stress incidents. His definition encompasses any event that has a stressful impact sufficient to overwhelm the usually effective coping skills of an individual. Among the events listed are a line-of-duty death, serious injury of a co-worker, a police suicide, an officer-involved shooting in a combat situation, a life-threatening assault on an officer, a death or serious injury caused by an officer, an incident involving multiple deaths, a traumatic death of a child, a barricaded suspect/hostage situation, a highly profiled media event, or any other incident that appears critical or questionable.

According to Kureczka, the definition of a critical incident must remain fluid because what affects one officer might not affect another. This particular assumption is extremely valid for the expanded definition of CIS, which will be presented in the next section.

In 1980, the American Psychiatric Association formally recognized the existence of a disorder similar to what frequently was referred to by the military as "battle fatigue," which became known as post-traumatic stress disorder (PTSD). Symptoms of this disorder include intrusive recollections, excessive stress arousal, withdrawal, numbing and depression. Pierson (1989) claimed that critical stress affects up to 87% of all emergency service workers at least once in their careers. CIS manifests itself physically, cognitively and emotionally.

Walker (1990) provided a slightly different definition of a critical incident, describing it as "any crisis situation that causes emergency personnel, family members, or bystanders to respond with immediate or delayed stress-altered physical, mental, emotional, psychological, or social coping mechanisms". She recognized the need for CIS debriefing procedures, using Mitchell's (1983) process, which included the elements of factual description of the event, emotional ventilation and identification of stress-response symptoms.

Stress Management Training as a Function of an Ill-Defined Problem

The above approaches to CIS are among the prevalent definitions of the problem; the stress management training modules devised by and for, various law enforcement training academies rely heavily on those definitions. Finn and Tomz (1997) published a thorough manual about developing law enforcement stress programs that seems to suffer from a similar disease: multiple and intangible definitions. The overreliance on fluid and elusive terms on one hand and on an infinite host of traditional traumatic events (like shootings, deaths and injuries) on the other provides for a misguided approach to training. The problems enveloped in CIS are ill-defined and inadequate. One cannot devise any effective training module if one cannot define precisely what it is that recruits should be trained in, against, or for.

Undoubtedly, there are a number of good definitions offered by researchers; still, those definitions cover only a small percent of the problematic issues involved in critical stress incidents. If, as the researchers claim, the definition must remain fluid because what constitutes a critical incident for one officer might not affect another, then the only rational conclusion is that stress

management training must be abandoned because only a very small percentage of the audience is being targeted. It is extremely difficult to identify with situations that are not relevant to one's emotional makeup. In a given training environment, a theoretical depiction of events—no matter how realistic and potent—remains theoretical for a significant segment of the audience. Such examples mentioned by the researchers as the death of a partner, the death of a child and a traumatic media event remain in the sphere of the unreal because training is offered to recruits who still do not have a partner, usually do not have a child and cannot possibly envision the power and influence of the media on their daily performance. When stress management training is offered only to the officers who are already on the force, then the new recruits who enter the work force are in danger of being affected by CIS and they have no coping mechanism whatsoever nor the ability to recognize the danger.

To emphasize how important a definition of a problem is to an effective training module, one might want to examine a number of the traditional training topics, as for example, stress during a night fire (a training module offered by the New Orleans Police Department). It is impossible to envision this training module being offered to anybody without a clear definition of the problem, including the fact that this stress could only be developed under nighttime lighting conditions. If this particular module started with a fluid and elusive definition, such as "You might encounter this stress during a night shooting or maybe also in other circumstances," the effectiveness of the module would become highly questionable. Therefore, the current stress management training provided to law enforcement officers is clearly the product of an ill-defined problem.

Redefining Critical Incident Stress

The new, expanded definition of CIS offered in this article is based on the assumption that police officers *en masse* join law enforcement agencies to serve and to protect the public from the so-called "bad guys". These sentiments have been defined adequately by researchers. Crank (1998) believed that police see themselves as representatives of a higher morality embodied in a blend of American traditionalism, patriotism and religion. According to Sykes (1986), police officers view themselves as moral agents—guardians whose responsibility is not simply to make arrests but to roust out society's troublemakers. They perceive themselves to be a superior class (Hunt and Magenau, 1993) or as people on the side of angels. Cops forge a bond whose strength is fabled from the sense of "us versus them" that develops between cops and the outside world (Bouza, 1990). Police believe themselves to be a distinct occupational group, apart from society (Van Maanen, 1974). This belief stems from their perception that their relationship with the public, with brass and with the courts is less than friendly and sometimes adversarial. As outsiders, officers tend to develop a "we-them" attitude, in which the enemy of the police is sometimes the criminal element and sometimes the general public (Sherman, 1982).

Police are held to a high standard of accountability. They are in an occupation where situations in which they intervene are unpredictable and sometimes, they have to make rapid-fire

judgements in emotional circumstances. Cops know that they will make many mistakes for which they would be publicly rebuked by any of a number of groups: the press, civic organizations, departmental brass. Each of these is an influential actor in the cop's world and career (Crank, 1998). Furthermore, they joined the force to serve and protect the same influential actors who so frequently scrutinize their performance.

"To serve and protect" means—at least in an officer's mind—to deliver justice. In other words, the "good guys" (the police officers) are here to enable "us" (members of the society) to live in a civilized manner, protected, or at least to live in the constitutional certainty that we are entitled to protection from the "bad guys." This profound subconscious belief, sometimes taken for granted, enables "us" to function on a daily basis without looking over our shoulders for predators and enemies. This sense of security is almost built into our civilized system; we know that around us there is an invisible fence of protection provided by law enforcement officers. Of course, sometimes, we do experience some erosion in this sense of built-in security, predominantly when we are involved in an incident from which we emerge physically or psychologically injured. The ensuing sense of insecurity can be extremely traumatic and, frequently, one cannot regain the feeling of built-in security.

Police officers, despite serving as protectors from evil and as messengers of justice, have the same built-in need for security, even though they themselves are supposed to provide it. They are fully prepared, at least mentally, to do so; however, in contrast to citizens, police officers frequently face the reality of danger and injustice. Therefore, a new and expanded definition for CIS is the following: "Critical incident stress can be generated by any encounter with a citizen, peer, or organization from which a police officer emerges with a perception that justice has not been served."

The sense of being on the "right side," on the "side of the angels," crumbles when officers realize that although they are expected to provide justice for others (again in a symbolic way by serving and protecting the "good citizens" from the "bad ones"), there is no justice for them. The built-in mechanism that produces the faulty (but effective) sense of safety and security disintegrates and the sense of "fairness" disappears, leaving a residue of fear and cynicism. This is a proven formula for stress. Based on this definition, each of the three incidents described at the beginning of this paper could be defined as causing CIS. The accumulation of such encounters—which seem to be routinely present in police work—is, in this author's opinion, conducive to depression and mental breakdown and, in the most extreme cases, to police suicide.

MASLOW'S NEED HIERARCHY REVISITED

Probably one of the most widespread motivational theories, in use, is the one developed by Maslow (1954). He postulated that people's needs were exceedingly complex and were arranged in a hierarchy. His theory of motivation is based on the assumption that human beings are motivated

by a number of basic needs that are species-wide, unchanged and instinctual. This theory identified five need categories: physiological, security, social, esteem and self-actualization.

1. Physiological needs are the strongest and most fundamental; they are the needs for that which sustains life. These needs include food, shelter, sex, air, water and sleep.

2. Security needs emerge once the basic needs are fulfilled. The dominant security needs are primarily the need for reasonable order and stability and the need for freedom from being anxious and insecure.

3. Social needs (or the original belongingness and love needs) emerge with the fulfillment of physiological and security needs. Human beings will strive for affiliation with others-for a place in a group—and will attempt to achieve this goal with a great deal of intensity.

4. Esteem needs fall into two categories. The first is self-esteem, including such factors as the need for independence, freedom, confidence and achievement. The second is respect from others, including the concepts of recognition, prestige, acceptance, status and reputation.

5. Self-actualization comes about when most of the esteem needs are fulfilled: "What man can be, he must be." The stage of self-actualization is characterized by the need to develop feelings of growth and maturity, become increasingly competent and gain a mastery over situations. Motivation is internalized totally and external stimulation is unnecessary.

Maslow did not view the hierarchy of need as a series of discrete levels totally independent of one another. In fact, the categories overlap and are not entirely precise. He suggested that unsatisfied needs influence people's behavior.

After his initial research, Maslow developed a new list of needs identified as "growth needs" (social, self-esteem and self-actualization) as compared to "basic needs" (physiological and safety). The growth needs utilize the basic needs as a foundation. These higher growth needs are wholeness, perfection, completion, justice, aliveness, richness, simplicity, beauty, goodness, uniqueness, effortlessness, playfulness, truth and self-sufficiency. (The need for justice can be related to the "sense of injustice" discussed above.) These values are interrelated and cannot be separated. One should not make the mistake of thinking that the satisfaction of one need—such as the need to make a good salary—will automatically transform all employees into growing, self-actualized individuals. When people's needs are not fulfilled, the lack of satisfaction generates certain behavioral patterns.

Unfulfilled physiological needs can generate pain, suffering, possible impairment, discomfort, or illness. Unsatisfied security needs might cause stress, anxiety, fearfulness, trepidation, or fright. Feelings of being alone, remote, sad, or unloved can be caused by lack of social needs. Insecurity or the lack of a firm belief in one's own power may be a result of unfulfilled self-esteem needs. Finally, when the self-actualization needs are missing, the result is alienation, bitterness, frustration, or feelings of uselessness.

What appears to be missing from Maslow's typology is one basic need that could probably be included in the category of basic needs as a physiological or security need. This missing need is the need to communicate or, put simply, the need to speak one's mind. As much as human beings need food, shelter, sex, air, water and sleep, they also needs to express their unique thought processes. The most ancient archaeological sites show that even in those challenging days, when time was devoted primarily to satisfying one's basic physiological and physical safety needs, people found time to paint and draw. They needed to express their thought processes, however primitively. The need to speak, to communicate, must be fulfilled before people can move on to the next stage of Maslow's hierarchy and fulfill their social, self-esteem and self-actualization needs (the higher-growth needs).

The "missing link" in Maslow's hierarchy, therefore, should be added. In the proposed new hierarchy, the need to communicate is inserted between the physiological need and the security need. Presented below are the two hierarchies: Maslow's Hierarchy of Need and Haberfeld's Hierarchy of Need, with the missing link of communication added.

Maslow's Hierarchy of Need	*Haberfeld's Hierarchy of Need*
Self-Actualization	Self-Actualization
Esteem	Esteem
Social	Social
Security	Security
Physiological	Communication
	Physiological

The communication needs are broken into two rough subcategories: the "need to talk" (which may include or be replaced by other forms of expressions of one's thought processes, such as drawing, painting and writing) and, more specifically, the "need to complain" to vent frustrations, relieving oneself of unresolved feelings, problems and dilemmas.

If these communication needs are not fulfilled, they will influence the other needs—both basic and higher—to the point of dysfunctional behavior. The unfulfilled need to communicate will take precedence over any other need, including the need to survive.

The Safety/Security Needs and Stigma

If one's physiological needs are relatively well gratified, a new set of needs emerges—what Maslow referred to as the safety needs. The human organism may be as wholly dominated by them as by the physiological needs, although feeling a lesser degree of desire. Nevertheless, the safety needs may serve as almost the only organizers of behavior, recruiting all the capacities of the organism in their service, which then can be described as a "safety-seeking" mechanism. Practically everything looks less important than safety. A man in this state, if the condition is extreme enough and chronic enough, may be characterized as living almost for safety alone. To understand clearly the safety needs of an adult, one could look at infants and children. One reason for the clearer appearance of the threat or danger reaction in infants is that, no matter what the cost, they do not inhibit it. Even when adults feel that their safety is threatened, they may not display their fears on the surface. The healthy, normal, fortunate adult in our culture is largely satisfied in his safety needs. A peaceful, smoothly running, good society ordinarily makes its members feel safe enough from wild animals, extremes of temperature, criminal assault, murder and tyranny. Therefore, in a very real sense, an adult no longer has any safety needs as active motivators (Maslow, 1954).

Law enforcement officers, however, are strongly motivated by safety needs, more so than the rest of society. Danger is a poorly understood phenomenon of police work. Police officers believe that their work is dangerous, though their perception differs from simplistic media fare. Officers will describe brief moments of terror in the midst of long periods of routine activity. Danger is recognized as an inevitable accompaniment of their work. Danger is a central theme of police work and thinking about and preparing for danger are central features of the police culture. Safety needs are triggered not so much by actual danger as by a working environment suffused with the potential for danger. Practically anything can happen on the streets (Crank, 1998).

If one adopts Maslow's theory that a person's organism can become wholly dominated by the need for safety, then another simple notion also should be recognized. A counseling session, therapy, a peer support group, or any other environment that contains a potential stigma of weakness and fear will be met with complete resentment from law enforcement officers. They spend their days and nights preparing to deal with danger and to protect others and themselves and a sign of weakness (which would be associated with any attempt to get external or internal help) immediately will decrease one's perceived ability to face danger in a forceful way. The officers who are willing to admit that they need the offered support inadvertently admit their weakness and are stigmatized—not so much in the eyes of others as, first and foremost, in their own perception. This is the reason why counseling and support sessions are not as effective as they might be if approached differently.

The Self-esteem Needs and Being Labeled

Maslow described the overall desire of people for self-esteem: All people in our society (with a few pathological exceptions) have a need or desire for a stable, firmly based, usually high

evaluation of themselves-for self-respect or self-esteem and for the esteem of others. These needs may be classified into two subsidiary sets. First is the desire for strength, for achievement, for adequacy, for mastery and competence, for confidence in the face of the world and for independence and freedom. Second is the desire for reputation and prestige (defining it as respect or esteem from other people), status, dominance, recognition, attention, importance, or appreciation. Thwarting of these needs produces feelings of inferiority, weakness and helplessness (Maslow, 1954).

A police officer feels the desire for strength more than an average person. The officer's primary orientation is skewed toward strength. One does not picture a law enforcement officer as somebody in need of help or support—such a picture would defy the entire image of a police officer, an image crucially important to our own safety needs. This image also is crucially important to the officer's own safety needs. The desire for reputation and prestige can only be satisfied if an officer is perceived as strong and invincible. If the officer admits to the need for counseling or for any other form of support, this need will turn into a lifelong label and this label will forever prevent the officer from fulfilling self-esteem needs.

THE NEW APPROACH

Introducing the FIT (Feelings, Inputs, Tactics) Model

It is not this author's intention to ignore or reduce the importance of counseling, peer support, or any other stress-relief technique that is being offered to law enforcement officers. On the contrary, by introducing the "missing link" in Maslow's theory—the need to communicate-the crucial significance of stress—relief tactics is underscored. The importance of the right platform for expressing one's feelings cannot be overstated. However, the key words here are "the right platform." As previously stated, it appears that we are dealing more with mistaken terminologies and approaches than with a faulty concept. To a police officer, words such as "support," "counseling" and "stress management" all connote being weak or less than able to perform a dangerous job or maybe even posing a danger to others who count on an officer's strength during potentially dangerous encounters. In short, these words connote personality traits that render one less than adequate to be a police officer.

Still, the need to express one's frustrations, fears, dissatisfaction and overall sense of injustice is present in police work more than in any other environment. What, then, is the right platform to vent these feelings, to get input from others and maybe even to get a tip or two about how to deal with injustice? Based on years of experience in and with law enforcement, the only reasonable answer seems to be to build in a mechanism that will not stigmatize individuals. In the same way that time is made for officers to participate in biweekly CompStat meetings, in the same way that time is made for roll call training, time must be set aside for all the members of a given agency to participate in meetings during which individuals will take turns in revealing their feelings of injustice. Time should be provided for input from other participants, as well as for tips and tactics

as to how to deal with a given injustice in the future. Nobody should be excluded from these meetings or excused for any reason. Even members who feel that they have nothing to share with others would have to participate, as in any other mandatory meeting or activity, regardless of their enthusiasm or willingness. Only by securing the attendance of the entire personnel of a given agency will it be possible to get rid of the stigma—the label and provide for a productive and preventive forum. A brief overview of the implementation techniques follows.

Implementation Target: The Academy

It is beyond the scope of this article to provide detailed training modules of the FIT model; rather, it should be analyzed and customized by each academy and agency. The significance of the model presented lies not in detailed modules but in introducing a new, quite radical concept that could potentially change the overall morale of police personnel. To be able to destigmatize the idea of stress management, counseling and peer support, the basic concepts of the FIT model must be introduced during the training at the academy. Officers have to be exposed to and become familiar with the definition of CIS as presented above, absorb the potential for encounters in which "justice has not been served" and be introduced to the built-in, mandatory mechanism of self-defense (the FIT model) in the same way that they are introduced to other mechanisms of physical self-defense. Physical self-defense is by no means labeled or stigmatized during the academy training. On the contrary, the more able one becomes in physical self-defense techniques the more one is admired by other officers. There is no reason why the same admiration could not be bestowed upon officers skilled in psychological self-defense techniques.

Implementation Target: In-service

Once the FIT model is introduced during the academy training, the in-service implementation becomes problematic only as far as the actual logistics of the meetings are concerned, particularly in relation to human resources. It is quite obvious that in a smaller agency the logistics will differ quite significantly from those in a larger organization. This is why a detailed module is not feasible. Nevertheless, the following is a general contour of such a meeting that can be customized by each agency:

1.   Meetings should be scheduled on a regular basis (in the same way that CompStat or roll-call meetings are). Only in emergency situations should meetings be canceled, and they should be rescheduled within a reasonable time period. The frequency of meetings will depend on the staffing situation in a given agency; however, a meeting should occur not less than once a month.

2.   Emphasis must be placed on the fact that the meetings are mandatory for the entire sworn personnel of a given organization. Nobody should be excluded or excused, no matter how resistant to the idea. In the same way that officers need to qualify twice

a year or more to maintain firearms or need to go through 40 hours of in-house training to maintain their certification as a sworn officer, officers should need to attend a certain number of FIT meetings in order to be re-certified.

3. Depending on the organizational culture of the department, the meeting can either be arranged by rank or be mixed.

4. Nobody should be the designated leader of a given meeting or be trained as a counselor or peer support officer. Each meeting should start with somebody who will volunteer to share an experience of "injustice" with the others. If no volunteer can be found, officers can draw a number (or anything else available) and the highest number can start. If the highest number has nothing to share, the next in line can start. (Debriefing: Stage I.)

5. After the story is shared and emotions (feelings) about a given "injustice" encounter are out in the open, the discussion (inputs) should follow and, afterward, ideas as to how to deal with such events (tactics) should be solicited from the participants. (Debriefing: Stage II.)

CONCLUSION

The focal point of this article was to introduce an alternative approach to stress management training, an approach based on the assumption that the training solutions currently offered are inadequate and misguided. Routinely ignored hidden stressors were introduced and discussed, leading to a new and expanded definition of critical incident stress. Maslow's Hierarchy of Needs was supplemented with the "missing link" definition, which contributed to a redefined approach to training. The basic concepts embedded in the FIT model do not represent new or innovative ways to manage stress. It has been widely recognized that expression of one's thoughts, feelings and frustrations, in front of others is conducive to improved mental health. What is new and in a way visionary, is a call for implementation of a mandatory platform of exposure for all personnel; one that does not carry a stigma or label.

Law Enforcement Suicide: The Supervisor's Guide to Prevention and Intervention

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Abstract: Reasons for the high rate of law enforcement suicide are complicated and varied; unique occupational stresses, substance abuse, relationship problems, critical incident exposure and easy access to firearms all are potential ingredients for law enforcement suicide. The law enforcement first-line supervisor, when properly trained, can play a vital role in prevention and intervention tactics relating to law enforcement suicide. Law enforcement agencies have a responsibility to educate and train first-line supervisors (and eventually all personnel) in the recognition of signs and symptoms in those officers that could be indicators of possible suicidal thinking. Through structured, mandated training, law enforcement supervisors can learn to be critical intervention points in the prevention of law enforcement suicide.

Key words: supervisors, police training, police suicide, law enforcement, suicide

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Law Enforcement Suicide: The Supervisor's Guide to Prevention and Intervention

INTRODUCTION

When a suicide occurs within the ranks of law enforcement, the victim officer's entire agency is negatively affected. The suicide of a co-worker is listed as one of the top eight critical incidents within the emergency services profession (Mitchell, 1990). Most law enforcement agencies, or specific work units within larger agencies, bear significant resemblance to close-knit families. Law enforcement officers often view each other as teammates, comrades and members of a proud and demanding profession. By the very nature of law enforcement work, police officers must count on each other in dangerous, sometimes life-threatening, situations.

The suicide of a department member can send the agency or a specific work unit into an emotional tail spin that can take months, if not years, to recover from. Law enforcement suicides, much like line-of-duty deaths, can severely and dramatically impact the emotional well-being of fellow officers and other co-workers. Ralph Slovenko states, "Police suicides can devastate the morale of entire agencies and leave individual officers with intense feelings of guilt, remorse and disillusionment; many feel they should have done something to prevent the suicide" (Violanti, 1996).

The law enforcement first-line supervisor, when properly trained, is in an excellent position to monitor subordinates for signs of distress that could lead to a suicide. Generally, the supervisor is in daily contact with subordinates and can spot check the overall emotional wellness of line officers on a regular basis. These spot checks can be done during briefing sessions, evaluation periods, meal breaks, or any impromptu meeting that may occur during the work shift. In many cases, a fellow officer can identify problems in troubled officers that may be missed by nonpolice mental health professionals. Officers who protect themselves with "image armor," the facade that demonstrates emotional soundness and an "all is well and under control" appearance, may fool some, but often do not fool other officers (Reese, 1991).

Kates (1999) discussed critical incident stress exposure and the correlation of the exposure to the onset of severe post-traumatic stress disorder (PTSD). The signs and symptoms of an individual in crisis as a result of critical incident stress can mirror the warning signs of suicide. The supervisor is in a position to ensure proper critical incident debriefing procedures and follow-up care is given to those employees who may be affected by a traumatic event. The ability to recognize suicidal symptoms and behavior in subordinates comes through structured training, caring and compassion. Furthermore, good supervisors realize that the personnel who make up a law enforcement agency are the most important and valued resources. This article discusses the law enforcement agency's role in and responsibility for suicide prevention and intervention training. First-line supervisors can have a dramatic impact on the prevention of suicide within their agencies.

With training in suicide prevention and intervention tactics, law enforcement supervisors literally could save the lives of those they lead.

THE CULTURE OF LAW ENFORCEMENT

No article on the prevention and intervention of police suicide would be complete without discussing the culture of modern law enforcement. Traditionally, police officers view themselves as rugged, stand-alone individuals. Law enforcement officers routinely deal with the problems of others, yet often deny or attempt to bury their own problems. Within the police culture, officers who are experiencing psychological problems can be viewed as weak and sometimes a bad fit for the profession. This attitude has been responsible for officers remaining silent and not seeking the psychological assistance they may need. It is often not until the officer's individual situation reaches crisis proportion, such as in a suicide, that a department will acknowledge that there may have been a problem.

In relation to suicide within law enforcement, denial seems to be the order of the day. Officers from top administrators on down refuse to acknowledge that law enforcement suicide is an occupational problem that requires formal training (Turvey, 1995). In a very influential article on police suicide prevention, L. Baker (1996) stated:

> The affected officers often resist seeking help for fear of losing their jobs, being demoted, or having their personal problems exposed for public ridicule. These common systemic reactions must be overcome before any successful intervention can take place. Many officers feel that referral to a mental health professional would mean the loss of their jobs. Police supervisors have a similar value system and because of this belief, they often fail to take the appropriate action.

It is extremely important that law enforcement agencies and policy makers realize that there is an overwhelming problem of suicide within law enforcement. It is then equally important to create environments within individual law enforcement agencies where officers are comfortable in receiving psychological services when necessary. The attitude, professionalism and compassion of the police supervisor can play a major role in creating such an environment.

THE ISSUE AND THE PROBLEM

In an occupation fraught with the potential of personal assault, murder, death investigation and exposure to many other tragedies, is there an increased risk of suicide within the ranks of the nations police? The evidence is fairly conclusive on this question. In a very definitive article in *USA Today*, Fields and Jones (1999) quoted the following statistics obtained from several of the nation's larger law enforcement agencies. Note that according to the Center for Disease Control, the national suicide rate is about 12 per 100,000 (Fields and Jones, 1999).

New York City PD, 1985-1998

Suicides: 87   Line-of-duty deaths: 36
Department size: 40,000   Compared to national suicide rate: + 29.1%

Chicago PD, 1990-1998

Suicides: 22   Line-of-duty deaths: 12
Department size: 13,500   Compared to national suicide rate: + 50.9%

FBI, 1993-1998

Suicides: 18   Line-of-duty deaths: 4
Department size: 11,500   Compared to national suicide rate: +116.6%

Los Angeles PD, 1990-1998

Suicides: 20   Line-of-duty deaths: 11
Department size: 9,668   Compared to national suicide rate: +72.5%

San Diego PD, 1992-1998

Suicides: 5   Line-of-duty deaths: 0
Department size: 2,000   Compared to national suicide rate: + 197.5%

It seems obvious that there is an increased risk for suicide within the law enforcement profession. Indeed, more law enforcement officers take their own lives each year than are killed by felons or die in other duty-related accidents (Turvey, 1995). By the very nature of the law enforcement profession, stresses that can lead to suicidal thinking are many. Allen (1986) writes that "These job-related stressors are related to on-the-job dangers of violence and peer pressures, organizational and authority factors, as well as personal problems such as marital and family conflicts, dietary and alcohol problems and such psychosocial effects as depression, frustration and feelings of powerlessness."

In a survey of 500 law enforcement officers conducted by the National P.O.L.I.C.E. Suicide Foundation (1997), 98% of the officers said they would consider suicide, citing the following reasons:

- Death of a child or spouse
- Loss of a child or spouse through divorce
- Terminal illness

- Responsibility for co-worker's death
- Killed someone out of anger
- Indictment
- Feeling alone
- Sexual accusations
- Loss of job due to conviction of a crime
- Being locked up

The Supervisor's Role in Suicide Prevention and Intervention

Supervisors within law enforcement agencies are in a key position to observe and monitor their subordinates on a day-to-day basis. Good supervisors make a point of getting to know the employees who have been assigned to their work units. Supervisors need to observe and learn the personality characteristics of those they are assigned to lead. One-on-one meetings between supervisors and their subordinates should be conducted on a regular basis. This is an excellent means by which clues of possible depression, anxiety, or a host of other psychological maladies can be noted and a possible intervention started. It is highly recommended that the departments incorporate supervisory training narrowly and specifically related to the warning signs of those officers that may be considering suicide. Although the reasons for suicide are many and often complex, the supervisor is in an excellent position to identify and lead those employees in crisis to treatment.

The warning signs exhibited by officers contemplating suicide are often easily observable to the trained eye. Slovenko (Violanti, 1996) estimated that 80% of suicide victims give off clues regarding their intentions to kill themselves. Supervisors should attend structured training in the verbal, behavioral, coded and situational clues of those contemplating suicide. Not only is it important for supervisors to recognize suicidal behavior, it is also important that they should know the intervention steps necessary for those in need of treatment.

All law enforcement agencies should have a mental health professional identified and trained in dealing with law enforcement psychological trauma. These same mental health professionals should have training specific to the treatment of law enforcement officers and be familiar with the increased risk of suicide within the law enforcement profession.

A PREVENTION AND INTERVENTION TRAINING MODEL

The training recommended for police first-line supervisors should be conducted by a mental health professional with the assistance of a respected, trained police officer. Law enforcement officers traditionally hold a general distrust for many mental health professionals. Finding a trusted mental health professional in conjunction with a trusted peer will greatly enhance the manner in which the training is received.

The training should be broken down into segments, such as:

- the statistics around police suicide—compare and contrast law enforcement suicide to line-of-duty deaths;
- those affected by suicide—family, friends, co-workers, the entire agency and the community;
- the motivations for a law enforcement suicide—critical incidents, relationship problems, substance abuse, to gain attention, to escape an intolerable situation and so on;
- the common myths regarding suicide, such as the idea that it usually happens without warning, that there is a low risk of suicide after mood improvement and that a person once suicidal is always suicidal;
- the verbal and behavioral clues of suicide—"I'm going to kill myself," "I wish I were dead," "You won't be seeing me any more," "Life has lost meaning," "I can't take the pain," and "I'm really just getting tired of life"—compare and contrast the moods and behavior of employees, including temper outbursts or possible withdrawal (Are they acting out of place as compared to usual conduct? Why is their work suddenly substandard? Why are they having difficulty getting along with co-workers?) and
- the major predictors of suicidal behavior—a prior suicide attempt, family history, a major relationship breakdown, internal investigation, being the focal point of a criminal investigation, having a plan and having lethal means available.

Intervention Tactics

Police supervisors may well find themselves in the situation of having to intervene in the suicidal plans of a subordinate officer. The individual agency should have a plan in place to deal with an emergency employee-involved suicide intervention. This calls for assuring that a mental health professional trained to treat police officers is continually available. The recommended intervention training of supervisors should contain at least the following elements:

- In the initial intervention, remain calm, assist the employee in defining the problem, stay close, be an active listener and emphasize the temporary nature of the problem.
- Never sound shocked or offer empty promises, don't debate religion or morality and never leave the person alone.
- Important questions to ask during the intervention include the following:
  - Have you been thinking of hurting or killing yourself?
  - How would you kill yourself?
  - Have you attempted suicide before?
  - Has anyone in your family attempted or committed suicide?
  - What has been keeping you alive so far?
  - What do you think the future holds for you?

This briefly described training in suicide prevention and intervention is by no means all-inclusive. There are many successful models of suicide prevention and intervention training. A critical factor when training law enforcement personnel in suicide prevention is that they must trust the credibility of the mental health professional instructor. Again, it is highly recommended that a trusted, veteran police officer team teach this block with the mental health professional.

CONCLUSION

There can be little doubt that the career choice of law enforcement carries with it an enhanced risk of suicide. This fact has been shown through a myriad of clinical studies. The first barrier that must be overcome in the prevention of police suicide is the police culture itself. Police officers are reluctant to seek psychological help for fear of being perceived as weak or possibly losing their jobs should department administration find out. Law enforcement administrators have a responsibility to create an environment where training of all personnel in suicide prevention and intervention is the norm. Further, in a profession filled with continual violence, death and many other major stresses, departments must ensure that competent and confidential mental health services are available for officers. To do anything less is irresponsible and uncaring. T. Baker (1996) states, "Police officers throughout the ranks must stop pretending that the problem of police suicide does not exist or that it will go away. Someone must break the silence of denial and take action. With further research, innovative prevention programs and proactive training, officers' lives can be saved."

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Suicide and Law Enforcement: Is Suicide Intervention a Necessary Part of Police Training?

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Abstract: The purpose of this paper is twofold: To outline a comprehensive suicide crisis response model for law enforcement agencies and to describe a results-driven suicide intervention training program that has been successfully implemented in a wide range of community organizations, including the Aboriginal Policing Branch of the Royal Canadian Mounted Police (RCMP) and Corrections Services Canada. All police organizations are encouraged to develop policy and training strategies to assist in addressing the general public health problem of suicide. They also are invited to use similar strategies in addressing the occupational risk of police suicides. This paper will examine suicide as a significant public health problem and police suicide as a specific problem for law enforcement agencies.

Key words: crisis response model, Canada, suicide investigation, law enforcement, suicide

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Suicide and Law Enforcement: Is Suicide Intervention a Necessary Part of Police Training?

INTRODUCTION

Suicide has been part of the human condition for centuries. The first known writing about suicide was an Egyptian papyrus written over 4,000 years ago titled *The Dialogue of a Misanthrope with His Own Soul* (Evans and Farberow, 1988). For centuries, many cultures have responded to this aspect of human life with harsh legal, religious and social penalties for those who attempt or complete suicide (Turvey, 1995). In the United States and other countries, there is still intense stigma associated with suicide. Suicide is still generally considered a sign of failure and weakness.

Law enforcement agencies are acutely aware of the continued presence of suicide in the larger community from the frequent number of serious suicide calls that their police officers must respond to in the context of their jobs. They also are aware of, but far less forthcoming about, the tragic evidence of police suicides. Police officers often risk their lives to save others, yet law enforcement agencies are strangely mute about the silent cries for help within their police forces. All law enforcement organizations need proactive policies, strategies and training programs to respond to the wide range of suicide problems in their midst.

Why should suicide intervention be prominent on law enforcement agendas? Simply stated, the answer is because police officers encounter suicide in every aspect of their job. Police are often first responders to suicidal crises or primary witnesses at the scene of a suicide death. Responding to suicide attempts exposes law enforcement members to the risk of intentionally or unintentionally provoked suicide by cop (SBC) deaths, also known as victim-precipitated homicides.

Also, the stress of police work and easy access to on-duty sidearms or other off-duty weapons contributes to a rate of suicide consistently higher than that of the general population, a number that can be as much as twice the number of line-of-duty deaths. The attempt to maintain a fulfilling family life while coping with the demands of police work can compound stress and increase the risk of suicidal behaviors (attempts and deaths) attributed to domestic problems. The almost universal lack of adequate suicide intervention courses in police training places law enforcement members at a considerable disadvantage when called to intervene in a suicide crisis, deal with the risk of a colleague's suicide, or preventively respond to their own suicide crisis.

CRISIS RESPONSE MODEL

Law enforcement agencies are encouraged to use a comprehensive crisis response model as a practical framework to understand and analyze the different aspects of police work that may require suicide intervention. The model has four core components: the domain of people in crisis, the paradigm of police work, the domestic domain of police officers and crisis management methods.

The Domain of People in Crisis

This component consists of the belief systems, institutional services, personal supports and individual circumstances of people's lives. These elements sometimes interrelate in ways that lead individuals to the kind of desperation and hopelessness that results in suicidal behaviors. Suicide rates in the United States and Canada range between 12 and 14 per 100,000. This represents more than 30,000 deaths annually from suicide in the United States and over 3,000 in Canada. The actual number of deaths may be considerably higher because of underreporting, estimated to range from 10 to 50% depending on the reporting area and the criteria used to determine the cause of death. In Alberta, with its comprehensive medical examiner system, suicides may be underreported by an estimated 10 to 25%. Suicide rates in the world consistently rank in the top ten causes of death (Ramsay and Tanney, 1996). For youths and young adults, suicide usually ranks in the top three causes of death.

Underreporting is an even greater problem in determining rates of attempted suicide behaviors. Ramsay and Bagley (1985), using a large random sample of an adult population in a western Canadian city, found a ratio of 40 self-reported suicide attempts (intended to die) and 60 self-reported parasuicide attempts (did not intend to die). This suggests that nonfatal self-injuries are up to 100 times more prevalent than fatal self-injuries and possibly higher depending on underreporting factors. Individuals belonging to some groups are considered to be at higher risk than others, including young females, individuals with particular mental disorders, substance abusers, gay male youths, prisoners and indigenous youth.

Police officers are trained to take control in a wide range of civil and criminal situations. The nature of police work makes it highly likely that police officers frequently will encounter people at risk of suicide with a complex array of motives and circumstances leading up to their suicidal crisis. When they are confronted with someone at risk of suicide, officers are at risk of attempting to take physical control too quickly, putting themselves and the person at risk in greater danger. While often trained to "resolve a completely deteriorated situation, one way or another, with their sidearm" (Turvey, 1995), this kind of training puts them at risk of being deliberately manipulated into a deteriorating situation that forces them to use their sidearm on individuals intent on killing themselves. SBC and "victim-precipitated homicide" are terms used to describe situations in which individuals who apparently want to die but are unwilling to kill themselves engage in calculated life-threatening incidents that intentionally or unintentionally provoke police officers into killing them. In a graduate research study, Griffiths et al., (1998) analyzed 58 documented incidents in which police officers were confronted by a potentially lethal threat. In 27 of these incidents, police used their firearms, killing 28 people. Roughly half of the cases were classified as victim-precipitated homicides. In the other 31 cases, the confrontation was resolved with less-lethal force. While the use of lethal means may at times be required, the provision of suicide intervention skills training gives officers additional intervention tactics that may reduce the immediate risk of a completed suicide.

The Paradigm of Police Work

This component defines the parameters of the police profession by its common codes of conduct, chain of command, methods of training, expectations of its officers and emphasis on the ability to be in control (of others and themselves) and to use their sidearms to maintain that control (Turvey, 1995). Police officers are socialized to honor the stoic code of their profession (i.e., feelings of weakness are not to be shared with fellow officers or family members). With respect to suicide as a significant public health problem and a problem of some consequence in law enforcement agencies, the common belief is that suicide is not a police issue. This is evident from the fact that there is little training dealing with police suicide or suicide intervention for recruits or enlisted members. Even though police officers are "twice as likely to put a gun to their own heads as be killed by someone else ...they are trained as if exactly the opposite were true" (Turvey, 1995). Police counselors recognize hopelessness as a major motivating factor for someone with thoughts of suicide. In a law enforcement context, it is the "sense that one does not have control over one's own behavior, feelings, or circumstances.... It is not sudden. It grows slowly, unabated, until it becomes an insurmountable mind set" (Turvey, 1995). Turvey sums up the police culture as an environment that does not do well in providing healthy outlets for human reactions to the extreme emotional stresses of police work.

Domain of Police Officers

This component consists of the same elements that affect the lives of people in crisis. They combine in similar ways in the personal and professional lives of police officers, leading to the kind of desperation and hopelessness that results in suicide. Recent U.S. surveys report police suicide rates between 22 and 29 per 100,000, compared to a rate of 12 per 100,000 for the general population. Law enforcement agencies are losing about 300 officers a year to suicide, equivalent to a jumbo jet going down with 300 aboard every year. The contribution of professional and personal stresses to these deaths is often questioned. Many law enforcement leaders will argue that there is no direct tie to the job. A New York City Police Commissioner claimed that all eight police suicides in 1992-93 were the result of domestic problems, not police work (Dugdale, 1999).

Many police officers will choose death before dishonor. In the language of a police officer, it is called "biting the bullet" or "swallowing your gun." It is one of the risks of being a police officer and it is a greater threat than being gunned down on the street. More than twice as many police officers complete suicide as are killed in the line of duty (Dugdale, 1999). Why police complete suicide is difficult to answer; however, John Violanti at the University of Buffalo thinks it "is because police officers have nowhere to go for confidential help when stressors such as personal problems or the job become overwhelming" (Dugdale, 1999).

Some of the factors that are associated with the build-up of overwhelming stress and the potential risk of suicidal behaviors include the following:

- Police work is a male-dominated profession and males have demonstrated a higher rate of completed suicide;.The use, availability and familiarity with firearms by police in their work provides a lethal weapon and when used affords the user little chance of survival.
- Long and irregular working hours do not promote strong friendships and do strain family ties.
- There are strong psychological repercussions from constantly being exposed to potential death and dangerous situations, from needing to be in control, from feeling powerless, from fierce competition and from high expectations of self and others.
- Judicial contradictions, irregularities and inconsistent decisions tend to negate the value of law enforcement; police officers are constantly exposed to public criticism and police officers often distrust others outside law enforcement.
- Police work involves uncertainty from one call to another, boredom and peer pressure.
- Police officers may undergo common stressors from abuse of alcohol or other drugs, poor health, physical or emotional inadequacies, financial problems, retirement, burnout, shift work, lack of promotion opportunities, transfers, or becoming a suspect in a criminal investigation.

In 1999, the U.S. Surgeon General called on all sectors of the America to assist in implementing national strategies to prevent the loss of life and the suffering suicide causes (US Public Health Service, 1999). With respect to law enforcement agencies, Dugdale (1999) argues that the rates of suicide in the general population and the higher rate among police officers make it obvious that suicide prevention training must be paramount in all departmental training.

Crisis Management Methods

This component consists of a wide range of intervention methods to deal with crisis situations. Crisis management refers to the entire process of working through a crisis to its resolution, a process that usually includes activities not only of the individual in crisis but also of various members of the person's natural or institutional network (Hoff and Adamowski, 1998). Immediate response intervention is a part of crisis management that should be known by a large cross section of front-line responders in a community, including police, mental health professionals, school teachers, crisis-line volunteers and others. Suicide intervention is a specific form of immediate response intervention.

Police officers are viewed by community support agencies as emergent caregivers and appropriate people to call during an emergency. They often are front-line responders in situations

involving individuals suffering from severe emotional or mental distress, some of whom may be suicidal. Suicide intervention calls for specific skills.

Canada's national task force report on suicide was very clear in the direction that police administrators should take regarding requirements for specialized training in suicide prevention (National Task Force on Suicide in Canada, 1987, 1994). Suicide intervention training would make police officers more effective, both in dealing with the community and in dealing with potential suicides within their own police department. This kind of training equips police officers to respond knowledgeably and competently to those who are at risk of suicide. Participants learn and practice skills in identifying and responding to prevent the imminent risk of suicidal behaviors (attempted or completed). They also learn the skills of linking those at risk with other institutional services and personal supports for ongoing help.

LIVING WORKS EDUCATION TRAINING

LivingWorks Education is a public service company that originated from the work of four human service professionals in psychiatry, psychology and social work. These individuals collaborated with the provincial and state governments of Alberta and California and the Alberta Division of the Canadian Mental Health in the 1980s to develop suicide intervention training programs for front-line caregivers/gatekeepers of all disciplines and occupational groups (Ramsay, Cooke and Lang, 1990). LivingWorks is dedicated to enhancing suicide intervention skills at the community level and committed to making its suicide prevention training programs widely available, cost-effective, interactive and easy to learn, with practical applications designed for all types of caregivers. Its programs are delivered through an extensive network of community-based registered trainers in Canada, the United States, Australia, Norway and several other countries. Its objective is to register qualified trainers in local communities, who in turn can prepare frontline gatekeepers with the confidence and competence to apply first aid suicide intervention in times of individual and family crises. The program is regularly used by provincial, state and federal government agencies involved in human services dealing with alcohol and drug abuse, family and children and mental health, as well as by military, police and corrections services. It is also used by public school boards, hospital departments, First Nations and Native American communities, as well as by non-governmental community mental health and crisis intervention organizations.

The LivingWorks 2-day ASIST (Applied Suicide Intervention Skills Training) program is the most widely used and researched suicide intervention skills training in the world. It has been refined over 17 years, with feedback from over 140,000 participants and 900 active trainers. ASIST equips its participants to respond knowledgeably and competently to persons at risk of suicide. Recognizing that the persons best able to provide suicide first aid are the persons others turn to or call on in times of trouble, participants learn and practice skills in identifying and responding to people at immediate risk of suicide. Just as cardiopulmonary resuscitation (CPR) skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid.

Those participating in an ASIST workshop typically leave feeling ready, willing and able to intervene to prevent the immediate risk of suicide. Thus empowered, participants who complete the intervention skills training workshop are often more willing to take a leadership role in suicide prevention and other life-assisting programs.

There is evidence that suicide prevention programs, properly integrated and coordinated with other community prevention and health promotion programs, can reduce rates of suicide in prison populations, public school regions and in Native American communities. Studies from Australia, Calgary, California and the state of Washington confirm that the intended outcomes of ASIST occur (Turley and Tanney, 1998; Eggert et al., 1997; Tierney, 1994; Paris et al., 1990). The impact on workshop participants has been considerable. Individual caregivers consistently report increased competence and confidence in immediate response skills and provide frequent anecdotal reports of life-saving interventions and 99% recommend the program for others.

LivingWorks forges strategic alliances with key organizations or individuals at the community level. Organizations are empowered to conduct suicide prevention programs, either through their own registered trainers or through an affiliation with LivingWorks. In communities where there is no sponsoring organization, LivingWorks supports individual trainers as a valuable local resource for suicide prevention.

A 5-day training for trainers course familiarizes trainers with the program and materials, provides opportunities for presentation practice and highlights standards of facilitation and care. After every workshop or presentation, participant feedback is collected on standardized forms. Participant comments are reviewed by LivingWorks and feedback is provided to the co-trainers after each workshop. Participant feedback, research literature and trainer/presenter suggestions inform ongoing development and revision of materials. Trainers become part of the LivingWorks team and are kept informed of new developments through a trainer newsletter, local trainer networks, meetings with local consulting trainers and various LivingWorks-sponsored update opportunities.

The result is a suicide prevention program that is "owned" by local communities, with ongoing support from LivingWorks. Sponsoring organizations gain valuable credibility and prestige by supporting suicide prevention programs in their community. In 1985, Correctional Services Canada was the first federal government department to implement LivingWorks training on a national scale. In 1987, the California State Department of Mental Health was the first to implement the program on a statewide basis. It was first implemented by the military by the US Army V Corps in Germany in 1990. In 1993, the RCMP Aboriginal Policing Branch included the LivingWorks program in their Community Suicide Intervention Program, consisting of a flexible five-day program that includes the ASIST workshop, along with healing circle learning, critical incident stress debriefing and community development training. The success of this national program was seen

by the Canadian Mental Health Association, which awarded the RCMP with the C.M. Hincks Award for outstanding achievement in the field of mental health (RCMP, 1999).

RECOMMENDATIONS

7.   Law enforcement agencies should be guided by police commission policies that recognize suicide as a significant public health problem in support of the Surgeon General's call to action.

8.   Law enforcement agencies should be open about the association of on-the-job stress with police suicide problems and show due diligence in identifying and keeping accurate statistical data on police suicidal behavior.

9.   Law enforcement agencies should adopt a comprehensive crisis response model as a practical framework to understand and address the variety of suicide issues involved in police work.

10.   Law enforcement agencies should include basic suicide intervention skills training for recruits and enlisted officers to enable them to respond effectively to suicide calls and secondarily to assist them in dealing with police colleagues at risk of suicide.

11.   Law enforcement agencies should consider the development of advanced suicide intervention training that deals with police-specific issues, such as high-risk interventions involving firearms, barricaded persons, victim-precipitated homicides, risks during incarcerations, autoerotism, peer support, vicarious trauma, mental health normalization for officers and personal internal and external resource development.

12.   Law enforcement agencies should have critical incident debriefing protocols that include debriefing opportunities for officers affected by the suicide death of a colleague.

13.   Law enforcement agencies should make suicide bereavement support services available to family members and colleagues affected by the suicide death of a police officer.

14.   Law enforcement agencies should recognize suicide as a community-wide problem and endorse the participation of their members in interagency coordination strategies to achieve the goal of suicide-safe communities.

CONCLUSION

Policing is a stressful occupation and officers are often reluctant to disclose their personal vulnerability. As a result, there is no call for help when help is needed. If a safe environment was created empowering members to discuss their thoughts in an atmosphere free from judgement, a crisis intervention might be achieved. To move members from a closed and suppressed environment to a more open, empathetic and caring environment, training will be required. Police officers understand the stressors involved in law enforcement, but lack the confidence to get assistance. Through training, police officers will be in a position to readily identify changes of behavior that might imply the need for stress management assistance.

Police officers are at increased risk of suicide compared to the general population. To combat this problem, preventative strategies need to be developed that will enable the identification of officers who may be at risk. Early attention to this is necessary because the number of police officers considering suicide as a viable option is increasing. In order to reduce this number, proactive strategies need to be developed. A simple answer to the question "Why?" will not be found. There may be certain stress factors unique to law enforcement officers, but the reasons for completing suicide remain individual. Studies have shown that police officers in crisis often feel isolated and alienated from other officers. To combat this feeling of isolation, all police officers require training in suicide intervention.

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Police Suicide: We May Never Know the Answer

Robert W. Marshall

Abstract: The title of the newspaper article "We May Never Know the Answer" served as the impetus to search for possible answers to the complex problem of police stress and suicide by using two recent city of Naperville, Illinois, incidents. The suicide of Sergeant Mark Carlson and the Lemak triple homicide cases provided concrete examples of the impact of stress on the lives of police officers. In truth, we may never know the answer to what specifically caused Sergeant Carlson to take his life. What is known is that police suicides are increasing and so is the stress associated with a career in law enforcement. This article attempts to bring forward some of the reasons for police officer stress, discusses some of the research that has been done on this subject and offers preventive strategies.

Key words: police stress, Naperville, police suicide, law enforcement, suicide

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Police Suicide: We May Never Know the Answer

INTRODUCTION

The March 10, 1999, headline "We May Never Know The Answer" in *The Naperville Sun* newspaper expressed the disbelief felt by the men and women of the Naperville, Illinois, Police Department (Carson, 1999). On Thursday morning, March 4, 1999, Naperville Police Sergeant Mark Carlson said good-bye to his wife, Michelle and daughter, Stephanie. He then left his suburban Chicago home for the 20-minute drive to the police department, where he was assigned as the supervisor for the major crimes unit in the investigations division. He never arrived. When Mark did not show for his 8 a.m. shift, his supervisor and fellow investigators became concerned and began to look for him.

At 9:30 a.m., two people walking along a path in a forest preserve, not far from Mark's home where he would often go to run, discovered his body lying against a tree. Next to his hand was his 9-mm duty handgun, which he had used to fire one shot into his head. He died instantly. Inside his shirt pocket was a short note, in Mark's own handwriting, which stated that he was depressed and was unable to handle the stress any longer. That was the only clue Mark left...or was it?

The Naperville Police Department, as a whole, was completely devastated. How could this be? Soon after the initial shock had subsided, colleagues clustered in police department offices and hallways searching for answers. What "stress"? What "depression"? What had gone wrong in this very successful and well-respected man's life that had caused such hopelessness? This was one of the most decorated officers in the history of the department.

In their minds, police officers were replaying the last few weeks of Mark's life for any foreseeable clues he had left indicating his intent. This question is most troubling to police officers, who know from their experience in investigating suicides that although suicide often involves complex issues, most are preventable and some type of clue is commonly present. Naperville police officers were asking each other a wide variety of questions to come up with such a clue, yet it quickly became apparent that Mark Carlson's suicide had indeed been a complete shock to everyone who knew him. Psychologists often divide these clues into four categories: direct and indirect verbal clues, behavioral clues and situational clues. No clues from any category led anyone to deduce that Mark was planning to kill himself.

Later, police colleagues recalled some incidents that at the time appeared insignificant. Mark had attempted to get a substitute teacher for the class that he taught at the police academy, cleaned his office quite extensively, visited his parents the night before and shredded some papers at the office. Behavior that was determined to be normal at the time, however, now gave validity to the fact that Mark had his suicide well planned.

Still, no answers were forthcoming as to this tragedy. Family members reported nothing out of the ordinary. There were no family problems and Mark's work performance was exemplary. Police officers who worked with Mark on a daily basis reported nothing unusual. It was quickly becoming apparent that the headline in the Naperville newspaper, "We May Never Know the Answer" (Carson, 1999), could be the final answer to this mystery.

Can this be accepted? As those in the law enforcement field know, accepting the fact that an answer may never be known is just not good enough. On a daily basis, police officers are called upon to find answers and solve many puzzles. This subject demands that same attention.

This article intends to examine the topic of police suicide from a broad perspective, focusing on the stresses experienced by those in the police field. The research involves using 2 very recent and tragic cases in Naperville as a catalyst to provoke insights in dealing with this complex and multifaceted problem. This article examines how Naperville police officers, while dealing with the grief of Sergeant Mark Carlson's suicide, also were confronted with the stress associated with solving the most horrendous crime in the city's history. Finally, this article hopes to provide police administrators with helpful strategies toward confronting the problem of police suicide.

Three More Deaths

Suburban Naperville is a seemingly picture-perfect American town with a vibrant downtown business area and a picturesque riverwalk, where residents stroll along the DuPage River. This community, approximately 30 miles due west of the city of Chicago, is one of the fastest-growing suburbs in all of America and has exploded to a current population of 127,294. This is quite a leap from the population just 20 years ago of 42,601. As an affluent, well-educated community with a median income of $88,853, Naperville boasts one of the lowest crime rates in the nation for communities with over 100,000 persons (Karafiat, 1999). Naperville has been the recent recipient of several significant honors, such as:

• the #1 City in the United States to Raise Children, 1997, Zero Population Growth;
• 1998 All-American City Finalist and
• #1 Public Library in the U.S. (cities of 100,000 or more), *American Libraries Magazine* (Karafiat, 1999).

Imagine the devastating shock felt by Naperville's residents and police officers when on March 5, 1999, 1 day after the suicide of Sergeant Mark Carlson, national news organizations led with headlines such as "Naperville Children Murdered" (Ammed-Ullah and McCoppen, 1999); "Mother of 3 Charged With Murder" (St. Clair, 1999); "Mom Charged in Slayings" (Hanna and Ferkenhoff, 1999); "Police Hearts Heavy with Double Dose of Death" (Hart, 1999) and "Deaths Shake Naperville" (Chase and Coen, 1999).

Police officers found three Naperville children, 7-year-old Nicholas, 6-year-old Emily and 3-year-old Thomas, manually suffocated in their beds, allegedly by their mother. With intense pressure to solve this crime, the mother, Marilyn Lemak, wife of a suburban doctor, was charged with the murders of her three small children. This investigation into one of the most horrific crimes Naperville police officers would ever encounter began at 11:08 a.m., March 5, 1999, approximately 25 hours after the suicide of Sergeant Mark Carlson.

Daily Herald Staff Writer Christie Hart wrote on March 7 that "Naperville police were already grieving when they began investigating one of the most emotional crimes they would ever see, the murder of three children. Sergeant Mark Carlson should have been with them, overseeing the investigation dealing with the deaths of young Nicholas, Emily and Thomas" (Hart, 1999). As the major crimes supervisor, Mark would have led the team of investigators to the Lemak home to begin the painstaking process of gathering the facts and putting this tragic puzzle together. Instead, as Christie Hart continues, "He was there only in memory after committing suicide the day before. Naperville officers, wearing black bands around their badges in Carlson's memory, had no choice but to work through their grief as they dealt with the tragedy at the Lemak house." Richard Ballinger, DuPage County Coroner, stated, "Looking at their faces, I know this bothers them" (Hart, 1999). "We just lost an officer yesterday, our hearts are torn, even as police officers, as tough as we may think we might be, it affects us," added George Pradel, mayor and former police lieutenant (Hart, 1999).

The response from the community, its leaders and the surrounding areas was very supportive. Calls and messages were received from police departments across the Midwest, expressing sympathy and offering their help and encouragement. Letters, cards and phone calls from citizens also began pouring into the department, offering words of support and encouragement to the women and men of the police department: "Just a note of thanks to all of you for always being there for us. You've had an especially hard month with one of your own dying, as well as other emergencies to attend to. Naperville is a great town and you help to keep it that way. Thank you" (Froberg, 1999); "I just wanted to express our sympathy on the loss of your friend and colleague, Sergeant Carlson. Please know that there are many citizens that appreciate the daily efforts of the Naperville police and staff. We will never forget the image of Naperville officers and detectives forming a human wall to provide privacy and respect for those three little ones, even in the midst of your own grief" (Basso, 1999).

The *Naperville Sun* newspaper probably summed up the sentiments of the community best in their editorial "Police Commended For Professionalism," which read:

> Naperville police are to be commended for the fine effort they provided in coping
> with the tragic events that unfolded March 5. Their professionalism carried the day
> as they dealt not only with the murder of three young children but also with the
> children's mother as the prime suspect and one who complicated matters by attempting

suicide. Naperville does not have very many violent crimes and this was the sort of singular situation that could have been mishandled as a crime scene investigation or in terms of community relations. Remember that both the chief of police and the commander of the investigations division were out of town when the crime occurred. Moreover, the major crimes unit sergeant had died the day before, which had left his colleagues stunned and saddened. Through it all, though, our police force investigated an event which one officer referred to as "emotionally draining" with care and compassion. Naperville should be proud of both the work and the professional demeanor of its police force in these trying times (West, 1999).

Reactions to the Tragedies

How did the Naperville Police Department react to one of the most stressful weeks in its history? Initially, not too well. An officer, apparently depressed after attending the wake, made a phone call from his vehicle to a relative stating that he was on his way to a state park to take his own life. He stated that Carlson had "the right idea." Quick intervention prevented another tragedy. DuPage County Coroner Ballinger had alerted the department to the fact that his experience in the area of police suicides indicated that multiple suicides could be a strong possibility. The department's two social workers spent many hours meeting with employees informally, providing an outlet to discuss their feelings. Additionally, the department's police chaplain was very involved in the counseling process, meeting with many police employees individually. The Northern Illinois Critical Stress Debriefing Team based out of Arlington Heights, Illinois, conducted separate debriefing sessions for supervisory and nonsupervisory personnel. The team, which included former police officers, distributed worksheets on coping with stress and provided insight on what the police officers could expect to feel. Counselors spoke to the police officers, helping them to deal with the post-traumatic stress of losing Sergeant Mark Carlson and the Lemak triple homicide investigation. One significant point made by the counselors was that, in many instances, the stress may not appear for 2-3 months. It is still unknown how the stress associated with Sergeant Carlson's suicide coupled with the murder of three children will affect the members of the department in the long term.

STUDIES ABOUT POLICE SUICIDE

Police stress and police suicide are topics that have received little attention in law enforcement circles. Of the few studies conducted on suicide, one study does provide some insight. It is titled "The Police Suicide Project" (By Their Own Hands, 1999). This project was a cooperative venture undertaken by the New York City Police Foundation, the New York City Police Department and Columbia University. The study, in response to a concern about the number of suicides among New York City police officers, revealed that their rate of suicide was 4 to 5 times higher than that

of the general population. A 1992 study of the nation's largest police departments cited by *USA Today* found that while 36 New York City police officers had been killed on duty since 1985, 87 officers committed suicide during the same period (By Their Own Hands, 1999). This project led to a training video, "By Their Own Hand" (Ivanoff and Tighe, 1992), which depicts the problems of depression and police suicide. The video was part of an extensive training program instituted as a result of this project. Although the New York City Police Foundation will not say the training was totally responsible, the incidence of police suicide markedly decreased during the training year.

In the San Diego Police Department there were no line-of-duty deaths in the 2,000-member department in the years 1992-1998; however, there were five officer deaths due to suicide. Last year, two of the department's most promising officers took their own lives within 48 hours of each other. Chief Jerry Sanders spoke to the media about their deaths, stating, "Cops don't talk about that stuff [suicide]—they either do it or they don't" (By Their Own Hands, 1999).

Between 1993 and 1998, the FBI lost 18 agents to suicide and 4 agents to line-of-duty deaths. From 1990 to 1998, the Chicago Police Department had 12 officers killed in the line of duty and 22 officers who committed suicide (By Their Own Hands, 1999). These statistics emphasize that suicide is a serious reality in law enforcement and, therefore, a major concern that needs to be addressed. Typically, more police officers die at their own hands than at the hands of felons.

CAUSES OF POLICE SUICIDE

There are many other factors in police suicide besides the ones departments typically blame: domestic problems and easy access to guns. In Sergeant Mark Carlson's death, some assumed that something must have been wrong with his home life. When it became apparent that his home life was healthy, the questions became much more complex.

Michelle Carlson, Mark's wife, stated that if there was one thing she could say to police officers it would be "Open yourselves up to someone and talk about the stress in your job." Michelle stated that Mark would very seldom talk about his work; over the years, the stress of being the department's principle homicide investigator could have led to his depression. She also has said that police departments should make crisis debriefing sessions mandatory after emotionally charged investigations (Carson, 1999).

John M. Violanti, University of Buffalo assistant clinical professor of social and preventive medicine and a 23-year veteran of the New York State Police, is the primary author of an important police suicide study (Baker, 1996). Violanti and colleagues analyzed mortality data for Buffalo police officers between 1950 and 1990. According to the study, possible reasons for the high risk of suicide among police officers include continuous exposure to human misery, an overbearing

police bureaucracy, shift work, social strain, marital difficulties, inconsistencies of the criminal justice system, alcohol problems, physical illness and a lack of control over work and personal time (Baker, 1996).

To gather information for this article on police officer stress in the Naperville department, a survey was distributed to each member of the department in July, 1999. Officers were asked to list what they believed to be the "stresses" in their lives. (Their name on the survey was optional.) Of the 150 surveys sent out, there was an approximate 32% return rate. The Naperville Police Department Stress Survey contained no surprises as to what can cause stress in police officers' lives, mirroring the Violanti study of the 1996 Buffalo Police Department. The three main areas were identified as shift work and loss of family time, ineffective communication and lack of support from administration. One officer wrote on his survey, "I believe that a certain level of stress is healthy. It's how you deal with it that really matters". This is a key principle. The focus needs to be on helping police officers find ways to deal with their stress.

Police stress therapist Hal Brown (1998), in his article on the tragic outcome of police stress, points a finger at police management. He states:

> There's one form of suicide that can be remedied without a police stress therapist or counselor and that's suicide caused by insensitive police administration. If the chief and command officers paid more attention to morale and were alert to signs of distress in the ranks, there would be less police officer depression. In instances when officers feel betrayed or abandoned by their bosses and hung out to dry, for whatever reason, it is common first for anger to emerge, but depression usually lurks just below the surface.

STRATEGIES TO PREVENT POLICE SUICIDE

Outrage and resentment, often justified, can mask the underlying depression. If we take to heart Brown's statement that we must "start at the top," then police administrators need to be proactive by examining department culture to ascertain the stress level that currently exists in the organization. This can be accomplished through a variety of methods: studying and sharing the facts pertaining to a recent suicide; speaking with department social workers and police chaplains to see if they notice any trends; examining department records pertaining to employee accidents (sudden accident proneness may be a precursor to self-destructive behavior); reviewing disciplinary trends and types of complaints and gathering input from employees via surveys and meetings. This data will help administrators determine who in the department, if anyone, is at risk.

Police administrators also have the responsibility to create an organizational culture that ensures the confidentiality of the information that a police officer brings forward to a counselor or supervisor. This is critical to establishing and maintaining trust.

Administrators need to examine state law, city policy and department general orders to ensure that the officer's job status is protected should a police officer require counseling or therapy for post-traumatic stress or depression. Fear of termination or reassignment keeps many officers from seeking help. For example, according to the *Illinois Compiled Statutes* (Denial of application or revocation or seizure of Firearm Owner's Identification Card, 1967), a police officer's firearm owner's identification card can be revoked for having a "mental condition of such a nature that it poses a clear and present danger to the applicant" or if "a person has been a patient in a mental institution within the past 5 years". The mental condition includes a state of mind manifested by suicidal behavior. Therefore, if a police officer's firearm owner's card is revoked, the officer loses the ability to carry a firearm and consequently, the ability to be a police officer.

The city of Naperville lobbyist worked with the police department, the legal department and the state legislature on an amendment to this law to exempt law enforcement personnel from losing job status due to a revocation of their firearm owner's card. The exemption does contain a fit-for-duty evaluation if the officer requires inpatient treatment.

On a national level, there has been recent attention given to the subject of police suicide. The Surgeon General, David Satcher, issued a "call to action" to help prevent suicide (Smith, 1999). The Federal Bureau of Investigation and the Northwestern Traffic Institute conducted police suicide awareness symposiums in September 1999.

Departments also can implement some recommended programs to help police officers manage their stress levels. These include:

- crisis teams to provide mandatory debriefing sessions;
- police counselors (most helpful if the counselor has law enforcement experience);
- department physical fitness programs and incentives to exercise;
- department physical exams;
- wellness/stress/anger management programs;
- police chaplain programs and
- employee assistance programs.

CONCLUSION

The title of the article "We May Never Know the Answer" served as the impetus to search for possible answers to the complex problem of police stress and suicide by using two recent city of Naperville incidents. The suicide of Sergeant Mark Carlson and the Lemak triple homicide cases provided concrete examples of the impact of stress on the lives of police officers. In truth, we never may know the answer to what specifically caused Sergeant Carlson to take his life. What is known is that police suicides are increasing and so is the stress associated with a career in law enforcement. This article has attempted to bring forward some of the reasons for police officer stress, discuss some

of the research that has been done on this subject and offer preventive strategies. All of the statistics, studies, programs and crisis intervention teams are crucial. However, for the overall goal of offering hope and making an impact on reducing the number of police officers who are taking their own lives, the answer may lie in the following story:

> Mike was walking home from school one day when he noticed the boy ahead of him had tripped and dropped all of the books he was carrying, along with two sweaters, a baseball bat, a glove and a small tape recorder. Mike knelt down and helped the boy pick up the scattered articles. Because they were going the same way, he helped carry part of the boy's burden. As they walked, Mike discovered the boy's name was Bill, that he loved video games, baseball and history and that he was having lots of trouble with his other subjects and had just broken up with his girlfriend. They arrived at Bill's home first and Mike was invited in for a coke and to watch some television. The afternoon passed pleasantly with a few laughs and some shared small talk, then Mike went home. They continued to see each other around school, had lunch together once or twice, then both graduated from junior high. They ended up in the same high school, where they had brief contacts over the years. Finally, the long awaited senior year came and 3 weeks before graduation, Bill asked Mike if they could talk. Bill reminded him of the day years ago when they first met. "Did you ever wonder why I was carrying so many things home that day?" asked Bill. "You see, I cleaned out my locker because I didn't want to leave a mess for anyone else. I had stored away some of my mother's sleeping pills and I was going home to commit suicide. But after we spent the day together talking and laughing, I realized that if I killed myself, I would have missed that time and so many others that might follow. So you see, Mike, when you picked up those books that day, you did a lot more, you saved my life." (Anonymous, no date)

Every kind gesture, every little smile, every helping hand, could save a hurting heart. Do we not all bear the responsibility for showing that we truly care about each other?

The Federal Bureau of Investigation's Employee Assistance Program Response to Suicide

Vincent J. McNally

Abstract: The FBI's internal Employee Assistance Program (EAP) has a proactive approach to suicide prevention and response, including a standard of care and a suicide response protocol. Factors that contribute to the suicide of an FBI agent include depression, post-traumatic stress disorder (PTSD), frustration, firearms and management response. Suicide in the FBI is approached from an aggressive preventive stance. All threats, gestures, attempts, or plans to commit suicide are taken seriously and an immediate response by the FBI's internal Employee Assistance Program (EAP) is the standard of care for suicide ideation.

Key words: FBI, employee assistance programs, police suicide, law enforcement, suicide

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Federal Bureau of Investigation's Employee Assistance Program Response to Suicide

INTRODUCTION

Suicide is the eighth most common cause of death in the United States, claiming about 30,000 lives a year, compared with fewer than 19,000 homicides. Over one-half million Americans attempt suicide each year, but survive. "People should not be afraid or ashamed to seek help," Surgeon General David Satcher stated in a speech declaring suicide as a serious national threat ("Surgeon General," 1999). The Occupational Safety and Health Administration (OSHA) reports that law enforcement officers have a life span of 8 to 11 years shorter than the average American (Loh, 1994).

SUICIDE FACTS

According to Robert Douglas, Executive Director of the National Police Suicide Foundation, "we're losing about 300 officers a year to suicide." Douglas further states that "if a jumbo jet with 300 people went down every year, do you think the Federal Aviation Administration would ground the jumbo jets and find out what was going on? You bet they would!" (Fields and Jones, 1999). How do suicide rates in the FBI compare with other agencies? The *USA Today* article of June 1, 1999, (Peterson, 1999) made some observations (see Table A).

FBI Suicide Rates

Suicide statistics in the FBI were not a reporting requirement prior to 1990. Review of data indicates there were 24 agent suicides from 1925 through 1989. Between 1990 and June 1999, there were an additional 16 agents who committed suicide, bringing the total to 40. Suicide in the Royal Canadian Mounted Police (RCMP) from 1984 to 1995—information provided by the Canadian government (1995)—is compared to FBI suicide rates (see Table B). The average age of the RCMP member suicide was 35.

The average number of suicides per year for FBI agents from 1993 through May 1999 was two per annum. Statistics from the 1984-1995 RCMP study (1995) revealed that the RCMP averaged 2.42 suicides per year.

Age of FBI Agents Who Committed Suicide

The average age of FBI agents who committed suicide was 38. From 1993 through May 1999, it was 38.6 years of age. From 1925 through May 1999, it was 38.4 years of age. The youngest was 26 years of age and the oldest was 64. The age is consistent with the high suicide experienced in the United States (Moscicki, 1995) and reflects the average age of suicide among members of the Los Angeles Police Department (Josephson and Reiser, 1990).

Weapons of Choice in FBI Suicides

From 1993 through May 1999, 16 FBI agents committed suicide. An overview of the 40 who committed suicide between 1925 and 1999 reveals that 37 were male and 3 were female. All but one agent used their Bureau-issued firearm to commit the act; the exception was a female agent who had slashed her throat and arms after being relieved of her weapon.

The preferential use of a gun to commit suicide usually is explained by the proximity of the weapon and the effectiveness of the agent using it. The gun is viewed by law enforcement officers as a part of themselves turning on themselves.

> The gun is described as if it were a potent *self*, experienced as an aspect of the officer turned inward against him in an orgasm of hate and destruction. Guns are the most potentially violent element of the police culture, the ultimate expression of its authority. Sometimes their potency is too much: a toxin that burns into the brain. In the end, for some, they are the only way out (Crank, 1998).

Comparison of FBI Suicide Rates and Line-of-Duty Deaths

Twice as many police officers committed suicide as were killed in the line of duty, which is typical annual data (More Police Died, 1994). FBI statistics indicate that from 1993 to the first half of 1999 there were 16 suicides and 4 line-of-duty deaths (LDD) for that period. This shows the ratio of suicide to line-of-duty deaths is higher for FBI agents than it is for police officers (see Table C).

FBI'S INTERNAL EMPLOYEE ASSISTANT PLAN

The FBI's Employee Assistance Unit (EAU) has an ongoing concern about suicide and recognizes that any suicide is unacceptable and potentially preventable. The EAU trains employees and managers to recognize the causes, signs and symptoms for depression, the leading cause of suicide. The EAU, in collaboration with the FBI's Behavioral Science Unit, has initiated research into the effects of antidepressant medication on an agent's ability to perform job tasks and the identification of risk factors for suicide within the FBI. The EAU has responded to the needs of all employees and family members through its four major programs.

Employee Assistance Program

Presentations are made to all new agent classes; special agents-in-charge, legal attachés and administrative officers as well as at the Executive Development Institute and all-employee conferences. EAP provides in-services for coordinators and counselors in attendance and ongoing training for headquarters divisional coordinators and counselors.

Chaplains Program

There are FBI chaplains available in every office and a Visiting Chaplains Program at the FBI Academy, Quantico, Virginia. These volunteer chaplains are available to all employees and their family members.

Critical Incident Stress Debriefing Program

A critical incident stress debriefing (CISD) comprises a structured group discussion for all involved personnel. There were 18 critical incident response deployments with 5,057 employees debriefed during fiscal year 1999.

Peer Support Program: Post Critical Incident Seminars

In July 1983, 14 agents attended the first Post Critical Incident Seminar (PCIS) at the FBI Academy. This group explored the issue of postshooting trauma with the goal of establishing an FBI policy to neutralize the effects of the agents' reactions in a shooting incident. The protocols developed by this group included a questionnaire, an interview, a group discussion and follow-up interviews with spouses of the attendees.

Since 1983, there have been 39 PCISs, with approximately 1,000 attendees and a waiting list of more than 100 individuals. A PCIS is staffed by two certified employee assistance professionals, two mental health professionals and an FBI chaplain. The Seminar is set for approximately 25 attendees and lasts for 4 days. Originally, only agents were invited to attend the PCIS; now, family members, professional support employees, their family members and law enforcement task force members are invited. Through training and education, attendees acquire appropriate coping skills to deal with the effects of the trauma. They have the opportunity, on a voluntary basis, to work one-on-one with mental health professionals who specialize in law enforcement issues such as post-traumatic stress disorder (PTSD) and they may choose to avail themselves of eye movement desensitization and reprocessing (EMDR).

By openly sharing their traumatic experiences with other attendees, participants receive peer support, which promotes normalization of their reactions. Participants also learn about trauma and coping strategies that facilitate healing and recovery. A block of training on providing peer support enables participants to offer constructive personal support to a fellow employee who may experience critical incidents. The PCIS often is the vehicle that enables individuals who are "stuck" to resolve and move on after their critical incident.

Issues of vulnerability are commonly dealt with in the PCIS. The trauma of witnessing one's partner being shot, the grief stemming from the sudden death of a loved one, guilt from having used deadly force, the horror that comes from working scenes where there have been mass casualties and

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fatalities following a bombing or transportation disaster and suicides are some of the other types of situations dealt with in the PCIS. Out of the 18 PCISs in the last five years, 51 of the 403 participants attended because of the completed or attempted suicide of an FBI employee or family member.

Many of those who attended a PCIS volunteer to assist others in the future who experience critical incidents. These PCIS alumni make up the FBI's Peer Support Program. These agents, employees and spouses are valuable resources who provide enlightened interpersonal support to their peers following traumatic events. The FBI experience has proven that there is no better person to offer support than those peers who have experienced and emotionally worked through a similar event.

The EAU has added two mental health professionals, a psychiatrist, a clinical psychologist and four regional EAP managers to its staff to address the immediacy of suicidal employees. Each FBI field office has an EAP coordinator and additional counselors to immediately assist a suicidal individual.

FACTORS CONTRIBUTING TO FBI SUICIDES

Research conducted by Violanti et al., (1998) suggests that there are considerable obstacles hindering the study of police suicide. Mounting evidence suggests that self-inflicted deaths within the law enforcement profession are continuing at a dramatic upward trend that started in the 1980s. Based on the statistics previously mentioned, the FBI is not excluded. The problem refuses to disappear and is a cause of great concern and study.

Is there a list of factors that contribute to suicide in the FBI? During the author's experience in administering the FBI's EAP over the last 3 years, depression was the most common contributing factor to suicide; Posttraumatic Stress Disorder (PTSD), frustration, easy access to firearms and management response also were major factors.

Depression

FBI agents are trained to take control and are issued sidearms to maintain that control. Like the rest of society, agents can become depressed, but they are still FBI agents. They are expected to "stuff their emotions" and continue to do their jobs. The police culture, in general, does not offer an adequate outlet for extreme emotional stress on the job, which can lead to depression. It has been observed by the author that FBI agents are reluctant to receive psychological help for depression, so they go to their family doctor and get an antidepressant medication, which they take without being monitored by a physician. They begin to feel better and stop taking their medication, then isolate themselves and then may move into defective thinking patterns, whereby suicide becomes a way out to end their unbearable pain. FBI agents believe that admitting to being depressed is a sign of weakness and further, that it would jeopardize their job. Former FBI Director Freeh stated numerous

times that if a person works with the EAP, their job will not be jeopardized and they will maintain their position after they have received appropriate treatment. The author has observed numerous people who were depressed or suicidal who worked with EAP and returned to their previous positions and then were later promoted.

Posttraumatic Stress Disorder

PTSD in its chronic form often is accompanied by suicidal thinking. The continued exposure to human misery can lead to PTSD, which can adversely affect some individuals. A study of survivors of the Oklahoma City bombing found that nearly half developed PTSD or had other psychiatric illnesses, such as depression or problems with alcohol and other drugs. The study, published on August 24, 1999, in the *Journal of the American Medical Association* looked at 182 adults who were inside, or just outside, the federal building when the bomb went off in 1995, killing 168 people and injuring nearly 700 (Sivak, 1999). Forty-five percent of those studied were found to suffer illnesses that included chronic depression and alcohol and other drug problems. In the biggest single group of survivors, one out of three had PTSD, a condition often seen in Vietnam veterans. Its symptoms include flashbacks, angry outbursts and sleep and concentration problems (Compiled from reports, 1999).

Professional crisis workers such as FBI agents—front-line first responders for whom potential exposure to occupational trauma is a fact of daily life—can experience secondary traumatic stress (STS) (Figley, 1995). These groups of FBI employees include SWAT, hostage rescue team, evidence recovery teams, bomb technicians, undercover agents and other specialty groups. Those who are constantly exposed to critical incidents often can lose perspective or retreat to various levels of depression.

If an agent does undercover work continuously, it is likely that cumulative stress will follow. For example, if an undercover agent is constantly threatened by the Mafia, the result will be that this stress will take a toll on the physical and mental well-being of the individual. How an undercover agent handles stress will make the difference between a successful operation and an unsuccessful one, with an individual who has PTSD possibly becoming depressed and suicidal.

Frustration

The frustration of the bureaucracy is an additional element of police suicide. The idealism all law enforcement officers have when entering on duty at the training academy may develop into cynicism later in their career.

Alienation, cynicism and job-related stress were discussed as frustrating conditions affecting an FBI agent in a study of agents assigned to the New York office in the late 1970s. It was hypothesized by the author in 1977 that agents with less time in service would be more frustrated

with their job than agents with more time in service. Three groups of FBI agents with varying lengths of service were studied. The first group were those who had less than 5 years of service; the second group had 5 to 10 years of service and the third group of agents was composed of those with 10 or more years of service. The results of the study indicated no significant differences among the three groups of FBI agents in New York City, either in the type of responses or direction of response. A random sampling using Rosenzweig's Picture-Frustration testing instrument was used. The study revealed an environment of frustration across all service length groups.

At the time of the study, the FBI was receiving severe public criticism, which caused significant morale problems. The criticism followed the indictment of a former FBI supervisor coupled with civil rights suits involving agents assigned to the New York division. While being raked over the coals by the media, the FBI was being torn apart from within (McNally, 1978).

At the closing of the 1977 study, FBI Director Kelley had resigned and the general attitude and mood of the public were reflected in the following *New York Daily News* article (1978):

> Today's rose-colored glasses award goes to departing FBI Director Clarence M. Kelley, who no doubt would say the bank account is half full and not that it's half empty. "I think the organization is in fine shape," was the way he put it. He said it's true that the morale of the agents is in disarray because of the public exposure of past illegal investigative tactics. And then it's not too wonderful that retired Big Apple FBI supervisor John Kearney is under indictment for alleged illegal wiretaps and mail openings. Well, yes, the agents are worried about possible civil suits that might be filed against them for past acts committed under orders. And, yes, there's trouble about a possible manpower cut in the 1979 budget.

Today the FBI is under similar criticism for its involvement in the Waco response and the budget still is under intense scrutiny. With the level of distrust by the public similar to that of the 1970s, the added increase of terrorism—which has now moved to the United States via the World Trade Center bombing and the Oklahoma City bombing of the federal building—certainly intensifies the level of stress and frustration of the FBI agent.

The present frustrating conditions affecting FBI agents are compounded by the fast-paced society whereby communication is instantaneous though computers. In the 1970s, computers were just starting to be used and now they are present on the desk of every FBI agent. In the 1970s, an agent would dictate to a stenographer, use a dictaphone, or write a rough draft of a communication. A couple of days later he would review the typed product and accept it or send it back for corrections. Now he types a report on the computer and sends it electronically. Usually, there is a new case immediately added to his caseload. Also, in the 1990s, an agent is constantly on standby to respond to the next emergency, which is always looming in the background. Any second, a pager

or cell phone might go off and it will be time to answer the call. Frustration has intensified since the 1977 study, as we are now in the age of instant communication. There is no down time.

Firearms: Authority and Access in Law Enforcement Suicides

Firearms are another factor to be considered in law enforcement suicides because of the fact that all but 1 of the 40 FBI agents who committed suicide did so using their Bureau-issued weapon. This corresponds with an ongoing study in the United States revealing that 95% of law enforcement officers who committed suicide used their service weapons (Friedman, 1968). The complexity of the authority and access to firearms recalls the dichotomy observed by Crank (1998) in police culture: it is authority that imbues many with their sense of self, but access to a firearm can become a primary solution to the loss of that sense of self.

Management Response

One additional contributory factor for suicide—the most easily remedied—is the insensitivity of management. When officers feel betrayed, abandoned, or "hung out to dry" by their bosses, for whatever reason, it is common for depression to result. While it sounds adolescent and police officers in particular rarely admit thinking about it, suicide often is preceded by the thought "I'll show them". Police suicides that occur on duty often are the result of rage at police bureaucracy. Even a police officer who has betrayed his oath does not deserve to die. In fact, when a police officer is suspended pending an investigation that could result in disciplinary action, referral to EAP (with confidentiality assured) should be the standard operating procedure (Lisco, 1999).

In order to address this issue, the EAU and the Office of Professional Responsibility (OPR) met and after review by various advisory groups of the FBI who queried their members, the following was agreed upon:

> After the employee receives notification of disciplinary action, the employee will be provided an EAP brochure that contains the telephone number of the EAP Unit at FBIHQ and a current list of the division's EAP counselors and numbers. A supply of EAP brochures will be maintained in OPR's interview rooms. These items will be available to anyone. Second, in letters to employees proposing dismissal, OPR will remind special agent in charge and assistant directors that the EAP should be involved at this stage of the disciplinary process. Finally, through OPR's Disciplinary Training program, supervisors and managers will receive increased guidance for dealing with employees who may be in need of EAP assistance.

The position of the EAU was that automatic referrals should be made to the employee assistance administrator or the EAP coordinator in the office where the employee is assigned. The EAU was adamant in its position because when an FBI employee is advised of an administrative

inquiry or a disciplinary process, shock sets in and many individuals are unable to mentally process any other information, including the use of the EAP. This was brought to the attention of EAU during each of the last five post critical incident seminars (for individuals who have been involved in critical incidents or were exposed to or involved in some other trauma) and listed as one of five issues of concern. The individuals who suggested immediate contact with EAP were those who had at some time in their careers been involved in an administrative inquiry or OPR investigation. They indicated that they would have appreciated a safe place to talk with someone (in a confidential setting), because they were advised not to talk with anyone else about their inquiry.

Some of the precursors to suicide have been identified as PTSD, depression and issues related to personal relationships. Also critical to suicides have been addictions to alcohol and the toll this behavior takes on an individual's job performance and family life. All employees who express suicidal thoughts are brought to the attention of the employee assistance administrator and immediate intervention is afforded to the affected individual. EAP has, over the past year, developed a program to increase employees' awareness of the myths surrounding suicide and of actual risk factors linked to it, such as depression. Strong emphasis is placed on employees having a proactive attitude about getting help for problems that seem beyond their control. This was accomplished by a personal letter from former Director Freeh to every employee of the FBI concerning EAP. With the addition of a psychiatrist and clinical psychologist, more than 100 trained peer supporters and increased CISD usage, the message is getting out that EAP can be trusted to help employees in their time of need.

The EAU's broad-brush initiatives addressing PTSD and other traumatic incidents are designed to proactively mitigate psychological trauma closely associated with exposure to death and violence. These initiatives also address the prevention of suicide, which often is the ultimate response to this sometimes unbearable pain. Annual CISDs and post critical incident seminars (PCIS) are being planned for those involved in:

- assignments and investigations on indian reservations where child abuse, homicide and suicide are prevalent;
- investigations of child sexual exploitation on the Internet;
- evidence response teams that respond to incidents where there is traumatic death and mutilation of human remains and
- first responders in incidents involving nuclear, biological and chemical warfare.

The above programs are those that employ both prevention and postvention approaches.

FBI APPROACH TO SUICIDE

Chronology of Suicidology in the FBI

- 2/1/90—Director William Sessions, communication: "Brief guide on recognition of potential suicide risk of employees and a brief description of some steps to offset that risk."
- 3/16/94—Director Louis Freeh, communication to all offices regarding the EAP and suicide prevention: "Tragically, three deaths were by suicide. The loss of even one life by this means should be viewed by all of us as unacceptable so long as we have the wherewithal to reach out a helping hand. In this regard, the EAP has conducted more than twenty successful interventions with employees suffering from suicidal ideation. But clearly we can do more. I desire that it be an article of faith for every FBI employee and every FBI family that through truly difficult times we do and will take care of our own."
- 5/22/98 and 7/13/98—Director's Summary of Significant Matters, regarding "EAP Addresses Suicide Prevention."
- 10/21/98—Employee Assistance Unit instituted a Federal Interagency Law Enforcement Working Group, which meets quarterly to address the issue of suicide.
- 1/99—Employee Assistance Unit develops pre-suicidal assessment.
- 1/99—FBI switchboard operators were trained how to recognize and respond to a possible suicidal caller.
- 3/19/99—EAP suicide response team protocol approved by the Office of General Counsel and distributed to all management and field offices. (See next section.)
- 4/15/99—Director's personal letter to each employee's residence promoting EAP and highlighting stressors inherent in the FBI, such as depression.
- 6/99—Priority training to all offices by regional program mangers; training conducted at combined regional in-service for FBI Chaplains and victim/witness assistance specialists.
- Ongoing—New agent classes; mandatory EAP presentations at all annual employee conferences and supervisors/managers training**.**

EAP Suicide Response Protocol

As noted above, the following protocol was developed by the FBI's EAU and approved by the Office of General Counsel. This protocol establishes a universal response.

- Upon notification of an employee's suicide, the special agent in charge/division head will announce an all-employee conference as soon as possible to advise employees of the suicide. Specific facts relating to the incident should not be addressed. Information concerning EAP participation or the substance of communications during

EAP participation may not be addressed. Furthermore, in the event of an on-the-job suicide, efforts should be undertaken to advise the next-of-kin before an announcement is made in an all-employee conference.

- An EAP/peer support team will be assembled following advisement of the EAU to provide assistance to family members and to conduct one-on-one interviews with employees.
- Within several days following the funeral, EAP will provide educational presentations to address issues of depression, suicide, critical incident stress debriefing and confidentiality.
- Debriefings by EAP/peer support will be offered for all employees. If the suicide occurred on-the-job, the debriefings should take place as soon as possible. The EAP psychiatrist or psychologist will be present during these debriefings. These debriefings should be voluntary and confidential.
- There will be a follow-up debriefing for debriefers, to mitigate the effects of compassion fatigue, by the EAP psychiatrist or psychologist.

Further Recommendations for the FBI

Ineffective coping strategies for police officers/agents and their spouses include alcohol or other drug abuse, overeating, suicide, domestic violence and depression (Gilbert, 1986; Maynard and Maynard, 1982; Kirschman, 1997). Further recommendations for the FBI would include:

- improved orientation programs for FBI spouses to Bureau life;
- additional channels of communication between FBI families and EAP;
- establishment of a support system when FBI families transfer and
- implementation of a proactive stress management program for FBI families (Bryant, 1999).

As we enter the 21st century, the writer believes that there will be an increase in our CISD responses, as the FBI is now the target of subversive and criminal groups who used to give up at the sight of agents, but now are armed with armor-piercing bullets and bulletproof vests. Now that terrorism has arrived on United States soil through the World Trade Center bombing, more biological and chemical terroristic threats and actions are on the horizon, increasing the stress levels of working agents and EAP proactive responses are necessary to address suicide.

CONCLUSION

Can the FBI do more to address the issue of suicide? With 40 suicides since the FBI was established in 1925, one is one too many. FBI agents are given extensive training in the use of firearms, investigative procedures and techniques, application of law and defensive tactics. The FBI

owes it to its employees to raise the level of education regarding suicidal risk patterns and it is recommended that this be accomplished through the initiation of a 1-hour depression/suicide presentation during new agent training in addition to the 1-hour general EAP briefing. Additionally, all FBI offices should be mandated to have a 1-hour lecture on suicide and suicide prevention for all employees. These lectures will be conducted by the Employee Assistance Program within the next year and once every 3 years thereafter. An FBI suicide awareness film is being developed and produced by the EAU and other units at the FBI Academy and headquarters.

There is no question that the problem of suicide exists within the FBI and it will not be ignored. The above proposed educational awareness initiatives will provide our employees the information necessary to better cope with professional and personal problems and behavioral wrong turns that may lead to suicide. *Asking for help is not a sign of weakness, but a sign of strength.* The Employee Assistance Unit is there to "help those who serve".

COMPARISON OF SUICIDE STATISTICS

	F.B.I. 1993-1998	New York P.D. 1985-1998	Chicago P.D. 1990-1996	Los Angeles P.D. 1990-1996	San Diego P.D. 1992-1998	U.S. Customs 1998-1999
Depart-ment Size	*11,500 (Agents)*	40,000	13,500	9,688	2,000	10,826
Killed in the Line of Duty	*4*	36	12	11	0	0
Committed Suicide	*14*	87	22	20	5	7
Suicide Rate per 100,000	*21.96*	15.5	18.1	20.7	35.7	45.6
Compared to National Suicide Rate	*+83%*	+29.1%	+50.9%	+72.5%	+197.5%	+280%

Table A

SUICIDE RATES OF FBI EMPLOYEES AND RCMP RATES

Year	Agent Employee	Support Employee	Family Member	RCMP*
1990	-	-	-	1
1991	-	-	1	2
1992	-	-	5	1
1993	3	-	1	1
1994	1	2	2	3
1995	4	1	3	4
1996	2	-	2	unavailable
1997	2	1	1	unavailable
1998	2	2	-	unavailable
6/99	2	-	1	unavailable
Total	16	6	16	12

THE COMPARISON BETWEEN FBI AGENT SUICIDE AND LDD

Year	Agent Population	Suicides	LDD
1993	10,273	3	0
1994	9,875	1	2
1995	10,067	4	1
1996	10,702	2	1
1997	11,271	2	0
1998	11,545	2	0
Total	*63,733*	*14*	*4*
1999	11,519	2	0

Tables B and C

Police Suicides in the New York City Police Department:
Causal Factors and Remedial Measures

Michael O'Neill

Abstract: Since 1985, 89 uniformed members of the New York City Police Department (NYPD) have died by their own hand. The NYPD has established several employee assistance units, innovative programs and initiatives to assist police personnel who are experiencing personal and professional problems in an effort to reduce the incidence of police suicides. This article will discuss causal factors of police suicide and describe the remedial measures undertaken by the NYPD.

Key words: employee assistance, New York City Police Department (NYPD), police suicide, law enforcement, suicide

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Police Suicides in the New York City Police Department:
Causal Factors and Remedial Measures

INTRODUCTION

According to the Centers for Disease Control, the suicide rate in the United States is estimated to be 12 per 100,000, approximately 32,000 suicides annually. The New York City Police Department (NYPD) consists of approximately 40,000 uniformed (sworn) and 15,000 civilian employees. Although the number of personnel fluctuates annually, a statistical analysis demonstrates that this agency's suicide rate, among uniformed personnel, since 1985 is approximately 16 per 100,000. Many other law enforcement agencies also are experiencing a significantly higher ratio of suicides than that of the national average. During this period, a total of 36 members were killed in the line of duty. A comparison of these statistics demonstrates that New York City police personnel are more than twice as likely to die by their own hand than in the performance of their official police duties.

FACTORS

An initial review of these statistics appears startling because the majority of law enforcement agencies conduct an intensive screening process to identify and eliminate potential employees who display abnormal psychological conditions or problematic personality traits. Theoretically, the screening processes should eliminate individuals who are at high risk for suicide, creating the expectation that the police suicide rate would be lower than that of the general population. It would be shortsighted merely to compare law enforcement suicide rates to the rates of the general population and then to make assumptions regarding the magnitude of this issue upon our profession. To gain a comprehensive perspective of police suicide issues, an analysis of demographic and high-risk suicide factors that impact law enforcement personnel must be conducted.

Law enforcement personnel generally possess a greater number of high-risk suicide factors than the general population: specifically, a higher concentration of white males under 40 years of age, with action-oriented personalities, a culture of alcohol usage and immediate access to firearms. Law enforcement personnel also are drawn from the middle and working classes, which are more prone to suicide. Law enforcement organizations have no control over many of these factors and some factors are perceived as positive attributes for police personnel (i.e., "action-oriented" personalities). If the general population mirrored the demographics of law enforcement personnel, including the high-risk suicide factors, I believe the suicide rates for police personnel actually would be considerably lower than the general public.

Immediate access to firearms is the most dominant factor affecting law enforcement personnel suicide rates. When non-law enforcement individuals decide to commit suicide, they also must determine the method that they will use and then obtain the means for their demise. During this

time frame, many factors may occur that could dissuade the individuals from following through on their plan to die. However, because law enforcement personnel have immediate access to a firearm, coupled with the fact that suicides by firearms are almost always successful, opportunities for intervention from family, friends, or the law enforcement agency are limited with regard to police suicide.

Most people seeking law enforcement careers possess "action-oriented" personalities. This "action-oriented" personality is an essential component for effective law enforcement, especially when dealing with crisis situations. However, recent suicide theories indicate that "action-oriented" individuals are more likely than others to act upon their suicidal thoughts. A strength on the job becomes a personal liability.

In 1985, the NYPD recognized police suicide as a serious issue. Several programs and initiatives were developed and implemented, including refocusing the efforts of existing employee assistance units and conducting investigations into all suicides to identify contributing factors in the hope of preventing future tragedies.

Since 1985, a total of 89 NYPD employees have died by their own hand. Statistical demographic data exists concerning the suicide victims (see Attachments A, B and C). The following data provide significant insight into specific factors which have an impact on this agency's suicide rate:

Method	Contributing Factors	Alcohol In Blood
Firearm (82)	Failed Relationship (54)	Yes (64)
Hanging (5)	Depression (7)	No (24)
Jumping (1)	Stress (7)	Test Results Pending (1)
Carbon Monoxide (1)	Terminal Illness (2)	
	Alcohol (1)	
	Unknown (18)	

These factors clearly demonstrate that the combination of a failed relationship, alcohol consumption and the accessibility of firearms is deadly for our members. The NYPD has created several units designed to help employees cope with psychological problems and other issues to help prevent members from reaching the crisis point. Efforts to prevent suicide are more efficient than anything done to cope with suicide.

OVERVIEW OF NYPD EMPLOYEE ASSISTANCE UNITS/PROGRAMS

Employee Relations Section

This section's mission is to help members of the service cope with medical and personal hardships. Depending on individual circumstances, temporary transfers or assignments to special tours may be arranged to address a member's problem. This unit also responds to hospitals on a 24-hour basis to assist the member and his family whenever a member of the service is seriously injured or killed in the line of duty. As a stress-reducing measure, this unit also coordinates the activities of the NYPD's 13 fitness centers.

Counseling Services Unit

This unit helps NYPD personnel determine whether they are experiencing problems involving misuse/abuse of alcohol or prescription drugs, compulsive gambling, or financial problems. If so, the unit actively helps members obtain outpatient treatment, as well as provide in-house peer counseling. Counseling Services Unit staff is composed of New York State certified alcohol and substance abuse counselors. In addition, this unit provides a Domestic Incident Education Program (this program is discussed in greater detail in the next section).

Chaplains Unit

This unit has six chaplains of various religious denominations (Christian, Jewish, Protestant and Islamic). They are available 24 hours a day to provide spiritual and moral guidance to all members of the service and their families.

Early Intervention Unit

The mission of this unit is to provide assistance to members experiencing personal and job-related problems in both an official and non-official capacity. Often, employees experiencing problems are unaware of assistance options or are reluctant to come forward. This unit helps them to identify problems and provides information on resources within and outside the NYPD.

Psychological Services Section

Staffed by certified psychiatrists and psychologists, this section provides initial assessments and makes referrals to outpatient facilities for additional follow-up, as deemed appropriate. They also respond on a 24-hour basis to provide trauma counseling services to members involved in shooting incidents, disasters, or other violent occurrences resulting in death or injury.

Police Self-Support Group

The Police Self-support Group is an independent fraternal organization containing uniformed members of the service who have experienced serious injuries. Its members provide peer support to other uniformed members of the service who experience similar injures. In addition, this group has formed a new special needs self-support group to address the needs of uniformed members of the service who experience serious illnesses, such as cancer.

PROGRAMS AND INITIATIVES

"Helpline" Crisis Telephone Hotline

The "Helpline" is a 24-hour service that enables callers to discuss their problems with a trained uniformed supervisor or health care professional. Callers receive guidance regarding how to address the issues discussed in a confidential manner.

Membership Assistance Program

The Membership Assistance Program (MAP) is operated by the various line organizations (collective bargaining units analogous to unions) and supported by the NYPD. It provides an alternative to NYPD employee assistance programs for uniformed members of the service who hesitate to seek help through the department. A total of 150 active uniformed members are trained as facilitators and voluntarily provide assistance (during off-duty time) to members experiencing a personal or professional problem. MAP maintains a referral database of professional nondepartment resources to address a host of personal problems. The NYPD also has modified sick-reporting procedures to encourage members to obtain help in dealing with their personal problems.

Line Organizational Referral Program

When members are experiencing personal problems that may have a negative impact upon their job performance, a line or fraternal organization delegate brings them to the Early Intervention Unit. Together, they help members solve their problems in a confidential, nonofficial capacity, using NYPD or outside resources.

Domestic Incident Education Program

As part of the ongoing effort to help employees address personal and professional issues, the NYPD developed the Domestic Incident Education Program in 1998. The goals of this program are to heighten awareness concerning the nature of domestic violence and to offer alternative techniques for coping with potentially volatile domestic situations. The program consists of a series of 2-hour sessions, which take place once a week over a 2-month period for a total of eight meetings. These

sessions are held in a non-NYPD facility and members attend in civilian clothes during normal working hours. Participants are not required to discuss either the circumstances of their domestic situations or the specifics of a particular incident. Additionally, participation in the program *is not* viewed as an admission of culpability concerning any allegation of domestic violence.

Catastrophic Injury/Illness Outreach Program

When an employee suffers a serious injury or illness (line of duty or nonline of duty), Medical Division personnel notify the Employee Relations Section. A member of this section will then contact these individuals to assess their emotional state and to determine if the NYPD can provide any form of assistance. Seriously ill or injured members are also provided with contact information concerning the aforementioned police self-support group.

Education Strategies Targeting the Families of NYPD Employees

After the suicide of a member, Early Intervention Unit personnel conduct interviews with co-workers, friends and family members of the victim. Analysis of these interviews indicates that in most cases, the victims did not display signs of depression or suicidal tendencies to their co-workers. However, virtually all family members stated that although they observed significant changes in the victim's personality and habits, they did not understand the significance of these changes.

A 10-minute video entitled "Here To Help" and an informational brochure were produced and forwarded to the families of all employees in 1996. The video showed interviews with members of the various department employee assistance units, outlined the purpose of each unit and explained how one could confidentially contact each unit. The brochure outlined warning signs of stress and depression and provided information concerning non-NYPD resources available to employees and their loved ones.

The NYPD also publishes a quarterly magazine titled *Spring 3100*, which is mailed to the homes of all active members. This magazine contains various types of articles, such as new agency programs, stories highlighting outstanding performance, birth and death announcements and promotions. Articles and posters outlining suicide and depression issues are published periodically to remind employees and their families of the availability of NYPD resources and of the importance of obtaining help as soon as possible to address personal problems.

In-service Training and Informational Initiatives

In-service training sessions at the precinct/unit level, as well as centralized training courses, continually reinforce the availability of NYPD-sponsored employee assistance units and programs. Other initiatives in this area include video segments, poster campaigns, memo book inserts outlining

signs of stress/depression and employee assistance handbooks. In addition, personnel assigned to the various employee assistance units speak to members assigned to patrol commands during roll calls and unit training sessions regarding department resources.

Removal and Safeguarding of Firearms

In February 1994, the NYPD instituted a procedure authorizing a ranking uniformed member to remove and safeguard a member's firearm when the member is involved in an incident and no disciplinary action is contemplated. A member's firearm also may be safeguarded in this manner when the member is experiencing some sort of psychological trauma, such as the violent or unexpected death of a loved one or personal involvement in a domestic incident. The member is placed on medical disability status but continues to work in a nonenforcement capacity, pending an evaluation of the circumstances by Medical Division personnel. In 1996, the NYPD instituted a protocol that permits uniformed members to temporarily safeguard their firearms at the conclusion of each tour of duty when the individuals believe that the possession of a firearm during off-duty hours could aggravate a current problem-such as exposing the member to false accusations during domestic incidents.

ISSUES CONCERNING REMEDIAL MEASURES

As evident from the amount of resources the NYCP Department devotes to providing assistance to members experiencing personal and professional issues, it places significant emphasis on addressing the needs of its employees. On the other hand, law enforcement agencies also have an obligation to the citizens they serve. If members pose a danger to themselves or another, commit crimes, or commit acts prejudicial to the good order of the organization, the agency has an obligation to take the necessary steps to address the issue proactively and eliminate the potential for future tragedies.

This dual responsibility makes suicide prevention efforts for law enforcement agencies much more challenging than those in other professions. For example, depending upon the type and circumstances of an incident, the department may be required to remove members' firearms, change their duty status and possibly institute termination proceedings. Members of the NYPD are aware of the department's policies and therefore, often are reluctant to voluntarily seek help from NYPD-sponsored programs because of the fear of being stigmatized and the belief that their careers will be negatively affected.

To counteract these concerns, the NYPD has established a policy of maintaining strict confidentiality of information when members voluntarily seek assistance from a department employee assistance program, as long as the matter does not involve a criminal act and the member does not pose a potential threat of physical injury to anyone. This policy also stresses the agency's position that it is not concerned where the individual obtains assistance as long as they receive the

help they require. Although information concerning the circumstances of the issue will not be recorded in the member's employment records, the member's co-workers, family and friends will be aware of any temporary changes to duty status-particularly in situations where the member's firearms are removed. The NYPD officially maintains confidentiality of information, but the agency's response is not secretive.

Reducing the stigma often attached to a person seeking professional help in dealing with a personal problem can only be accomplished through educating all members of the agency. The use of sworn officers as employee assistance practitioners helps to reduce the resistance often encountered from individuals seeking help. Often, a bond of trust can be established between the client and the practitioner because both individuals share similar experiences, which facilitates a more honest exchange of information. Law enforcement practitioners often are able to see through the client's defenses and recognize subtle clues-especially regarding work-related matters-that a non-law enforcement clinician might not think significant.

Another difficulty for law enforcement agencies is the fact that many employees believe that because they are responsible for helping others address their problems, they can or should be able to handle their own problems without help from anyone. Law enforcement agencies must make every effort to convince their members that seeking help to address a personal problem demonstrates a sign of strength, rather than weakness.

CONCLUSION

Law enforcement personnel generally possess a combination of higher suicide risk factors than the general public (male, white, under 40 years of age, economic circumstances, action-oriented personalities, immediate access to firearms, culture of alcohol usage). Conversely, factors that help to reduce the potential of suicide by law enforcement personnel (prescreening, peer-support, stable value system, stable employment) are subject to change more rapidly than in the general population. Many of these high-risk suicide factors are beyond the scope of law enforcement agencies and some risk factors are perceived as positive attributes for effective law enforcement personnel.

The NYPD has instituted a number of innovative approaches to address suicide issues involving its members and will continue to seek out new approaches to prevent future tragedies. It is working in conjunction with collective bargaining units, as well as non-department organizations that possess an in-depth knowledge concerning suicide issues: specifically, the American Foundation for Suicide Prevention and the New York State Psychological Institute. Even with the most innovative and successful suicide prevention programs, no agency can hope to prevent all suicides. However, that will not deter the New York City Police Department from making every effort to reduce the number of future police suicides.

**DEMOGRAPHIC DATA REGARDING THE 89 NEW YORK CITY POLICE
DEPARTMENT SUICIDES SINCE 1985**

Sex:

    Male: 81   Female: 8

Ethnicity/Race:

    White: 66   Black: 10   Hispanic: 12   Asian: 1

Marital Status:

    Married: 35   Single: 35   Divorced: 8   Separated: 10   Widowed: 1

Rank:

    Probationary Officer: 7   Police Officer: 60   Detective: 7
    Sergeant: 10   Lieutenant: 3   Captain and above: 2

Age at the Time of Occurrence:

    21 to 29: 37   30 to 39: 32   40 to 49: 13
    50 to 59: 6   60 to 63: 1

Years with the NYPD:

    Less than 5 years: 17   5 to 9 years: 17   10 to 14 years: 16
    15 to 19 years: 5   20 to 24 years: 6   25 years or more: 8

Education Level at Appointment:

    High School: 40   College Credits: 37   College Degree: 12

Attachment A

SEX, ETHNICITY AND AGE BREAKDOWN OF ALL UNIFORMED MEMBERS OF THE SERVICE

Sex

Total Population of NYPD: 39,532   Male: 33,519 (85%)   Female: 6,013 (15%)

Ethnicity

Male	Female
White: 24,007 (72%)	White: 2,638 (44%)
Black: 3,452 (10%)	Black: 1,820 (30%)
Hispanic: 5,454 (16%)	Hispanic: 1,475 (25%)
Asian: 562 (2%)	Asian: 68 (1%)
Other: 44	Other: 12

Age

Male	Female
20-30: 9,960 (30%)	20-30: 1,593 (27%)
31-40: 17,187 (51%)	31-40: 3,452 (57%)
41-50: 5,354 (16%)	41-50: 951 (16%)
51-60: 970 (3%)	51-60: 17
61+: 48	61+: 0

Attachment B

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SUICIDE STATISTICS

- The suicide rate in the United States is approximately 12 per 100,000 residents. There are approximately 32,000 deaths annually resulting from suicides.

- Suicide is the eighth leading cause of death in the United States.

- In August 1999, the Surgeon General declared suicide as a serious public health problem and the government is now looking into ways to address this issue.
- There are more suicides than homicides annually in the United States.

- The suicide rate in the United States is average among industrialized nations but greater than developing countries. Many countries have a higher rate of suicides than the United States.

- Males account for 80% of all suicides in the United States. Women attempt suicide much more frequently than men, but are not as successful (1 attempt every 78 seconds versus 1 suicide every 90 minutes).

- Out of all suicide victims, 20-50% have made a previous suicide attempt.

- Firearms are the most frequent method used by both men and women.

- Most suicides are committed by persons under 40 years of age.

- Whites have the highest overall suicide rate compared to the rates of other races.

- White males over 65 years of age are at the highest risk: 43 per 100,000.

- Individuals with mental and addictive disorders account for 90% of all suicides.

- Suicide is the most common cause of death in prisons. The rate for prisoners is 90 to 230 per 100,000.

Attachment C

Suicide Prevention in Law Enforcement: The Toronto Police Service Experience

Jaan Schaer

Abstract: *When community mental health professionals became aware of the fact that the Toronto Police Service (TPS) had survived over 7 years without one uniformed member committing suicide, two questions arose: how and why? This article will examine the past and recent history of suicide within the TPS. The author will offer observations and suggestions as to what factors have contributed to this phenomenon.*

Key words: police suicide, Toronto, law enforcement, suicide, prevention

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Suicide Prevention in Law Enforcement: The Toronto Police Service Experience

INTRODUCTION

There have been countless articles written about stress in law enforcement. It does not seem to matter which country or jurisdiction has a law enforcement agency; outcomes of stress are similar. One of these outcomes seems to be a significantly higher suicide rate for the men and women wearing the blue than for the general public. Until 7 years ago, this appeared to be no different within the uniformed ranks of the Toronto Police Service (TPS).

When community mental health professionals became aware of the fact that the TPS had survived over 7 years without one uniformed member committing suicide, two questions arose: how and why? This article will examine the past and recent history of suicide within the TPS. The author will offer observations and suggestions as to what factors have contributed to this phenomenon.

TORONTO POLICE SERVICE INFORMATION

In 1998, the TPS had 4,904 uniformed members and 2,162 civilian members, for a total of 7,066 members. The service policed a city population of 2,425,947, responding to 1,741,954 calls for assistance with a gross operating budget of $522,145,800 (TPS Annual Report, 1998).

Suicide Rates

The author researched police officer suicide through the Toronto Police Record Bureau, Toronto Police C. O. Bick College, Toronto Police Medical and Health Services and the Toronto Police Employee and Family Assistance Program. These sources indicate that since 1975, the TPS has experienced a total of 22 officer suicides, with the most recent occurring in June 1992 (see Table A).

We compared the suicide rate of the TPS to that of the general population (see Table B) (Statistics Canada Mortality Rates: Suicide 1975-1979).

We tracked suicides in the uniformed ranks of the Toronto police by method (see Table C).

Possible Causes

The author, who personally experienced the loss of an officer friend to suicide, conducted a number of interviews with friends, co-workers, families and supervisors in an attempt to establish

factors leading to individual tragedies. The following factors were found to play a role in suicide cases: alcohol abuse, traumatic life incident, victim grew up in a dysfunctional family and relationship difficulties. Generally speaking, many factors can lead to an individual contemplating and carrying out the act of suicide.

RECOMMENDATIONS

In a 1987 report (Schaer, 1987), this author noted:

It is quite obvious that our 1986-1987 suicide situation is causing great concern. One only has to compare it to other law enforcement agencies and private sector companies. The following are my recommendations:

- Evaluate present psychological testing and screening methods for recruits and supervisors.
- Evaluate training at C.O. Bick College in the areas of assertiveness, coping with anger, stress management and maintaining relationships.
- Evaluate the need for orienting the member's family to police work and its stressors.
- Evaluate the need for a comprehensive Wellness and Health Promotion Program.
- Evaluate our present Employee Assistance Program.
- Evaluate the need for research and study as to the stressors and problems related to the physical and emotional well-being of M.T.P.F.
- Form a committee to address common issues that have established themselves as patterns in many disciplines. Committee members could be drawn from EAP, Trials Office, Complaint Bureau, Internal Affairs, C.O. Bick College, Peer Counsellor Program, Medical Bureau, Employment Office, Metropolitan Toronto Police Association and outside consultants used by EAP.

PRESENT FACTORS IN SUICIDE PREVENTION

The TPS has not had an officer commit suicide since June 1992. In preparing this article, the author examined what factors and work environment changes contributed to this pleasant reality and offers the following observations:

- The organizational culture of the TPS-in which tough police officers who could not show emotion were admired and police officers who used counselling services were frowned upon-has changed significantly. This positive change occurred because of all, or some, of the following reasons: peer pressure, family intervention, enlightened management practices, a new generation of officer who recognizes the emotional hazards of modern-day policing and a police association that actively promotes the well-being of their membership.

- The chief of police autographed the book "To Love a Cop" by psychologist Ellen Kirschman, (Kirschmand, 1997) and personally presented a copy to all recruits and newly promoted sergeants.
- The chief of police reflected in his goals and objectives his priority of developing and implementing a sustainable wellness/family program.
- The chief of police addressed the graduating class of police officers, emphasizing the primary priority of a balanced family life and a personal wellness program.
- The Police Association and the Employee and Family Assistance Program (EFAP) have played a crucial role. Through the efforts of the Police Association, in 1984, a report titled "Serving Those Who Serve" was commissioned as a jointly funded project with management. This then formed the basis for the existing EFAP and initiated recognition of stress management systems within the Service. The TPS's EFAP home page has proven useful. It is located on the Association's Web site at http://www.interlog.com/~eapsmile/EAP.htm. Two of the Police Association executive members are active referral agents. This visible support ensures that members and their dependents are comfortable in accessing support services.

DESCRIPTION OF THE EMPLOYEE AND FAMILY ASSISTANCE PROGRAM COMMITTEE

Command officers, the Police Association and the Senior Officers Organization have tripartite ownership of the Employee and Family Assistance Program through a committee structure. Each stakeholder has a vote and veto power and is committed to the role of actively participating, endorsing and promoting the program. Committee stakeholders ensure that the Employee and Family Assistance Program is adequately resourced in terms of staff and funding while maintaining a high standard of confidentiality and credibility. The committee has an external advisor who, as a community mental health professional, brings an external knowledge of EAPs and workplace health systems.

COMPONENTS OF THE EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

Through the EFAP Commitee, the TPS provides a systematic approach to stress management. Components of this approach are as follows:

- Services are accessible to all members, pensioners, dependents, auxiliary, lifeguards, employees of the Police Association and school crossing guards, totalling more than 30,000 individuals.
- The policy statement is signed by the following stakeholders: the chief of police, the president of the Toronto Police Association and the president of the Senior Officers Organization.

- Policies and procedures clearly show that confidentiality is the cornerstone of the program.
- An off-site confidential Assessment/Referral Center is staffed by trained referral agents consisting of the director (civilian), the coordinator of the Referral Agent Program (civilian), the coordinator of the Critical Incident Stress Management Program (police officer), the coordinator of the Addictions Program (police officer), the coordinator of the Family/Spouse Bereavement Program (police officer), a referral agent seconded for developmental and succession planning purposes and an administrative clerk. The services can be accessed 24 hours per day, 7 days per week.
- Screened community mental health professionals (predominately registered psychologists) provide the therapeutic component of the process. Both ongoing case consultation, as well as funds available to cover the cost of therapy beyond benefit coverage, ensures the quality of the process.
- Fifty referral agents provide support to members on a voluntary basis. They represent a cross section of the membership and job categories.
- There is a systematic approach to critical incident stress management, including a trained debriefing team, unlimited coverage for trauma therapy and ongoing educational initiatives.
- Proactive educational initiatives promote program awareness, stress management within specialized units, supervisory education in managing the troubled member, maintaining balance in life and critical incident stress management.
- Program promotion activities include articles and a monthly ad in the association newsletter *Tour of Duty*; comments in the chief's weekly news page *Ten-Four*; distribution of brochures, articles and information packages and extensive program awareness presented at the workplace.
- The program undergoes evaluation through an external evaluation (1994), client evaluation forms distributed by therapists or EFAP staff, lecture evaluation forms distributed and correlated by presenters and continual feedback from all segments of the police service, family members and EFAP committee members.
- Information about EFAP services and program utilization is distributed in an annual report to all stakeholders, referral agents, unit commanders, chief stewards and stewards and community mental health professionals. This information is placed on the Internet and is available as a public document.
- The EFAP demonstrated a concerted effort to provide psychological services (see Table D).

MEDICAL ADVISORY SERVICES

The Medical Advisory Services (MAS) provides "fitness for duty" assessments for managers who have concerns based on negative indicators. Members can voluntarily access or be ordered to attend MAS, where three nurses and a part-time physician determine whether a member's status is "fit for duty," "fit for restricted duty," or "sick". There exists a mutual working relationship and

professional respect between EFAP and MAS within confidentiality guidelines. Additional resources over the past several years have enhanced the ability to provide medical services.

OTHER CONTRIBUTING INITIATIVES

- Extensive psychological testing, screening and background checks of recruits.
- Instructors at the Ontario Police College and Toronto Police CO Bick College are trained to observe course participants and intervene with members exhibiting obvious signs of distress.
- Improved management systems in specialized units and plainclothes squads, especially guidelines as to length of assignment and education on psychological hazards of drug squad and undercover police work.
- The name of the EAP was changed to the Employee and Family Assistance Program in November 1997 to recognize the importance of families in the lives of police officers, which resulted in a 51% increase in families of uniformed members using the program.
- A Wellness Program coordinator was selected in January 1999 to develop proactive initiatives that emphasize the need for physical and emotional balance in the lives of police officers and their families.
- A committee was formed to hire a police chaplain to coordinate a Toronto Police Chaplaincy Program and to construct a chapel in headquarters. In the past, there had only been an informal program in place.

CONCLUSION

In 1999, the TPS is a corporate environment where the occupational hazards of modern-day policing are recognized and a systematic approach to stress management is implemented. Officers and their families have to be sure that the service cares about them and that it provides support services they are confident in. Through ongoing proactive educational sessions, officers develop life skills that they can use when the need arises. The effectiveness of these initiatives depends on cooperation and commitment between the stakeholders, stringent confidentiality guidelines and adequate resources. Times have changed in the TPS; it is no longer acceptable to ignore your own or someone else's pain. When members know that it is time to seek support, they show real maturity and professionalism.

TORONTO POLICE SERVICE SUICIDES

1975 - 1	1976 - 2	1977 - 1	1978 - 1	1979 - 1
1980 - 1	1981 - 1	1982 - 0	1983 - 3	1984 - 0
1985 - 0	1986 - 2	1987 - 4	1988 - 1	1989 - 0
1990 - 0	1991 - 2	1992 - 2	1993 - 0	1994 - 0
1995 - 0	1996 - 0	1997 - 0	1998 - 0	1999 - 0 (As of September 1)

CITIZEN/POLICE SUICIDE RATES

1975: Canada - 17.8	Province of Ontario - 19.0	Toronto Police - 19.8 (1)
1976: Canada - 18.4	Province of Ontario - 16.6	Toronto Police - 37.7 (2)
1980: Canada - 19.5	Province of Ontario - 17.2	Toronto Police - 36.9 (2)
1987: Canada - 22.1	Province of Ontario - 16.3	Toronto Police - 74.8 (4)

METHODS

Gunshot (Service Revolver) - 9
Gunshot (Other) - 4
Hanging - 1
Carbon Monoxide Poison - 1
Subway - 1

EFAP STATISTICS

Number of Clients (1994-98) - 4698
Number of Critical Incidents (1994-98) - 270
Number of Members Involved in Critical Incidents (1994-98) - 967
Cost of Trauma Therapy (1993-98) - $214,800
Number of CIS Information Packages Distributed (1993-98) - 3,236
Number of Educational Sessions (1993-98) - 308
Number of Participants in Sessions (1994-98) - 6,574

Tables A, B, C and D

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There Is Hope: A Training Program for Suicide Awareness and Suicide Potential

Eugene Schmuckler

Abstract: In 1997, the state of Georgia law enforcement community was made painfully aware of suicide and its consequences following a series of closely-spaced suicides. This painful awakening has led to the conclusion that suicide awareness and prevention are the responsibility of every leader. With the support of the Georgia Chief's and Georgia Sheriff's Associations, a request was made for the development of a Suicide Awareness Program. This article describes and discusses the elements of this program.

Key words: suicide awareness training, Georgia, police suicide, law enforcement, suicide

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There Is Hope: A Training Program for Suicide Awareness and Suicide Potential

INTRODUCTION

Whoever fights monsters should see to it that in the process he does not become a monster. And when you look into an abyss, the abyss looks into you.
　　　—Nietzsche, *Beyond Good and Evil*, 157.

The thought of suicide is a great consolation. By means of it, one gets successfully through many a bad night.
　　　—Nietzsche, *Beyond Good and Evil*, 157.

They found him slumped in his parked car on an Islip, Long Island street; a suicide, an ex-cop who took an overdose of pills. His name was Salvatore Glibbery. He once had been a decorated officer with perfect attendance and a bright future, but his life changed in the time to pull a trigger.
　　　—John Marzulli, *New York Daily News*, August 6, 1999

Compared to shame, death is nothing.
　　　—Nelson DeMille, *The General's Daughter*

　　　It is ironic that as we have entered the millennium, a time many consider to be the time of Armageddon, suicide among law enforcement officers is becoming a matter of grave concern. Many will be surprised to learn that this concern is not new, but is instead being revisited. Heiman (1977) reports that during the 6-year period from January 1, 1934, to January 1, 1940, 93 New York City policemen committed suicide, which is almost twice the number who had killed themselves during the previous 6-year period.

OVERVIEW

　　　Based on a review of other studies, Heiman states that American policemen kill themselves in proportionately greater numbers than do people in other public service occupations. More recently, Violanti et al., (1998) reported in the *American Journal of Industrial Medicine* that police officers are eight times more likely to die by their own hand than by homicide.

　　　Somewhat begrudgingly, agency heads are acknowledging the problem of law enforcement suicide. Just as the $1.9 million judgment awarded in the case of *Thurman v. Torrington, CT* focused attention on issues related to domestic violence, so did the $425,000 judgment in *Bonsignore v. The City of New York* result in the law enforcement community looking at suicide among its ranks.

　　　Obviously, suicide is not restricted to the law enforcement community. Suicide has been described as being "the most common serious psychiatric emergency, one of the most difficult

problems in the treatment of mental illness and emotional disorders" *(Harvard Mental Health Letter*, 1996).

A person who commits suicide must have access to the means and be willing to tolerate the manner of death. In the United States today, firearms account for proportionately twice as many suicides (50-60%) as they did in 1900, although the suicide rate is no higher. Cultures presumably influence the likelihood of suicide by the way they shape personality through upbringing or by the stresses they impose at different stages of life and in personal crises.

It is difficult, if not impossible, to state accurately the number of lives lost to death by suicide. In 1994, there were 32,000 suicides in the United States, about 11 per 100,000 persons. Within law enforcement, there were 300 documented police officer suicides in 1994. That same year, there were 137 documented line-of-duty deaths among police officers (Ivanoff, 1994). A review of these data suggests that in 1994, twice as many police officers committed suicide than were killed in the line of duty.

Reasons

Many reasons have been posited for this phenomenon. Ivanoff suggests as possible explanations depression; relationship conflicts or losses; easy access to guns; drug abuse; financial difficulties; alcohol abuse; involvement in corruption inquiries and difficulty with department rules, regulations and department policies. Violanti et al., (1998) present some additional causative factors, such as an overbearing bureaucracy, shift work, social strain, marital difficulties, inconsistencies of the criminal justice system, impending retirement and lack of control over work and personal lives. Still other reasons given include killing someone in the line of duty; having your partner killed in the line of duty; lack of support by the department; shift work's disruption of family time and the daily grind of dealing with the stupidity of the public, also called the "asshole factor" (Goldfarb, 2000).

No examination of police suicide would be complete without an examination of the police culture. Joseph Wambaugh (1976) and others have eloquently described the world of the police officer. Law enforcement officers have their own training programs, their own protocols and their own sets of rules and regulation by which all conduct is governed. There is a chain of command and there are many internal regulatory bodies. Uniforms, badges and department-issued sidearms further distinguish law enforcement officers. These are some of the basic elements that define the police culture (Turvey, 1995).

Finding Fault

The common belief that the upper command echelon of police culture is at fault is wrong, however. Both former New York City Police Department (NYPD) Commissioner Raymond Kelly

and Jacksonville, Florida, Director W.C. Brown agree that when police officers commit suicide, there is rarely a direct tie to the job. Brown has made the statement that all suicides in Jacksonville stemmed from domestic problems. Additionally, the executive vice president of the National Association of Chiefs of Police, Morton Feldman, said that the association has not really been keeping track of suicides as closely as death by other means. This is further demonstrated by a New York City Police Foundation study that states specifically, "People kill themselves because they don't know how to solve their problems". The study cites personal problems, substance abuse and depression as the direct causative factors in suicide, not job stress. Because the aforementioned problems are not job-related, they do not need to be addressed (Ivanoff, 1994).

THE PROGRAM

In 1997, the state of Georgia law enforcement community was made painfully aware of suicide and its consequences following a series of closely spaced suicides. This painful awakening has led to the conclusion that suicide awareness and prevention are the responsibility of every leader. With the support of the Georgia Chief's and Georgia Sheriff's Associations, a request was made for the development of a Suicide Awareness Program. As part of this program the following objectives were developed:

1. All law enforcement leaders will encourage officers and their family members to practice a lifestyle that improves and protects physical, emotional and spiritual well-being.
2. All law enforcement leaders will initiate proactive measures to prevent loss of life within their departments due to suicide and to reduce the impact on survivors if a suicide takes place.
3. Personnel will receive regular in-service training in suicide prevention and crisis intervention.

Misconceptions

An integral part of this Suicide Awareness Program is dealing with a number of prevailing attitudes and misconceptions toward suicide. The misinformation and misunderstanding that grow out of a failure to accept suicide for what it is leads to many deaths each year. A comment made to this author by an executive in a law enforcement agency is just one example of the attitudes that are very much a part of the culture: "If a person is going to try to commit suicide, I hope he is successful. If not, he becomes a morale and personnel problem. We would be constantly watching him and frankly, we don't know what we are looking for". It is not unusual for those who are exposed to a potentially suicidal person to feel that suicide threats and behaviors should be ignored because the person is "merely trying to manipulate the system". There also may be the feeling that the suicidal person is a malingerer. Thus, it is easier to ignore clear-cut signs of potential suicide than run the risk of being deceived. In areas of the country that hold strong fundamental convictions, there also is the

attitude of moral condemnation that needs to be addressed. Indeed, a good deal of time is spent addressing the various myths associated with suicide. It is important to note that these beliefs are not restricted to any religious group.

Still, another topic for discussion is the danger of categorizing suicidal people as "manipulative" and, therefore, "not serious". Manipulative persons may use a more lethal means than they intended. Death or serious injury may be the result. There is no way for any layperson to accurately measure the person's *intentions*, but there is a way to assess *risk*. The department must view all suicidal situations as potentially lethal. The job of the department is to get help for the individuals in crisis, not to judge their inner feelings.

Most of us have heard of the concern that all this talk about suicide may put ideas in people's heads or that it may artificially drive up the number of warning sign reports. There also may be concern that all this emphasis on suicide will create undue burdens on a department. The final point is that if an agency is to prevent deaths and injuries through suicide, old attitudes of treating suicide as a taboo or suicidal gestures as something to be ignored must give way to an acceptance of suicide as a problem that can be dealt with frankly and openly.

Other parts of this Suicide Awareness Program deal with crisis intervention. Clearly stated is the fact that unsuccessful attempts, threats, or suicidal ideation may be indirect pleas for help, warnings to others to prepare, or simply tests of the idea (As an aside, this also is now an integral part of the peer counselor training program).

Objectives

Time and space do not allow for a definition of the entire program. The chief objectives are to assist in identifying a suicidal person, to take appropriate action and to make proper referrals. Specific learning objectives include:

- • determining depressive symptoms;
- • determining suicide warning signs;
- • determining preventive measures;
- • making proper professional referrals;
- • encouraging positive action and
- • dealing with suicide survivors.

This last unit has been an invaluable addition. In this unit, we try to provide guidelines to help survivors accept the reality of suicide, defuse negative coping mechanisms, readjust to the environment in which the deceased is missing, find persons who can become their support system and accept the pain of the loss and bereavement.

Scenarios

The program involves working through a number of scenarios. For example, an officer who has recently failed to be promoted to sergeant is now showing signs of erratic behavior on the job. He recently has changed his attitude and performance level. In fact, he recently has changed his beneficiary on his life insurance. His behavior has been heightened by increased smoking, showing up late for roll call, missing court dates and signs of heightened consumption of alcohol. He has talked to members of his squad about leaving the department and how disappointing his failure to get this promotion has been to his family. He also is expressing greater discontent with his marriage. What do you think these signs suggest and what would you do about them?

A major part of the training entails discussing the difference between suicide facts and myths. Next, there is a segment that deals with possible causes of suicide. Then, suicide warning signs—including extensive information concerning suicidal ideation, the suicide plan and the suicide ritual—are examined in depth. Finally, the program provides information on what to do (referrals), as well as what not to do. The program ends with a section concerning the aftermath of a death by suicide.

CONCLUSION

At this point, it would be wonderful to state how highly successful the program has been. Unfortunately, there is still more ground needing to be covered. Religious values override classroom discussions. Not being able to deal with one's problems on one's own is still considered by many as a sign of weakness. Still, another problem is that a referral to a mental health professional can end a career.

Nevertheless, progress is being made. Departments are not as hesitant in requesting referrals of personnel considered to be at risk. It is our conclusion that the suicide awareness program is working because we are seeing an increase in the number of warning signs. It is our conclusion that this is due to removing the mystery about suicide, increased sensitivity to warning signs, clarity about what to do and confidence in the ability to handle the crisis.

Police Suicide: An Executive's Perspective

James D. Sewell

Abstract: *Over the last 20 years, as researchers, police administrators and psychologists have focused on the phenomenon of police stress, much of our effort has dealt with its negative manifestations: heart attacks, cardiovascular disease, premature death, digestive disturbances, ulcers, divorce and substance abuse. By its nature, police suicide has been the subject of particular interest. That police suicide is a concern in law enforcement circles is not an issue. What remains a question, however, is the magnitude of the problem and an appropriate and effective response from both the profession and individual agencies.*

Key words: police suicide, executive perspective, management response, warning signs, organizational culture.

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INTRODUCTION

The literature adequately details many of the reasons for our inability to assess the extent of police suicide (see, for instance, Violanti, 1996 and Baker and Baker, 1996). In an effort to protect officers, their families and their department, many suicides are, in all probability, misclassified, under reported or, in fact, never reported. Some deaths may not be attributed to suicide absent clear and convincing evidence, while others may be attributed to police action, often of a heroic, albeit reckless, nature. Data, including speculation about causation, are contradictory. Unlike the issue of law enforcement officers killed and assaulted, no national reporting requirements exist. Taking all these issues into account, we as a profession can only speculate about the true frequency of the phenomenon and how we compare to other professions and demographic groups reflective of the makeup of our workforce.

Yet the bottom line for those in the police organization is clear. One death because we do not understand the problem, have not intervened, or have failed to successfully prepare an officer, is unacceptable.

ISSUES

The national conference, which led to the publication of this compendium, has clearly identified a number of the issues associated with police suicide. As police executives review the material, however, it is critical that they analyze and reflect upon its usefulness in stress management and suicide prevention within their individual agencies. Key, of course, is the identification of warning signs that indicate the possibility of suicide and, perhaps more important, the creation of an environment suitable for effectively dealing with and helping officers who are experiencing problems.

Management's response to the issues of stress and suicide sets the tone for the agency. It is this management approach that allows members of a law enforcement agency to feel that they can openly and honestly deal with problems or, to the contrary, can close down the officer's response and willingness to seek help. For the executive, then, it is critically important to recognize that stress is an issue in law enforcement. Some officers reach such a point of desperation that the only resolution appears to be suicide. An effective agency deals with the problems of its employees.

It is the executive who fosters the feelings about what is right and what is wrong within our profession and the agency and about what is acceptable conduct and what cannot be tolerated. We recognize that police suicide frequently occurs because officers believe that they are facing insurmountable, unsolvable problems. Many times, those problems center around illegal, immoral, or inappropriate conduct. The conduct itself may, to that officer, signal a far deeper issue than that about which he faces serious consequences. As FBI former Special Agent Bill Hagmaier noted, "our officers are proud. They can handle their own guilt; they can't handle the shame" of their actions.

We as administrators define that shame, which may often include the stigma associated with one's inability to handle problems and the act, attempted act, or even thoughts of suicide.

While we recognize that there are other professions that are as physically and emotionally dangerous as law enforcement, we also must recognize that there are factors unique to our environment that impact the ability of officers to successfully reflect on and report feelings that can lead to suicide. In many agencies, officers distrust their administration and feel that their bosses do not care. Too often, we as executives send out mixed messages, encouraging officers to report situations in which they or their fellow officers are at an emotional crisis point, but then punishing those who do, removing them from routine duty, assigning them to a "rubber gun" squad and taking away their firearms and, more traumatically, their badge.

It is easy to understand some of the issues for law enforcement officers about suicide. The heart of our very self concept identifies us as action-oriented people who are problem solvers. We do not perhaps cannot perceive ourselves as individuals who have problems and consequently, when we find ourselves in our own personal crisis situations, we do not recognize or know how to handle them correctly. It is at that time that the perception of hopelessness and the belief that we have no other way out becomes most pronounced.

An additional issue that must be confronted centers around the use of mental health resources to assist police officers experiencing difficulties. It would appear that many officers distrust mental health professionals, doubt their sincerity and understanding of a law enforcement officer's job and believe that they are a pipeline of privileged information back to the departmental administration. Any successful intervention program requires us to successfully overcome such perceptions and expressed feelings, or the program will fail.

IDENTIFYING WARNING SIGNS

There are, of course, a number of behaviors which normally serve as warning signs for any officer under extreme stress, including:

- a sudden and extreme change in personality, for example, the gregarious officer who literally overnight becomes sullen and withdrawn;
- an increase in on-duty accidents or worker compensation claims;
- an increase in citizen complaints;
- an increase in complaints by fellow officers and
- expressed feelings of sexual inadequacy, impotence, or dysfunction.

There are still other behaviors that may telegraph suicidal feelings and of which we should be aware. Those officers reflecting prolonged grief or depression; those who give away their most important possessions, discuss plans for their funeral, or write wills; those who face the anniversary

of a significant emotional event (either professional or personal); those who openly express hopelessness or helplessness; or those who disconnect or isolate themselves from family, friends and colleagues. Similarly, there are clear personal circumstances that also should raise a red flag to the executive: upheaval in an officer's personal relationships; pronounced alcohol or substance abuse; a major internal or criminal investigation, which could result in arrest, termination, or severe disciplinary action; a history of psychological problems; or pronounced or perceived financial difficulty.

Are any of these behaviors clear and definitive expressions of an officer who is suicidal? No. Collectively, do they flag issues about which we should be aware and concerned? Undoubtedly. As police executives, it is imperative we both recognize and have a plan of action to handle the potential damage of such personal problems.

DEALING WITH SUICIDE

If we are to effectively deal with the issue of police suicide, we as executives must clearly face several issues within our organization. First, we must recognize that the organizational culture, from the chief executive on down, is what encourages our personnel to successfully deal with problems. The formal and informal tenets of the organization must support the recognition of officer problems and a willingness to effectively deal with those problems. For us as administrators, it is critical that we temper the need for firm management with an appropriate level of compassion and commitment to our personnel. It is equally important that we identify and minimize management and organizational practices that magnify, rather than mitigate, officer stress and the potential for extreme stress-related behaviors (see, for instance, Ayres, 1990, for a more detailed discussion of organizational issues and responses). If there is a "bottom line," it is that we must look upon good management practices and stress management programs as an investment in the organization and our personnel.

Within this context, we can no longer deny the problem. For too long, we as administrators and senior officers have told our folks, "if you can't stand the heat, get out of the kitchen". The reality for us is that, especially in the midst of the impact of Generation X on our profession, the ability of an individual to handle stress depends on a number of things: the severity and intensity of the stressor, how frequently it occurs and, most important, our pre-stress preparation. Too frequently, however, we as executives fail to prepare our personnel to handle the stressors so unique to law enforcement and from which some of them will never recover. Is it any surprise our personnel have difficulty handling the stress associated with post-traumatic stress, emotional upheaval in their personal lives, or the interpersonal conflict unique to the police role?

As part of this, we in law enforcement must recognize our responsibility for each other. Remaining silent when another officer is in crisis can have deadly consequences. Especially as

executives, we can neither afford to distance ourselves from our officers in time of crisis nor can we afford to send the message we simply do not care.

Police Culture

Changing the organizational culture also necessitates dealing with the stigmatization associated with seeking help. We cannot afford to penalize good officers who ask for help, nor can we afford to continue the reality of career ceilings, which have limited the potential of such officers in many agencies in the past. At the same time, however, we must acknowledge that, for some officers, it is in their and the department's best interest to find a profession more suited for their personality, temperament and skills. Most important, we as executives must assure that personnel who are truly dangerous to themselves or others are promptly removed from police service.

Over the last several years, we have looked upon community policing as a "new way of doing business". As we examine our interaction with the community and adopt a problem-solving approach to their problems, it is imperative that we also critically examine and challenge our internal mechanisms—how we deal with our personnel, how we intervene in their problems and how we prepare them to solve their own problems or know where to turn for help.

Training

A successful organizational response requires training. Not only must officers understand the issues, they must be able to recognize warning signs within themselves and their peers. As important, managers and supervisors must be able to identify the warning signs among their officers, understand methods by which successful intervention can occur and feel that their support of their personnel is both applauded and encouraged by agency executives; as is the case in every other issue involving police performance, it is especially the first-line supervisors who are the organization's "eyes and ears".

Additionally, it is important that we educate our governing bodies and others involved in the criminal justice community—judges, attorneys and police psychologists—about the issues, circumstances and successful treatment of the stress that can result in suicide. Most important, we must provide the same training, care and compassionate understanding to police families, who bear the brunt of their loved ones' crises.

As part of our departmental response to suicide and stress management, we must recognize that it begins, literally, at the beginning of a police officer's career. Too frequently, the signs indicative of an inability to handle stress can be recognized in an officer's background—if we bother to do a comprehensive and accurate background investigation. Some of the same signs can occur during the officer's field training and probationary periods—again, if we use those critical times to

screen out those personnel who should not remain in law enforcement. The tools to anticipate and manage the stress of our personnel exist today if we are willing to use them.

Employee Assistance

We must develop and implement effective employee assistance programs. Programs, which both offer practical assistance and can be used successfully by officers to deal with their problem. Programs that meet the true issues underlying the hopelessness leading to suicide: financial difficulties, interpersonal relationships, substance abuse and significant personal and professional trauma.

Sadly, in spite of our knowledge about the impact of stress on officers, we must acknowledge that the presence of a formalized stress management program still does not appear common in all police agencies. Yet, the development of such a program is critical to the protection of our law enforcement professionals. The use of effective employee assistance programs, trained peer counselors, critical incident stress debriefings and coordinated programs of fitness and diet are necessary to the mitigation of the effects of stress and the prevention of its negative manifestations.

A comment about police psychological services is appropriate here. As we examine the mental health of our personnel, we must recognize the need to carefully bifurcate our efforts and the role of the "helpers." On the one hand, it is important to use in-house or contract psychologists to perform preselection assessments, fitness for duty examinations and similar agency-controlled evaluations. On the other hand, to ensure a willingness of officers to seek assistance and assure both trust and confidentiality, separate psychological services, again by contract or through the department's insurance carrier, should be provided to officers, as individuals. In both cases, however, an understanding of police agencies, the police role and the working personality of a police officer is necessary for the mental health professional to succeed.

Research

Finally, we must undertake an adequate study of the issue and fully understand the nature and extent of police suicide. A law enforcement officer who kills himself in the line of duty or as a result of "the job" is just as dead as a law enforcement officer who is killed by a "bad guy." Too often, the death is just as preventable. As we attempt to understand this dangerous phenomenon, it is imperative that we develop a clearinghouse—perhaps within the Federal Bureau of Investigation or National Institute of Justice—that can assemble, analyze, assess and actively promulgate the facts surrounding this loss of police officer lives. It is critically important that we develop a national methodology by which we can identify and analyze those deaths, including among retired personnel and provide information to the living: our officers, our executives and their families. Perhaps nothing is as important in the understanding of the profession of law enforcement than the fact that we use our knowledge to become capable of assuring the protection of our own.

CONCLUSION

In summary, stress is an expected and acknowledged part of our law enforcement profession. In its most extreme form, especially when combined with an emotional crisis in an officer's personal life, it can result in an officer committing suicide. It is incumbent upon each agency executive to understand the nature of such events, recognize potential warning signs and develop effective measures of intervention and mitigation in order to ensure a life-engendering organization and mentally healthy personnel.

Police Suicide: Assessing the Needs of the Survivors

Teresa T. Tate

Abstract: There are many calls for police assistance in a night, but one of the most disturbing is when a police officer has died by suicide. The actions and reactions of everyone from the police chief down to the patrol officer will be remembered forever by a survivor. This article discusses the results of a study conducted by Survivors of Law Enforcement Suicide (SOLES) and makes recommendations to prevent or reduce survivor trauma based on that study. The trauma that survivors experience may stem from seeing horrifying sights at the scene of suicide, being improperly notified, hearing about department speculation, or feeling that the department has exhibited a lack of compassion toward survivors.

Key words: survivors, trauma, prevention, police suicide, law enforcement

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Police Suicide: Assessing the Needs of the Survivors

INTRODUCTION

There are many calls for police assistance in a night, but one of the most disturbing is when a police officer has died by suicide. The actions and reactions of everyone from the police chief down to the patrol officer will be remembered forever by a survivor. The trauma that survivors experience may stem from seeing horrifying sights at the scene of suicide, being improperly notified, hearing about department speculation, or feeling that the department has exhibited a lack of compassion toward survivors.

THE SUICIDE SCENE

When the suicide has occurred in the home, the trauma that is inflicted upon the survivor is insurmountable. Either the suicide has occurred with a family member present or the discovery of the body was made by the spouse or children. In either case, the survivor has seen the results of a traumatic death and, on occasion, has witnessed the officer still breathing. In these cases, the trauma has begun with visual and perhaps, audio repercussions.

For those who have witnessed the act, they usually will have physical evidence on their hands, face and clothing. Responding police officers arriving at the scene will separate the survivor from the dying officer and then begin interviewing. If the officer is still alive, he will be transported to a nearby hospital. A surviving spouse wants to be near the officer's side in hopes that the loved one's life will be saved, but the spouse usually is detained at the home for questioning.

During police questioning, survivors are distraught and in shock. They want to clean themselves and change clothing. However, due to police procedures, most survivors are transported to a police station for fingerprinting and tested for gunpowder residue. Survivors do not understand this procedure. They have just witnessed a traumatic event and being thought of as a suspect is inconceivable. It is imperative that fingerprinting and any other physical tests be completed immediately upon arrival so that survivors do not have to endure the sight and smell of blood for a lengthy period of time.

While at the scene, survivors may become agitated with the questions and the number of police officers in their house. If the officer lived in one jurisdiction and worked in another, there will be twice as many police officers in the home working the scene and questioning the survivor. It is important to understand that the survivor's lack of response to questions may be due to shock and the inability to think clearly. Standard police reports require information such as social security number, date of birth and mother's maiden name. However, if survivors are in shock after seeing a traumatic death, they may be unable to recall basic information.

NOTIFICATION

In a study conducted by Survivors of Law Enforcement Suicide (SOLES, 1998), it was discovered that 69% of police suicides occurred away from the home. The reasons may not be well known, but one could guess that officers wish to preserve the home for the surviving spouse and children. It also protects the family from the trauma of discovering the body. Although suicide is an irrational act, it would seem that a rational sense was present prior to the death.

When the suicide occurs away from the home, there appears to be less trauma inflicted upon the survivors. Police officers tend to complete the act in their police vehicles (both on and off duty) or in close proximity to the police station. Survivors are spared the emotional and physical task of cleaning and repairing the area surrounding the body.

When making notification to the survivor, it is best to have a high-ranking officer in the department, a police chaplain and a crisis counselor or a victim/witness advocate. To ensure the privacy of the survivor, an unmarked police car should be used. Delivering such tragic news to a parent or spouse can bring on an immediate attack of anxiety, panic, or even a heart attack. An ambulance should be available and parked at least one block away from the site of notification. An ambulance or marked police car parked in the driveway creates curious neighbors and potential media problems. The ambulance should be released only when survivors have regained temporary control of their emotions and begin to ask questions and call family and friends for support.

In cases where the officer is divorced and has children with the previous spouse, notification should still be made to the ex-spouse if at all possible. The SOLES study found that 11% of police officers who completed suicide were divorced and 65% had children. Making notification entails more than telling a survivor that a loved one is dead. The officer's children need to be notified, preferably by the surviving ex-spouse, in a compassionate and understanding environment. In one case, a 43-year-old divorced police officer completed suicide while on duty. Official notification was made to the officer's girlfriend, who was also a police dispatcher. The girlfriend telephoned the officer's 19-year-old son at work to tell him that his father was dead. It then became the burden of the son to notify his mother and siblings of their father's suicide.

In time, survivors will develop a need to know specific details of the officer's suicide. If the suicide occurred without any warning signs, survivors may not truly believe that the officer is dead. Doubt will continue to grow within their minds until they have convinced themselves that the officer was murdered and the death was made to look like a suicide. Survivors will request to review the investigative files, including photos of the scene, as well as detailed autopsy reports. Survivors have a need to know what clothing the officer was wearing. Although most survivors can assume what clothing was worn, they need proof and validation. They have a need to know the details of the area surrounding the body. They will scrutinize the photos to look for suicide notes, position of the body and whether or not the death was immediate. Sensitivity and compassion in showing the photos to

survivors can be achieved by asking them what information they wish to obtain from the photos and reports. It is best to allow survivors to review the photos on a weekend when staffing is at a minimum. It is important to understand that these are needs of a survivor. This is not curiosity. This is the initial step in the process of accepting death by suicide for a survivor. When a police officer completes suicide, grief is felt not only by the family but also by members of the police department.

SPECULATION

Many times, a suicide occurs without warning signs—or perhaps the signs are not recognized by those close to the officer. The act of suicide raises many questions. However, in cases where a police officer took his own life due to involvement in criminal activity, it is easy to conclude why it happened; in such cases, there are no unanswered questions and there is no misplaced blame. There are a few cases where the officer commits suicide due to being arrested for criminal violations; however, the vast majority take their lives due to depression, alcohol abuse, stress, or on-the-job injury. It is difficult to understand why officers who put their lives on the line every day, would choose to commit suicide. For many police officers, the question of one's own mortality begins to intrude into their thoughts. They question what would prevent them from taking their own life.

What could be so wrong in an officer's life that he could make this decision? Did the officer have an incurable disease that no one knew about? Were there marital problems? Financial problems? Not knowing why a suicide occurred begins to increase speculation. Police officers have a tendency to create justifications when they are not able to find the immediate truth. It is at this point that blame for the officer's suicide shifts to the survivors: namely, the spouse. By placing uncertain blame on the survivor, the police department has compounded the trauma. The survivor becomes defensive, distrustful, isolated and bitter toward the department. Survivors who were once part of the police family now find themselves struggling to understand the reactions of its members. It is imperative that speculation be replaced with facts so survivors can avoid this turmoil.

It is unfortunate when blame is placed upon survivors. Suicide is a personal and individual act. Emotional damage is placed not only on the spouse, or perhaps the ex-spouse, but on the children as well. Survivors can determine quickly how the police department is handling the officer's suicide. Situations where newspaper articles have quotations questioning the stability of the officer's marriage will appear in the form of an anonymous source and unofficial statements. If police departments choose to not participate in the officer's funeral, the family perceives this as abandonment and even shame. The degree of involvement should be based on the officer's life and respected career, not on the way he died.

At the memorial service for a 6-year veteran police officer, the spouse surveyed the church and saw familiar and unfamiliar faces, but could only see two police uniforms. The spouse believed that members of the department did not attend the service. Although the officer's peers were in

attendance, the spouse later learned that the officer's supervisor prohibited them from wearing their uniforms. The two uniformed officers were the chief and a state trooper who also was a neighbor.

In another case, a departmental memorial service was conducted for a police officer who completed suicide. Because the officer was divorced, the department extended the invitation only to the officer's parents, neglecting to invite the officer's two teenage children. The parents requested the invitation to include the children, but the department chose not to do so. Needless to say, neither the parents nor the children of the officer attended the service.

In both cases, supervisors within each department made decisions that were based on their own judgements and not on the needs of the survivors. Police departments need to be aware that their actions can cause additional and unnecessary trauma to the survivors.

CAUSES OF POLICE SUICIDE

Depression

Over the years, a police officer encounters many types of people—criminals, witnesses and victims. On a daily basis, they deal with an angry public, prejudices, disrespect and a judicial system that may fall short of their expectations. There are those who begin to lose the desire to "serve and protect." Although it may not be noticeable by supervisors and peers, the changes start to surface at home. The SOLES study found that 81% of police officers who completed suicide were married at the time of death. Survivors have acknowledged that their spouse began to show two personas prior to the death. One persona was shown while on duty and the second when off duty. This off-duty persona may include traits such as isolation, lack of communication and loss of self-esteem. The symptoms may include headaches, stomachaches, lethargy, loss of appetite and irritability. If symptoms of depression were not identified by the survivor prior to the death, it is normal behavior for survivors to dwell on guilt. They second-guess their judgement and lack of knowledge in dealing with their depressed loved one: "If I had not gone to work, he would be alive"; "It was wrong to wait for the doctor to return my phone call. The emergency room would have been a better choice"; "I thought I had taken all the guns out of the house". This guilt may have a lasting effect when compounded by unjust blame.

One young police officer who had symptoms of depression consulted a family doctor. The doctor discussed prescribing antidepressant medication. The officer, knowing that his department was conducting random drug tests, refused to take the prescribed medication for fear of losing his job. Within 3 months, the officer had completed suicide.

In another case, a 16-year veteran officer was diagnosed with depression and paranoia. The officer was continuing to work patrol while taking the prescribed medication. The department was unaware of the officer's condition and the fact that he was being treated for this illness. For reasons

unknown to the spouse, the doctor instructed the officer to discontinue the paranoia medication. The officer completed suicide a week later.

There also was the case of the 35-year-old police officer who had taken a few weeks paid leave to undergo psychiatric counseling and to begin treatment with medication. Unbeknownst to the department, the officer was receiving psychiatric care for depression. The spouse stated that the medication seemed to make the officer more irritable; within 4 days, the officer completed suicide.

It is understandable why these officers chose not to inform their supervisors that they were being treated for depression. It is a known fact that police officers undergoing psychiatric counseling are removed from patrol, must surrender their firearm and must pass a fit-for-duty exam. Each of these officers believed that their reputations would be ruined, that their peers would display apprehensive behavior towards them and that their careers would never advance. Therefore, by keeping their depression and psychiatric treatment secret, they left the survivors to defend the actions of their loved ones and eliminate the blame placed upon them. It is unfortunate that in cases where treated and untreated depression was the cause of suicide, survivors must continue to protect their loved one's secrecy even after death.

In these noted cases, the police officers within the department were unable to foresee the events that led to these tragic deaths and began to speculate as to why one of their own would take his own life. As speculation grew, blame became a focal point for justification: officers thought that there must be one reason why this happened. And, the answer was never within themselves or within the department in which they all worked. The answer must, therefore, have been the spouse; the spouse caused this death. In the police officers, minds, justification has been achieved and blame has been placed. It is now understood why this officer completed suicide. Depression is not easily understood among individuals who have never experienced it. In these cases, the officer's peers were not aware of their own need to rationalize the suicide, nor that they were being unjust in placing the blame on the spouse. It is interesting to note that in cases where the suicide involved unmarried police officers, their peers did not place blame on the surviving parents. In fact, most surviving parents are treated with compassion and sympathy. It would seem that, in these cases, police officers are less likely to place blame and can more quickly move on to acceptance.

Alcohol Abuse

Studies have shown the existence of alcohol abuse is high among police officers (Violanti, 1996). It is a common sight to find a group of officers relaxing in a local bar after their shift has ended. Some officers would view this as nothing more than camaraderie, while others would view it as an understandable escape from the gruesome and horrendous events of a tough shift. It is a place to gather and forget all the pain that life has shown them. At what point does an officer go from social drinking to alcohol abuse? And, are some officers predisposed to become alcoholics? It is years of this behavior that finally takes their toll on the officers.

In one case, a 42-year-old police officer struggling with alcohol abuse separated from his spouse. The spouse, fearing that the officer's drinking was out of control, believed a marital separation would cause him to quit drinking and seek treatment. The spouse had no intention of divorcing the officer, but was unable to find another solution. The officer's partner was aware of the situation, but chose not to intervene. The officer committed suicide a week later.

In another case, a 26-year veteran police officer had an evening ritual of alcohol consumption. When he was off duty, he would sit at home and drink until he passed out. When he was on duty, he would stop at a local bar every night after work. On several occasions, the officer was stopped by state troopers for driving under the influence. In each instance, the officer displayed his badge and professional courtesy was extended. On one occasion, the trooper followed him home in order to ensure that he arrived safely. The spouse admitted that she wished he had been arrested for DUI and forced into an alcohol treatment program. Perhaps he would still be alive today; autopsy reports showed that the blood alcohol level was over the legal limit at the time of the officer's death. This could raise the question as to whether or not the officer was consciously aware of his actions; perhaps, being intoxicated simply provided the courage needed to complete the act. Although alcoholism is a disease, like depression, it is possible to overcome it with treatment programs.

On-the-Job Injury

In departments across the country, there are daily reminders of the dangers of police work. When a police officer is injured in the line of duty, the injuries may be as mild as scratches and bruises or as severe as bullet wounds. Wounded officers' emotional scars can vary as much as their physical scars. Many may be thankful that they survived; others may wish that they had not. The severity of the injury may cause chronic pain and emotional distress for years to come. Some officers may overcome the event, while others will remain bitter and angry. No two people will handle their trauma or their pain the same way.

A young police officer was permanently injured by an armed robber. Due to an error on his part, his partner was fatally shot. Because of the extent of his injuries, he retired on disability. To control the chronic pain of his injuries, he had to take a multitude of various medications. Although the officer maintained friendships within the department, he struggled with survivor's guilt. He was unable to forgive himself for the death of his partner. After 5 years of battling depression, pain and guilt, the officer completed suicide.

Although suicide is preventable in many cases, it is inevitable in some. A physical injury may end an officer's career. Disabled police officers must choose to accept their new lifestyle and apply new goals to keep them motivated. There will be officers who cannot achieve this acceptance and sadly, a life will be lost to suicide.

DISCUSSION

Each suicide affects many people: spouses, children, parents, siblings and friends. And, what is the effect on the police family? Over time, survivors may seek psychological counseling, participate in support group meetings, attend seminars and even explore self-help books in order to cope with their loss. Although they may never have a clear answer as to why this death occurred, they may begin to have an understanding of the events that led up to the death. However, police officers usually do not explore alternative methods to understanding the suicide. They accept many inconclusive reasons. Not knowing why an officer has chosen to take his own life allows the officer's peers to justify the death in their own way. Whether that justification is correct or not, it provides officers with less of a sense of vulnerability.

Although suicide cannot be prevented in all cases, programs need to be implemented to reduce the staggering number of incidences that have occurred over the past decade. While the statistics are alarming, lessons can be learned from those unfortunate circumstances that led up to the officer's suicide. Factors including depression, alcohol abuse and injury are all underlying causes which may or may not be identified in time, therefore, leaving room for speculation as to why an officer took his own life. In the absence of clues and warning signs, it is human nature for officers to invent justification to protect themselves from their own mortality.

CONCLUSION

When a police officer commits suicide, the department has a responsibility to its members, as well as to the officer's family. Chaos and speculation will undoubtedly surface within 24 hours after the suicide. Every department should implement a plan to meet the needs of the family, as well as guidelines to ensure counseling is available to the officer's peers. Whether a police department has 10 officers or thousands, compassion and sensitivity to the survivors are of utmost importance to their grieving process. A positive response to the needs of survivors will allow them to grieve without misdirected anger and bitterness toward the department. The actions and reactions of the police "family" will forever be embedded in the memory of the survivors as they begin their journey toward healing.

Developing Policy to Combat Police Suicide

Ronald R. Thrasher

Abstract: *Decisions to enter the law enforcement profession, selection processes, training rituals and stress-coping techniques illustrate the well-defined culture of today's police professional. Unfortunately, this same culture contributes to a process of self-destructive behavior. This article presents police suicide not as an event, but as a socialization process of learned behavior within the culture and environment of modern policing. I describe the learning and reinforced learning involved in each phase of the police career. By presenting depression, stress and inadequate coping skills as learned behavior, positive coping mechanisms emerge that can be incorporated into police policies and procedures. Policy is presented as a holistic prevention approach. Suggestions emphasize education, training and the need to develop interests and activities outside the police culture. Policy also addresses the need for peer support groups, spouse academies, ride-along programs and mandated usage of employee assistance programs.*

Key words: police department policy, prevention, police suicide, law enforcement, suicide

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Developing Policy to Combat Police Suicide

INTRODUCTION

Police recruits represent the best young men and women that our communities have to offer. No rite of passage equals that of becoming a police officer. Decisions to enter the law enforcement profession, selection processes, training rituals and stress-coping techniques illustrate the well-defined culture of today's police professional. Unfortunately, this same culture contributes to a process of self-destructive behavior. Different cultures engage in self-destructive behavior at different rates. This article will begin to outline a social, psychological, biological and environmental model of the police culture to provide the understanding and the information necessary to construct policy and procedures to reduce the number of police suicides within the United States and abroad.

This article explores the phenomenon of police suicide not as an event, but as a socialization process. I begin by reviewing how the role of the police officer is learned and by describing the application process necessary to enter the police profession. I then deconstruct the police academy and the police training experience as a process necessary to become a seasoned officer. Finally, I examine the never off-duty world of the "rookie" police officer, describe how this world changes throughout a police career and explain how this culture contributes to self-destructive acts. Finally, a prevention model emerges that, if successful, should reduce the loss of our communities' best young men and women to suicide.

ENTERING THE POLICE CULTURE

Deciding on a police career involves an initial process of learning the role of the police officer. In 1986, Albert Bandura proposed one of the most comprehensive and applicable theories of imitation and learning. Bandura felt that we generally learn by observing others in a four-step process. We begin by *observing* an action, situation, or behavior. We cognitively *code* the behavior in a retention process that relates the new memory to other similar occurrences and then *plays out* the behavior in a mental performance. Learning takes place when we actually *act out* or physically perform the learned behavior.

Learning

Both the learning and the behavior become reinforced each time we observe, mentally rehearse, or physically act out the learned behavior. The more significant (important) another person is who acts out a behavior, the more attention we pay and the more likely we are to learn and act out the observed behavior ourselves. Police aspirants generally observe and learn their police roles or police behavior from two sources.

Sources of police learning include "war stories" and the media. War stories generally are factual accounts of humorous or exciting on-duty experiences. Police officers tell war stories that often get better and more exciting with each telling. Considering that having a close friend or relative in police work constitutes a significant motivator to enter the police profession (Thrasher, 1992), war stories both define the police culture and influence the decisions of many young people to pursue a police career.

The media also influences the decision to enter police work. Television and the movies are never without a new release or series involving law enforcement. Working with police interns, I found that following the release of the movie *Silence of the Lambs,* suddenly every high school and college police intern wanted to become a psychological profiler and work for the Behavioral Science Unit of the FBI.

Both war stories and the media portray the police role as constantly heroic and life-threatening. Officers make instantaneous life and death decisions under the threat of oppressive government, administrative bureaucracies and the potential of civil litigation. In spite of these obstacles, the rogue officer many times breaks the rules, "damns the torpedoes," makes the arrest and saves the day. Many individuals rely on this information to make the decision to enter a police career.

Socialization

Learning the proper role is a very important part of the socialization process into any culture. James Coleman (1989) described a culture composed of upper-level corporate managers that facilitates—through stress and competition—the transformation of bright, law-abiding industry leaders into white-collar criminals. Forsyth and Elliott (1999) describe the ways a dangerous, abnormal behavior such as bulimia, becomes normalized and accepted in cultures composed of cheerleaders, models, dancers, or sorority members. For the police officer, misconduct and self-destructive behavior emerges both from the power of social forces and the breakdown in social norms.

In 1897, Emile Durkheim found that rates of suicide varied between groups of people dependent upon culture, social interaction and the breakdown in social norms. In other words, groups of people more closely regulated by social norms or rules like Catholics, Jews, the poor and the married, commit suicide significantly less frequently than those less restrained by rules: men, Protestants, the wealthy and the unmarried. Generalizing from this theory, police who are given more power and discretion to violate general social patterns would be more likely to commit suicide. However, learning the police culture (including learning the discretion to violate social rules) continues past the decision to enter police work.

Selection

Once the decision to enter law enforcement is made, the application process begins. This process varies between law enforcement agencies, but usually consists of many of the following: a written test; an oral interview; a visit to an assessment center; a physical agility test; a medical examination; a drug screening; a background investigation; an in-home visit and interview and a psychological evaluation.

Interestingly, the selection process reinforces many of the role expectations and the freedom to violate social patterns learned from war stories and the media. For example, many written tests, oral interviews and assessment centers emphasize issues surrounding the use of deadly force, doing the "right" thing versus the legal thing, professional courtesy and so on.

Nevertheless, the law enforcement selection process represents a long and intense ordeal designed to select the very best police applicant. Few professions invest these resources in their selection process. It is this process that ensures that our police recruits are among our communities' best and brightest. This also negates the argument that police commit self-destructive acts because of a preexisting psychological condition. Following the selection process, we invite these recruits into our culture. Initiation begins with the police academy.

TRAINING THE POLICE RECRUIT

Formal training often begins with the police academy. For all but the largest agencies, academies are located far from home, family and the recruit's social support system. Academy programs are long, often lasting 3 or more months. Recruits become isolated, having contact only with other recruits and veteran police role models (instructors) within the police culture. Status among the recruits quickly develops, with the highest status given to those recruits with some street experience (or the ability to demonstrate street experience by telling war stories). Stories are always humorous or exciting and generally follow and reinforce those themes previously experienced in the media, in other war stories and through the selection process. The academy experience also includes formal instruction.

Classes cover Constitutional law and criminal investigation. Classes also include self-defense, first aid, officer survival, weapon training, patrol procedure, emergency vehicle operation, the use of force continuum and other topics. These classes many times reinforce those lessons of threat and excitement learned from war stories, the media and the selection process. Reinforcement becomes enhanced by the presentation from the respected authority of the police academy instructor. Common themes that recur in many of these classes include:

- keep your distance;
- maintain a defensive stance;

- keep a survival attitude;
- keep your gun hand free;
- leave yourself an exit;
- use light properly;
- always watch their hands;
- be aware of your surroundings;
- control your contacts and
- stay alert, stay alive.

Following graduation from the police academy, recruits return to their departments and generally enter into an FTO (field training officer) program. Field training programs consist of 3 or more months of structured on-the-job training under the guidance of an FTO. Field training officers reinforce the same lessons. Interestingly, reinforcement most often takes place absent any life-threatening situation. The constant message from the field training officer is that even during long, boring shifts, the next radio call or the next traffic stop could take your life.

And, the training officer is correct, police work is hazardous. Officers must remain alert to possible dangers. Even though weeks, months, or years go by without a serious incident, the next traffic contact may prove deadly. For this reason, this constant state of alertness must be maintained. However, over time, this emotional readiness takes its toll on both officers and their families and friends.

BECOMING A POLICE VETERAN

Rookie officers learn that at any moment a situation can threaten their life, the life of another officer, or the life of a citizen. Therefore, officers spend their every working shift in a constant state of heightened anxiety. Whether anything happens or not, this anxiety remains reinforced by prior learning, officer war stories, the media, the application process, the academy and in-service training. By the end of an 8, 10 or 12-hour shift, officers find themselves emotionally (if not physically) exhausted. At this point of exhaustion and depression, the duty shift ends and officers go home.

Once home, emotionally exhausted officers find ways to cope with their emotional roller coaster. This is not to suggest that each of us do not have our emotional ups and downs. For the on-duty officer, the ups are "fight or flight" emotional levels that remain throughout an 8, 10 or 12-hour shift. For the off-duty officer, the downs are almost depressive emotional levels that require either a chemical fix or a long rest for recovery. Even during a long and boring shift, anxiety in the form of guilt develops as on-duty officers fight boredom while knowing that they should be at a heightened state of readiness.

Kevin Gilmartin (1986) expresses this emotional cycle of police behavior as a model of the autonomic nervous system. Gilmartin's model which he calls the "sympathetic/ parasympathetic pendulum," graphically represents a cyclic pattern with little time spent within a "normal" emotional range.

Gilmartin describes families who fail to understand why officers who love their job return each day depressed. Families see dramatic behavioral changes when the officer comes home from work. After work, the emotional recovery needed by the officer may cause the officer to simply shut down or to shut out family and friends for the relaxation offered by mindless television, the Internet, or video games.

John Violanti (1997) suggests that over time, officers may become obsessed with, or addicted to, the "rush" of police work, which contrasts with the dullness and boredom of life otherwise. Violanti concludes that even though officers may fall short of a diagnosis of post-traumatic stress disorder (PTSD), repeated exposure to isolated traumatic episodes increases risk of homicide, suicide and suspicious accidents. Because officers learn to heighten their readiness for danger while on duty absent any immediate threat, PTSD symptoms can emerge absent exposure to actual traumatic events.

Officers also learn to overcompensate in other ways, with drugs, anxiety addiction, or inappropriate behavior. Abused drugs may include beer or prescription medication, which may be used to recover that "fight or flight" alertness experienced on the job. With anxiety addiction, officers begin to crave the high, the adrenaline rush of being at work. Wilson (1980) describes a similar phenomenon involving Vietnam veterans, whom he calls "action junkies". For the police officer, this action high may be regained by riding with another officer after shift or by getting together with off-duty officers to exchange war stories. These officers are never without their badge, handcuffs and gun and they often install scanners or police radios at home and in their personal vehicle. As the addiction becomes more powerful, officers also may engage in some type of forbidden, illegal, or otherwise inappropriate behavior.

Interestingly, after years of experiencing the worst of the human condition on the job, officers may come to feel entitled to a "little frivolity" on their own time. Although Joseph Wambaugh's term "choir practice" is unknown to many younger officers, the scenario Wambaugh describes in his 1976 book *The Choirboys* often is repeated in real life. Entitlement issues sometimes lead to spouse abuse in the home or problems on the job, such as pilfering or feelings of entitlement to special assignments.

Once officers cross the threshold of inappropriate behavior, feelings of guilt and vulnerability deepen the depression. When families fail to understand or when they react negatively, officers' substance abuse may increase, or they simply may choose to no longer go home. The ultimate self-

destructive act becomes something that has been experienced and normalized in the officers' on-the-job experiences—death.

Police officers experience every manner of death. In the police jargon, death becomes nothing more than "checking out," "getting smoked," or "sucking on a .38." Both this language and these experiences normalize death as an ever-present option to solve the spiral of depression. Normalizing death may seem odd, but it can happen in close-knit social groups. In a close-knit social group in 1997, David Moore convinced 38 people to take their own lives by convincing them that they would be able to jump aboard a spacecraft hiding in a comet's tail. Many victims of depression feel lonely, isolated and vulnerable, yet also defensive. Victims encounter extreme stress-frequently without the experience or tools to cope adequately. Absent coping skills, these victims frantically search for any experience or normalization to escape their victimization. Police officers who see their thoughts and behaviors becoming self-destructive may gradually begin to view themselves as victims of their environment and suicide as nothing other than a "normalized" way out.

Police officers also learn to take control of every situation, even if control means the use of deadly force. When an officer becomes a victim, the need to take control persists. Additionally, many situations encountered by the patrol officer lack the opportunity for patience. The officer feels an urgent need to fix the problem, write the report and answer the next call. This sense of immediacy often persists even when the feelings of hopelessness, helplessness and victimization are most extreme. For police officers, the use of deadly force to resolve an otherwise hopeless situation becomes as close as their holster.

STUDYING THE SUICIDAL OFFICER

Over time, a number of profiles of the suicidal officer emerge. In 1995, Brent Turvey described the typical suicidal officer as a white male, 35 years of age, who is assigned to patrol duty, has marital problems and has experienced a recent loss or disappointment. Other attributes include:

- alcoholism;
- impending retirement;
- administrative inconsistencies;
- aging/physical illness;
- mental problems;
- shift work;
- negative public image;
- exposure to death/injury;
- firearm availability and
- drug abuse.

These attributes fit into several models that describe stages of officers' careers and the associated stages of their life. Today, many officers enter law enforcement after trying the military, another job (the one their parents envisioned), or college. This places the entry officer's age near 25. At 35, an officer is about halfway through a 20-year police career, the ideal age for a midlife crisis.

Violanti lists four stages in an officer's career. The first is the Alarm stage, in the first 5 years, when officers attempt to cope with real-life experiences and situations. The Disenchantment stage, up to 13 years, involves attitudes of distrust, suspicion, cynicism and hopelessness. The Personalization stage, up to 20 years, includes less worry and fear of failure and more emphasis on a personal life away from police work. Finally, the Introspection stage of the 25 year plus officer allows the officer to look back on a career with very little emotional attachment.

Niederhoffer (1969) also suggests four stages of the police career. Pseudo-cynicism represents the academy stage, where the recruit officer barely conceals the idealism and commitment beneath the surface. Romantic Cynicism lasts up to 5 years, as the officer learns the job. Aggressive Cynicism generally lasts up to 10 years when officers experience a subculture of cynicism complete with resentment and hostility. Finally, those officers who survive enter the Resigned Cynicism stage, when they begin to accept the flaws of the system.

Wilt and Bannon (1976) critique Niederhoffer's terminology, preferring to use the term "realism" rather than "cynicism". Wilt and Bannon see police recruits becoming socialized into a police culture that differs from the police academy. The difference comes from experiencing the harsh realities of street violence and the world of internal police politics.

From a profiling perspective, during the first 5 years on the job, most officers experience 1 to 2 years of academy, FTO and in-service training. For the next 3 years, officers undergo the many new experiences that the job demands. At 15 years, those officers remaining in the profession experience much of the stress that the job offers and they begin to see the light of pension and retirement. The critical period of the police career remains that time from 6 to 14 years on the job, when most officers have reached their 35th birthday and when job hopelessness, helplessness and cynicism are highest.

In addition to issues surrounding midlife crisis, police officers with 5 to 15 years on the job now know what the job offers. They also know only those "buck up" coping skills learned from war stories, the media and training.

A MODEL OF PREVENTION

The challenge for the police administrator becomes to develop policies and procedures to reduce the incidents of officer misconduct and suicide. Unfortunately, suicide becomes so ingrained

in the socialization process of the police culture that preventive techniques must be incorporated throughout seemingly unrelated policies, procedures and training throughout the police career.

First, the mystique of police suicide must be dismantled, discussed and understood. If officers are between two to eight times more likely to die from their own hand than that of an assailant, we must train our officers to understand and be alert to these phenomena. Training must begin with recruits at the basic academy. FTO programs must reinforce this training. Training must include the officer's spouse and intimate social support networks, as well as first-line supervisors who influence and evaluate officers' on-the-job performance.

Too often, supervisors reward those officers who become overinvested in the police role absent any investment in a personal life away from the job. These officers issue more tickets, make more arrests and seem always available for extra last-minute duty assignments. Supervisors reward these officers with excellent evaluations, preferred assignments and public accolades before fellow officers. Although this dedication and behavior should be acknowledged, supervisors also must be alert to the possibility of destructive overinvestment. When overinvestment is suspected, it must be reported.

Supervisors and police managers also must become more sensitive to today's more intuitive, more highly educated police recruit. Explanations and reasons for general orders, policy changes and assignment changes literally mean the difference between life and death for the over invested officer. Officers must not only become involved in department management but more involved in their communities as well.

Policy must emphasize community and community policing philosophies. Policy should be written to break down the us-versus-them boundaries that define the police mystique. Foot and bicycle neighborhood patrols, spouse/citizen academies and ride-along programs help to display the officer as not only a real person but also a community member. These programs also present community members to the officer as resources, rather than as enemies to be avoided.

Departments must encourage outside officer activities. Officers must discover through their own experiences a world away from police work. Playing on a police team in an athletic league or volunteering on a civic board can provide positive experiences to the officer whose world otherwise consists of chasing burglars, arresting drunks and responding to domestic abuse calls. Other opportunities include educational incentives, which can provide new associations with common goals, differing thought perspectives and the means to security and meaningful employment following a successful police career.

Police supervisors and administrators also must put order in the otherwise unordered world of the officer. Durkheim showed that the breakdown in social norms increases suicide rates. Officers repeatedly experience people violating social norms. Officers themselves must be held strictly accountable to legal, moral and ethical standards, as well as to departmental policies and procedures.

Officers must receive positive reinforcement for appropriate behavior. Swift and certain acknowledgment of even minor transgressions also must be used as a tool to maintain the officer's personal integrity and to put order in the officer's seemingly unordered world. Punishment for violations should not necessarily be severe, but positive and progressive. Effective behavior-modifying techniques involve the swiftness and certainty of disciplinary action, rather than its severity.

Because officers operate in the sympathetic and parasympathetic regions of the nervous system, critical incidents must be recognized and addressed. Employee assistance programs, peer support groups and critical incident response teams must be in place and available when needed. Supervisors also must be sensitive to which officers may need these services. For example, officers who must remain in their patrol district, knowing that another officer is facing a critical incident just a short distance away but being unable to help, experience trauma: this must be recognized.

Finally, we must encourage a wellness program for our officers. Many of our officers experience stress, hypertension and obesity. Training must include the need for proper nutrition, stress management and exercise. Incentives for physical agility or 1 duty hour for aerobic physical exercise during a 10-hour shift overlap provide a start.

DISCUSSION

The phenomenon of police suicide involves a socialization process into a culture where social rules break down and self-destructive behavior becomes normalized. Awareness, education and policy changes can impact the police culture and help protect officers from suicidal behavior. Suggestions summarize areas where policies can and must be addressed include:

- training police recruits, their spouses, their supervisors and administrators about the processes and issues surrounding police suicide;
- encouraging community involvement and community policing philosophies;
- encouraging outside activities, such as sporting teams and continuing education;
- making available and supporting the use of employee assistance programs, peer support groups and post critical incident intervention assistance;
- sensitizing supervisors to be alert to the overinvested officer and to make appropriate professional referrals and
- developing and encouraging an employee wellness program.

CONCLUSION

Suicide represents an occupational threat to the police profession. Police officers must become aware that suicide represents a greater threat to their safety than the armed assailant. Negative stigmas must be broken down. Policies addressing survivor benefits, funeral arrangements

and employee assistance must be written well in advance of an officer suicide incident. Policies and programs for prevention, intervention and for survivors actually teach a police culture the true nature and dimensions of the police suicide phenomena.

These suggestions will not eliminate police suicide. My hope is that they will begin to save more of our communities' best and brightest: our law enforcement professionals.

ORGANIZATIONAL APPROACHES

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SECTION TWO

PSYCHOLOGICAL APPROACHES

INTRODUCTION

Mental health professionals experienced in law enforcement matters agree certain aspects of police culture contribute to officer suicide. Recruits routinely assimilate certain attitudes and perspectives at training academies and while interacting with their more experienced co-workers. These attributes help new members fit into their respective departments. Pride, control and self-reliance are qualities organizations not only seek in their aspirants but cultivate in their selectees. Generally, they help officers succeed. Unfortunately, these job virtues can become personal liabilities when misapplied. Too often, they become so internalized, officers become incapable of seeking help when they need it. Their self-concepts simply will not allow them to surrender control to somebody seeking to help them.

The articles comprising this section explore the psychological aspects of police suicide. The articles dealing with Posttraumatic Stress, Secondary Traumatic Stress and Domestic Violence provide insight into some of the major precipitating factors of police suicide. Two articles deal with suicidal ideation. Other articles deal with the assessment of suicide risk among police officers and barriers to mental health interventions. Three of the articles deal with suicide after the death of the police officer through the use of psychiatric/psychological autopsies and the postvention phase of professional involvement.

Although the perspectives of these articles diverge widely, they have a common purpose. They give us insight into the psychology of suicide. What cops think and feel determines what cops do. Tragically, all too often, they believe no alternatives exist for them We know better.

Barriers to Effective Mental Health Interventions That Reduce Suicide by Police Officers

Stephen F. Curran

Abstract: When the round entered the head of this officer, two of his children and estranged spouse already lay dead. Weeks later, a recruit in the residential training academy was found hanging by the neck. The 1,500 stunned officers in this law enforcement agency looked for answers to their disbelieving questions. These events occurred more than 15 years ago. Suicide by officers became the genesis of a confidential counseling program for officers and their families. However, 10 years after these tragedies, the same agency halted department-sponsored confidential counseling and shifted to a "gate-keeper," nonconfidential service delivery model. Within 2 years, three more officers—one female and two male veteran officers—took their own lives. This agency provides a near-perfect "A-B-A" research design where the intervening confidential agency-supported counseling program contributed to no suicides among law enforcement officers. This article describes five barriers to obtaining effective mental health treatment. It also describes the disastrous results of these barriers and provides implications for organizational interventions.

Key words: managed care, confidentiality, police suicide, law enforcement, suicide

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Barriers to Effective Mental Health Interventions That Reduce Suicide by Police Officers

INTRODUCTION

The incidence of suicide by police officers is the subject of controversy. Data collection is unreliable, but planned prospective and epidemiological studies will better address the rate of suicide. What is certain is that death by suicide causes both immediate and long-term effects on the family, peers and the organization. Why are officers killing themselves when effective mental health treatments are available? There is no one explanation, but consider the evolution of barriers at a time when the interventions are best. A prediction of fewer suicides would be reasonable when considering the advances in both pharmacological and cognitive-based treatments for mood disturbances. The results appear to be quite opposite. Let's consider in this commentary the following barriers to effective interventions, beginning and ending with the officer as a major factor.

THE OFFICER

Police officers are their own worst enemies. The greatest barrier is accepting that there is a problem, whether an escalating level of stress, a deteriorating relationship, or a worsening mood. Several elements contribute to an officer's resisting mental health interventions. *USA Today* (1999) described the controversy of warrants for medical records. The article related that "police were looking for the criminal who stole a car. So they got a warrant to collect the medical records of patients treated at a nearby methadone clinic, thinking that the criminal might be among them." The lack of medical record confidentiality is forgotten by officers serving these types of warrants. It is terrifying to realize that the personal information an officer reveals to a mental health provider could one day be the subject of a subpoena.

A second element is the cognitive view of the world that develops from policing. Two trite but often-used expressions are "suicide is a permanent solution to a temporary problem" and "suicide is not an option." These expressions attempt to serve as useful coping strategies. However, many officers have witnessed first-hand that suicide is an option and likely the very best option for the person who commits suicide. Cases of terminal-illness-related suicide is a case in point. The elderly are among the age groups with the highest rates of suicide. The numbers are growing as the United States ages. Our officers are the first to respond to these suicides. These events alter the once-held cognition that suicide is not an option to a new cognition: sometimes suicide is understandable and is a possible option.

ABSENCE OF AGENCY-SPONSORED PROGRAMS

The absence of an agency-supported, confidential counseling services program is an organizationally generated barrier. Not only does not having access to services become a barrier, but having access can be equally problematic if the services are not clearly confidential and provided

by competent mental health providers. The counseling program, regardless of department size, whether it is an internal program or an external organization under contract, must be designed to ensure confidentiality. At the same time, providers of mental health services to law enforcement agencies, even if less than 10% of their clinical practice is law enforcement, must obtain experiential training. For example, the San Francisco Police Department developed a Psychological Professionals' Group (PPG) to which a provider must belong in order to receive referrals. Requirements include ride-alongs, postgraduate education, continuing education and attendance at PPG meetings (Benner, 1997).

ORGANIZATIONAL FACTORS

One organizational factor is that officers are hired with potential psychological vulnerabilities to effectively managing stress. While preemployment psychological evaluation of law enforcement personnel would hope to identify these applicants, the fact is that there is tremendous variability between agencies on testing. Many agencies, from federal law enforcement to local law enforcement, do not conduct psychological evaluations of entry applicants. Some agencies rely on inadequate testing programs, where measures such as projective tests with no known validity or reliability for personnel selection are used (Curran, 1998). Although not perfect, a psychological evaluation program consisting of valid objective test measures and interviews can screen in emotionally and behaviorally stable persons for the position of police officer. The presence of preexisting vulnerability to poor coping, combined with alterations in cognitive acceptance of suicide, plus confidentiality concerns, makes for a potentially deadly situation.

IMPEDED HEALTH CARE ACCESS

Welch (1999) wrote that "1998 was a year in which managed care realized its manifest destiny of providing a system of treatment whose basic principle is 'let's not, but say we did'". Precertification for treatment, authorization for continued treatment and subsequent denial of medical necessity are strategies employed by managed-care organizations. These techniques are not necessarily to improve quality of care but to impede access and therefore create low utilization of services. Low utilization translates to greater profits for the managed-care firm. Concurrently, the providers willing to operate within the managed-care arena are often the least educated and experienced. A law enforcement agency would not likely approach an officer-safety issue (vehicle, armor, or tactical decision making) by accepting the cheapest and least proven method, yet mental health safety is relegated to the lowest level of access, cost and effectiveness.

While access to overly managed mental health care is a barrier, the type of health benefits offered to an officer is the responsibility of the officers' agency and its governmental jurisdiction. Ultimately, the access to improved mental health care will be consumer driven; that is, the agency will demand the best for its officers. Again, Benner (1997) described one agency dictating the provider qualifications that would be used by the insurer.

THE FAMILY

The officer's family of origin has an extremely important role in breaking down the barriers for an officer-spouse, officer-parent, or officer-son or -daughter's getting mental health treatment. The family is usually in the best position to support the officer, based on the presence of unconditional love for the officer. This family, so proud on graduation day from entry academy training, is most likely to be the first to recognize the increased risk for suicide. However, not unlike many families of people who commit suicide, the signs are minimized. A unique element in families of law enforcement officers is the dependency on the agency to take action. A level of passivity sets in, partially due to fear of job jeopardy, but mostly due to a psychological dependency on the department to "take care of its own."

A survey of invited experts to the FBI-sponsored Conference on Police Suicide on which this publication is based revealed some interesting perspectives on the role of the family versus the role of the organization. Survey respondents, representing 25% of attendees, were primarily law enforcement and mental health professionals. Respondents were provided the following case scenario:

> A 30-year-old officer and 5-year employee of a department located in Anywhere, America, is reported to be extremely upset about an impending divorce. The officer's family calls a patrol supervisor, stating the officer plans to commit suicide before the week ends.

Respondents were asked to rate a series of questions on a 5-point scale from Strongly Disagree (1.0) to Strongly Agree (5.0). Unanimous opinion was that the departments should do something (the survey question was worded as follows: "The department should do nothing—this is personal matter of the officer," Score = 1.0), but respondents' thoughts on exactly what action should be taken were curious. For example, respondents were neutral on whether the department should transport an officer to an emergency room (Score = 2.9). Families were considered a factor for taking action, although not significant, with a "neutral" to "agree" range of 3.6 on a question of the family's petitioning for an emergency psychiatric evaluation. Survey respondents were in agreement that referral to the department's Employee Assistance Program (EAP) should be done (Score = 4.1). However, no clearly decisive action was identified for the family or organization. The survey participants were equally ambivalent on whether the department should immediately suspend the officer's police powers (Score = 2.7).

These survey data can be used to clarify the expectations of the officer's family during times of crises. Families should not assume the department will best handle a crisis or rely on the department for action. The family needs to act on observed signs of suicide potential without regard to the department—only with regard to what is in the best interest of the officer.

CONCLUSION

Mental health interventions are known to be effective during acute phases of crises, as well as for the symptoms of persistent depression. The barriers to obtaining effective treatment are multifaceted, so no single simplistic explanation is available. These barriers are often self-imposed by the officer at risk. However, the "code of silence" appears more likely to occur in an environment where access to confidential counseling is limited due to organizational and managed-care policies and when the officer's family of origin looks to the department for action.

Themes of Police Suicide: An Analysis of Forensic Data, Media Coverage, and Case Studies Leading to a Protocol of Assessment and Treatment

Daniel A. Goldfarb

Abstract: Through a careful analysis of forensic data, media coverage and clinical case records of officers who have committed or attempted suicide or who have been evaluated for suicide, this paper presents an analysis of the importance of family factors in both the cause and treatment of suicidal potential in police officers. Family intervention tactics that encourage active involvement, rituals and motivational family planning prove to be the most logical route to working within the family system. Extended case studies lead to a step-by-step, session-by-session protocol on how to treat a family in this type of crisis and lead them from stagnation to active living as a family unit.

Key words: family factors, intervention, police suicide, law enforcement, suicide

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***Themes of Police Suicide: An Analysis of Forensic Data, Media Coverage,
and Case Studies Leading to a Protocol of Assessment and Treatment***

INTRODUCTION

Bob Edwards (1993), host of the morning edition of National Public Radio, announced one day: "So far this year, eight New York City police officers have taken their lives with their own guns. There was a rash of police suicides earlier this year in Northern Virginia and across the country, suicide experts see it as a national problem in law enforcement".

And this national problem continues, despite attempts by police departments to prevent what is becoming the major risk factor of police mortality. Statistically, the National Institute of Mental Health (http://www.nimh.nih.gov) reported that in 1996, thirty-one thousand people committed suicide; a rate of 10.8 per 100,000 or 0.01%. A recent article in *USA Today* written by Fields and Jones (1999) quoted a study by the Fraternal Order of Police (FOP). The FOP found an average rate of 22 deaths per 100,000 in 1995—more than double the national rate. That article went on to note that the New York Police Department (NYPD) has lost 36 officers to violent confrontations since 1985. In that same time period, 87 officers have taken their own lives. The article reported similar findings in other major police departments. In Los Angeles, 11 officers were killed in the line of duty and 20 killed themselves. In Chicago, 12 were slain in the line of duty and 22 committed suicide. In the FBI, 3 agents have been slain since 1993 and 18 took their own lives during the same period.

Violanti et al., (1996) studied epidemiological mortality data from 11,254 Buffalo, New York, municipal workers and police officers. Overall, there were 13 suicides by municipal workers and 25 by police officers—almost twice that of the municipal workers. In this sample, the ratio of suicides to homicides for police officers was 1.5 times that for municipal workers and the ratio of suicides to accidental deaths for police officers was 3.1 times that for municipal workers. The authors conclude that suicide is a risk factor of police work.

Twice as many officers die by their own hands as are killed in the line of duty. This often-repeated refrain has a frightening ring of truth. It begs the questions: Why do police officers have such a high rate of suicide and what can we do about it? The National Institute of Mental Health published a fact sheet on suicide (http://www.nimh.nih.gov). Risk factors of suicide include:

- one or more diagnosable mental or substance abuse disorders
- impulsivity
- adverse life events
- family history of suicide
- family violence, including physical or sexual abuse

- a prior suicide attempt
- a firearm in the home
- incarceration
- exposure to the suicidal behaviors of others, including family, peers and persons in the news or in fiction

Are the above applicable to police? Are there other concerns and causes? Are police different from the general public in their motivations to commit suicide? Janik and Kravitz (1994) reviewed the records of 134 police officers who had undergone fitness-for-duty evaluations. In attempting to predict variables that might contribute to an officer having made a suicide attempt, Janik and Kravitz (1994) looked at reports from the officers, taking note of marital problems, alcohol and drugs, administrative harassment and cumulative stressors. A multivariate analysis was conducted on this data to determine which variables best predicted suicide attempts. Results indicated that marital problems and job suspension were the only statistically significant predictors. An officer experiencing marital problems was 4.8 times as likely to have attempted suicide. If job suspension was reported, the odds of an attempted suicide were 6.7 times that of officers who had not attempted suicide.

In another study, Lester (1993) attempted to find correlates for the 92 police suicides that occurred in the NYPD between 1934 and 1939. Only factors of alcohol use and interpersonal problems appeared to play a significant role.

Violanti (1995) examined the literature for factors that lead to police suicide. He noted that suicide often occurs among older male officers. Problems with alcohol and physical illness were noted. Violanti further cited a study of the Detroit Police Department, which showed that most officers who committed suicide were having marital problems. Alcohol abuse and mental illness were the next most common factors. An examination of 27 cases of police suicide occurring in the Quebec Police Department found that half the cases were associated with psychiatric or medical problems. Alcohol and work difficulties were also observed. In his book *Police Suicide: Epidemic in Blue*, Violanti (1996) suggested four major risk factors associated with police suicide: psychological difficulties, alcohol abuse, stress and trauma and relationships.

THEMATIC ANALYSIS

Purpose

The research on police suicide continues to mount. Numerous studies indicate that being a police officer doubles the risk of suicide. Although many possible explanations are given as to why this is so, certain themes continue to emerge. The mental health facility where this author works

services the law enforcement community (officers and their dependents) exclusively. The facility has been in existence for 15 years and was originally established by the local law enforcement unions to provide high-quality mental health services to their members and members' families. Over the years, many officers who have attempted suicide or who have expressed a desire to take their lives have been treated. To deal most effectively with these officers, protocols were developed and refined. These protocols were based on the common themes of distress present in the officers' lives when they entered counseling.

Method

To better determine the validity of common themes, forensic data on 97 police suicides or attempted suicides were obtained from three police departments within relatively close geographic proximity to this facility for the years of 1986-1998. The demographics of the forensic data were as follows:

- Sex: 86 men, 11 women
- Average age: 34
- Age range: 21-55
- Race: 73 Caucasian, 11 Black, 12 Hispanic, 1 Other
- Rank: 73 police officers, 11 sergeants, 8 detectives, 5 supervisory officers
- Method: 90 used a gun; 7 another method

In addition, 26 police suicides described in the media also were reviewed for thematic content. Media accounts were reviewed between 1990 and the present. To ensure that there would be no overlap, articles about officers who committed suicide in the downstate New York area were omitted from this analysis. Complete demographic data were harder to extract from news reports; however, the demographic breakdown that was ascertained included the following:

- Sex: 23 men, 3 women
- Average age: 37
- Age range: 24-55
- Method: All used a gun

Also, 92 case files of officers seen at our facility were reviewed. Files were included only if they met the following three criteria: suicidal risk was the presenting problem; the officer expressed substantial suicidal ideation, along with a plan and the officer had expressed his or her thoughts and/or plan to another person such as a spouse, friend, or coworker. Demographic data for the 92 case reviews were as follows:

- Sex: 87 men, 5 women
- Average age: 38

- Age range: 26-53
- Race: 87 Caucasian, 4 Black, 1 Hispanic
- Rank: 77 police officers, 13 detectives and 2 sergeants

It should be noted that this center services only police officers and detectives. Supervisory officers are not part of the service population. While sergeants are considered supervisory officers, many of them had been seen because they had had contact with this center as police officers prior to being promoted.

When more than one theme existed, this reviewer attempted to categorize the case by the most predominant theme and a secondary theme. The cases examined included 92 cases of officers treated for suicidal risk as their presenting complaint, 7 attempted suicides and 106 cases of completed suicide. Another police psychologist working with this author in the same facility then reviewed the data.

After independent review, the examiners compared category classification. Overall, there was a 96 percent agreement on associated theme. When disagreement was encountered, discussion resolved all but 2 cases. Each reviewer made the final determination for one of the 2 cases. Five major categories emerged from the review. These were:

- relationship problems
- job difficulty (discipline/suspension)
- alcohol/substance abuse
- psychological problems
- financial problems
- other (did not fit major category)

Results

The thematic analyses of the 215 cases reviewed are congruent with the experiences of the clinical staff at this facility (see Table A). They are also congruent with the literature to date. It can be expected that individual cases will present a wider variety of themes and that multiple themes will often occur. The data were developed primarily as a clinical tool. What can police psychologists expect, other than the unexpected, when encountering suicidal law enforcement officers? What steps should they be prepared to take to help these officers?

TREATMENT CONSIDERATIONS

Cops are different. It has been well documented that police work engenders a powerful subculture. This concept has been documented by many researchers, with Crank (1998) offering an

excellent review and discussion of this process. This culture plays an important role in officers' lives and must be considered when doing any therapeutic work with officers or their families. This is especially true when assessing and treating suicidal police personnel (Bouza, 1990; Niederhoffer, 1967).

At our facility, we have developed a suicide formula to address some of the complexities in the lives of the officers we have seen. A formula approach encourages holistic, family-centered treatment in order to assess all of the officers' current circumstances, their progress during treatment on key variables and their fitness to return to work and regain weapons.

This formula uses as one variable Emile Durkheim's (1997) concept of Anomi. This is his term for a breakdown in the cultural/societal rules that bring order to one's life. Durkheim noted in his study of suicide in the population of 19th-century France that suicide increased with observed breakdown of culture. He noted that the effect of societal pressures had more of an impact on suicide statistics than emotional disorders such as psychosis and depression. His observations are borne out at our center when observing the effects of police culture on our clients.

The formula developed at our center is as follows:

- Suicide = [Anomi * Altered State] [Desperation + Depression]
- Desperation = Time Pressure * Perceived Pain
- Spirituality + 1

Utilizing this formula when assessing or treating suicidal officers encourages the clinician to keep focused on the whole person and the context in which their difficulties are occurring. It also drives treatment. It clearly delineates the issues that are causing the problems that then can be organized and prioritized so that a treatment plan may be developed.

When assessing an officer using the above formula, certain fundamental information can take the form of a checklist to assist the examiner. Such a checklist follows:

Anomi

Relationship with job

- Interest
- Enjoyment
- Security (Is the officer in trouble? Has the officer been disciplined? Is the officer on suspension? Is the officer on light duty? Have the officers weapons been removed Is the officer in job jeopardy? Has the officer recently been transferred? Has the officer suffered a recent loss of prestige?)

- Performance
- Reputation (especially important if officer is getting a poor reputation among peer)
- Expresses concerns with "not fitting in" or "not being accepted"
- Fears humiliation and or being ostracized

Relationship with spouse (significant other) and family

- Experiencing marital discord (if not married, having problems with current relationship)
- Is having an extramarital affair
- Separated (especially important when separation process starting)
- Divorced (especially important if this has been generated by spouse. If not married, significant relationship recently ended)
- Limited or decreased quality time with children (where applicable)

Social interaction

- Decreased social interaction
- Expresses anger at friends
- Notes recent breakup of friendships
- Isolated from friends

Altered state

- Presence of substance abuse
- Increased use of alcohol or other substance
- Change or breakdown in thought processes: are they logical and typical of their pre-morbid functioning
- Sense of humor changed
- Sense of calmness/serenity not appropriate for situation

Desperation

- Assess psychological pain; does the officer see it as low, manageable, declining, or unbearable
- Does the officer see self as having time to continue to work at problems viewed as solvable
- Does the officer see self as having support to work on problems
- Does the officer have a workable spiritual connection

Depression (or other mental disorder)

- •   Does the officer report feeling depressed
- •   Are thoughts of helplessness/hopelessness present
- •   Are there signs of vegetative depression
- •   Is the officer experiencing suicidal thoughts
- •   Does the officer have a plan
- •   Is there symptomatology of another psychological disorder or personality disorder

The above checklist is appropriate for use during all phases of work with a suicidal officer. This is especially true when assessing whether an officer who has received treatment may return to duty.

Treatment approached from the above perspective will be dynamic and will include as many collateral contacts from officers' lives as they will allow. Garnering support from a spouse or significant other, perhaps including couples counseling, is very important. As this appears to be a "final straw" in an officer's life, it follows that this issue deserves immediate attention. Often the treatment of a suicidal officer will include both individual and couples counseling.

Significant friends of the officer also have a place in the counseling process. After trust has been established with the therapist, consent to include friends will often be given. Often, peers will aid officers in gaining a more rational perspective about their acceptance. Social difficulties, if they are present, can be discovered and dealt with in a supportive manner.

Including friends and peers is especially useful in planning the return to work for officers. Anxiety over having to answer questions or embarrassment about seeing their colleagues can be greatly reduced by having some peers attend counseling sessions with the client.

If officers are deemed to be at risk, protecting them mandates removal of their weapons. Keep in mind that the sidearm is more than a tool for police officers; it is a symbol of their membership in a special society. The "rubber gun squad" is often a comic theme within the ranks. The officer without a weapon becomes someone who represents "weakness" or "craziness." Someone who "couldn't make it" is by definition someone to be shunned. Thus, the very act of protecting officers by removing their firearms can further damage them and hinder their recovery.

At our center, we deal with the removal of the weapon as part of the recovery process. We set as a goal for clients getting their weapons back. We note that the changes we will help them achieve will result in the restoration of their sidearms. Getting their weapons back is presupposed at our center. The meaning of its loss and the importance of its recovery are not ignored.

Prevention, of course, is the key factor when dealing with police suicide. A life gone is gone forever. The impact on those left behind is profound. Even when an officer is reached before the act, the road to recovery can be long. Like other problems in life, early detection and treatment yield the best results.

The suicide formula and the assessment checklist can be very useful as tools of prevention. Departments can and should develop clear guidelines for dealing with the suicidal officer. Procedures should be in place for the following:

- Assessment
- Counseling referrals
- Weapon removal and restoration
- Confidential sick leave
- Return to duty (including light-duty assignments) and determining when ready for full duty

Peer teams, when in place, can be educated about the suicide formula and the assessment checklist. Peer teams have had a great deal of success helping officers through critical incidents. With their more intimate knowledge about an officer's life, they are in an excellent position to spot and reach out to officers who may be starting down the path to self-destruction.

Unions and fraternal orders also can be of assistance. Typically, these organizations are more trusted than "management," as many officers do not view management as a source of help. Unions, on the other hand, are typically the first place officers go when they get "jammed up." It can be a natural extension of a union's role to help officers who find themselves in life crises and suffering emotionally as a result. At the minimum, unions should maintain a list of referrals, preferably to counselors with whom they maintain a relationship. If a union chooses to do so, it might go to the next level and establish its own counseling center. While this model is not common, it has the benefit of more rapid and more widespread acceptance by the officers.

CONCLUSION

It is likely that there are myriad factors that, over the course of years, may contribute to officers taking their own lives. Research into these variables will be worthwhile if it leads to knowledge and change that will enhance and simplify prevention. For the present, however, the clinician needs to be able to reach out and treat those officers at risk. Ascertaining the most immediate and salient factors leading to police suicide seems the best way to establish assessment and treatment procedures. The following study paints a profile of the suicidal officer:

The suicidal officer is a 35-year-old white patrolman who is having severe relationship problems. He is likely to be experiencing job difficulties and perhaps

is facing some form of job discipline. He is consuming a lot of alcohol, appears despondent and is starting to isolate from his friends. Those around him notice that he is acting strangely, differently from his "typical" behavior. He ends up killing himself with the most convenient and familiar tool: his service sidearm.

Of course, each officer is an individual. The best counselors expect the unexpected. But when it comes to handling a crisis situation, there is nothing wrong with a "heads up." The more information we have, the better our chance of knowing whom to reach out to—and when to do it. All too often a department's concern stops with liability issues. Officers suspected of being at risk are relieved of duty and their sidearms. They are then left to fend for themselves. This is unacceptable. Officers need to be provided the opportunity to recover and return to work. It is hoped that this study will contribute to this process.

THEMATIC ANALYSIS OF POLICE SUICIDE FROM FORENSIC DATA, MEDIA ACCOUNTS AND CLINICAL OBSERVATION

(Numbers in parentheses represent percentages.)

	Relationship	Job	Substance	Finances	Emotions	Other
Thematic Analysis of Forensic Data	64 (66)	8 (8)	8 (8)	0 (0)	5 (5)	12 (12)
N = 97 86M, 11F						
Mean Age = 34	4 (4)	8 (8)	17 (18)	1 (1)	19 (20)	--
Thematic Analysis of Media Accounts	12 (46)	7 (27)	–	--	1 (4)	6 (23)
N = 26 23M, 3F						
Mean Age = 37	–	2 (8)	4 (15)	--	2 (8)	–
Thematic Analysis of Media Report	53 (58)	15 (16)	16 (17)	0 (0)	5 (5)	3 (3)
N = 92 88M, 2F						
Mean Age = 39	12 (13)	19 (21)	34 (37)	--	18 (20)	–

Table A

Law Enforcement Suicide: Psychological Autopsies and Psychometric Traces

James S. Herndon

Abstract: The alarming trend nationwide of suicides among law enforcement officers calls out for a search for causes and a campaign for prevention. Data are often scant due to the sensitive nature of the subject and the reluctance of survivors and agencies to discuss the particulars. This article examines the presuicide behavioral patterns of officers who have committed suicide, along with their preemployment psychological profile. Findings are compared with a small sample of other officers who have threatened suicide but did not complete the act. Themes apparent from the examination of psychological autopsies will be discussed as possible unseen warning signs of self-destructive behavior. Psychometric data obtained from officers at various points in their careers will be analyzed for possible traces of behavior to come. The implications from this study offer hope that the tragedy of law enforcement suicide may be reduced.

Key words: psychometric traces, psychological autopsies, police suicide, law enforcement, suicide

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Law Enforcement Suicide: Psychological Autopsies and Psychometric Traces

INTRODUCTION

The enigma of law enforcement suicide plagues the profession. Attempts at explanation are many and varied (McCafferty et al., 1992; Heiman, 1977; Violanti, 1996). However, there fails to emerge from past observation and research a simple explanation to this complex and troubling problem. The purpose of this article, therefore, is to offer additional empirical data to the research base with the hope of contributing critical pieces to a baffling puzzle.

Ten actual cases will be reviewed from the files of a medium-sized law enforcement agency in the South. Three of the cases consist of law enforcement officers (sheriff's deputies) who took their own lives during the period of 1994-1996. The other seven cases consist of deputies who threatened or attempted suicide during the same time frame but, for reasons to be examined, did not complete the act. In all cases, preemployment psychological test data are available for analysis. On a case-by-case basis, other psychometric data gathered throughout the deputies' careers will be examined for signs of change in the direction of self-destructive behavior. Where suicide resulted, a psychological autopsy (Shneidman, 1969) will examine lifestyle and environmental factors that may have played a role in the ultimate act of self-destruction.

THE SAMPLE

The three deputies who ended their own lives were all Caucasian men ages 41, 33 and 35, respectively. Length of service at time of death averaged 8.33 years (range 5-11 years). Two deputies used firearms to commit suicide; one died by hanging.

Five of the seven deputies who threatened or attempted suicide were Caucasian men. The other two were Black men. Average age at time of the incident was 36. Average length of service was 4.28 years. Threats included vague references and gun or knife gestures.

Preemployment psychological testing data, with the Minnesota Multiphasic Personality Index (MMPI) being common to all deputies, will be examined to determine if any detectable differences are apparent between the group of deputies who succeeded with suicide and those whose threats or attempts did not end in death. Both groups will be compared with normative data for all applicants.

METHODOLOGICAL ASSUMPTIONS

Underlying the present research are a couple of assumptions or working hypotheses. To begin with, one assumption posits that there are differences in the psychometric data between the two groups of deputies, herein referred to as "succeeders" and "attempters." This difference might appear

in the preemployment data, or it may show up in other measures taken along the journey of any particular deputy's career. Furthermore, psychometric differences should separate both groups from the population of all deputy applicants.

A second and no less important, assumption is that there will be lifestyle similarities among suicidal deputies in particular that differ from, or appear exaggerated when compared against, deputies in general or the population at large.

LIFE STORIES AND DEATH SCENARIOS

Let's begin with an examination of the three cases involving deputies who succeeded with suicide. How did they live and how did they die? In reviewing these cases, the reader needs to keep in mind that a retrospective view allows information to be examined that may not have been available or known by the researcher prior to the suicide.

Case One

D.B. was a 41-year-old Caucasian man who had been a deputy sheriff at this agency for 11 years. His rank at time of death was corporal; however, he had been placed in a civilian position due to emotional difficulties. D.B. had been married at least two times, had two children and was involved with several girlfriends. He was twice divorced. He had a history of two previous suicide threats/attempts and he was diagnosed with depression and took Prozac, Paxil and other anti-depressants. Records indicate that D.B. had been treated by two psychiatrists, three psychologists and four counselors. He had been hospitalized twice for inpatient psychiatric treatment.

Most noteworthy about D.B. was his vanity. He was considered by most to be a very handsome man; women were immediately attracted to him. Nevertheless, he had apparent low self-esteem and feelings of worthlessness. Despite the fact that he had the looks of a male model, drove a Corvette with license tag "Gott It" and didn't want for admirers, D.B. was very unhappy toward the end of his life. After months of ups and downs, he disappeared one weekend. Nearly 4 months later, his body was found in a wooded area miles from home. He had died from a single gunshot wound to the chest. There were several suicide notes, some mailed to loved ones and one on his computer at work. His death shocked and saddened most of the agency. Few believed he would really take his own life (Postscript to this case: D.B.'s sister committed suicide in 1998 by standing in front of an Amtrak train).

Case Two

There is not too much information is available on K.H., a 33-year-old Caucasian man who had been a deputy sheriff for fewer than 10 years. Ironically, he left the agency prior to his suicide,

but stopped by the psychological services section as an office products delivery person and made an off-hand comment about being stressed out as a deputy. He said he was not allowed to get treatment for his stress. This was noted in his file, which had been placed in the inactive archives. Options for help were suggested to him. He was not seen or heard from again.

About a year after this unusual meeting with K.H., this researcher was (by chance) listening to 911 operators take calls at the Communications Center when a frantic caller screamed that her husband had hanged himself in the garage. Not known at the time, the deceased individual was later discovered to be K.H.. A ripple effect went through the agency as a result of this second suicide, even though K.H. had left the sheriff's employ approximately 2 years prior. No suicide note was reported.

Case Three

 K.S. was a 33-year-old Caucasian man who had been a deputy sheriff for about 5 years. He had previous experience with the Naval Investigative Service. His career seemed to be going all right until two events happened. One was a charge of excessive force and the other was an automobile accident involving an agency vehicle. The excessive-force charge was investigated and K.S. was exonerated; however, when appearing before the Citizen Review Board, K.S. expressed his concern about being second-guessed by Monday morning quarterbacks. He stated that he "was afraid to do my job." The accident left him with lingering headaches, with which he found hard to cope.

Despite these negative events, K.S. had recently married for the first time. He and his wife had purchased a new home and they were actively planning a family. It came as a shock when he shot himself in the head on a bench outside his hometown police department. His suicide note told his wife where to find him. A picture of D.B. (Case One) was on his coffee table at home.

These three cases occurred in 1994, 1995 and 1996, respectively. The agency was turned inside out as it searched for answers and understanding. A political opponent of the sheriff even went so far as to try to blame him personally for these deaths (Herndon, 1996). Is there a common theme underlying these three cases? Do they share similar elements? The first suicide seemed to be the final act of an individual in a great amount of psychache (Shneidman, 1995). The second suicide also points to elements of chronic stress. The third suicide, while surrounded by feelings of hopelessness and helplessness, raises the issue of copycat acts. Suicide, thus, can be viewed as a way out of an intolerable dilemma.

While these cases made the headlines, other cases simmered below the surface. Not ending in suicide, the next seven cases are nonetheless very important from the standpoint of understanding and prevention of law enforcement suicide.

THREATS AND ABORTED ATTEMPTS

Case Four

J.T., a 38-year-old Caucasian man, was having relationship difficulties with his wife. Following an argument one evening over possible separation and divorce, J.T. took out his service weapon and sat down on his bed with the full intent of taking his life. His wife summoned help. Friends and fellow deputies responded to his apartment and a long vigil took place. The agency psychologist (the author) responded to the scene, as requested by the commander of the Crisis Negotiation Team and engaged the deputy in a long de-escalation and problem-solving sequence. After several hours, the crisis was over. J.T. was taken for help and placed on light duty and his case was followed for several months. Eventually, he regained his strength and optimism. Today, he is remarried and appears happy. Last month, he received his 10-year service award.

Case Five

G.L. was a 45-year-old Caucasian man who had been a deputy sheriff for about 2 years at the time of his troubles, though he had previous law enforcement experience up north. He had been seeing a counselor for personal stress at home for several months when things came to a head one evening. It seems his wife had confronted him for sexual improprieties with their 13-year-old adopted daughter (who was deaf and mute). Fearing the worst, G.L. went outside the house and took his service weapon. His wife called the agency psychologist for help. G.L. was taken to a psychiatric facility for evaluation and stabilization and was subsequently booked on the charges. He was eventually convicted, fired and sentenced to 2 years of house arrest. Though found guilty of the charges, his suicide was averted.

Case Six

R.R. was a 27-year-old Black man who had been a deputy sheriff for not quite 2 years when personal relationship difficulties drove him to the point of threatening suicide with a knife. His girlfriend wanted out of the relationship and R.R. was despondent. When he put a kitchen knife to his neck, his girlfriend fled the apartment and called for help. The agency staff psychologist came to talk him out and then personally took him to a crisis center. His case was followed and he was given supportive counseling. In time, he got over his relationship difficulties and gained greater strength to deal with disappointments in life. Unfortunately, he was later terminated by the agency for violating several policies. Fortunately, he lived to seek other employment.

Case Seven

J.M. came to the agency with emotional baggage. Having lost his job in another law enforcement agency by being at odds with the head of that agency, he sought refuge in what he

considered a safer organization (politically speaking). J.M. was 32 (Caucasian man) at the time he became so emotionally distraught that he voiced suicidal thoughts. Though he made no direct attempts to take his life, it was clear that depression was draining him of a will to live. He was placed in the Communications Center and mandated to treatment. Following about 2 years of therapy and medication, his symptoms subsided and J.M. was allowed to serve as a reserve deputy. His evaluations are very good and he is currently completing a 4-year degree in computer science.

Case Eight

H.D. was a 43-year-old Black man with 2 years at this agency but previous law enforcement in another part of the state. As a school resource officer, he was under investigation for behavior deemed inappropriate; allegations of sexual misconduct were being vigorously pursued by internal affairs investigators. Despite a grueling investigation, no charges were proven or admitted to. But, during the ordeal, H.D. became depressed and his marriage ended. Ultimately, he lost his wife, family and home due to the strain of the accusations. At one point, H.D. left his house with gun in hand, fired a shot in the sky and sat on the hood of his patrol car ready to end it all. He was talked into seeking help by the agency psychologist and was taken immediately to the crisis center. He was subsequently admitted for psychiatric treatment. The pattern of allegations eventually cost H.D. his job with the agency, but his life was spared by getting him help in time. The latest word on H.D. finds him currently working as a police chief in another small town. His dignity has been restored.

Case Nine

J.C., a 33-year-old Caucasian man, had been a deputy sheriff for 4 years when life started to turn bad for him. Two years in patrol were followed by 2 years in undercover narcotics. While well on his way to establishing a solid career, J.C. was neglecting his family. His marriage was floundering and his two teenage daughters were beginning to show signs of the disharmony at home. Then, in May 1996, the younger daughter committed suicide with her dad's backup weapon on the lawn of the neighborhood church. J.C. was devastated. Understandably, his work suffered due to overwhelming grief and feelings of guilt. He was given widespread support by fellow deputies and he sought Employee Assistance Program (EAP) counseling. But, at a low point one Saturday, he made statements to a coworker about joining his late daughter. Fearing for his safety, the sergeant referred him to the agency psychologist. J.C. was placed on light duty for a few weeks, then gradually phased back into patrol under close, yet supportive supervision. Eventually, as grief ran its course, noticeable improvements were seen in his demeanor and motivation. Today, he is rebuilding his life and his career as a sadder but wiser deputy.

Case Ten

D.O., a 34-year-old Caucasian man, was a K-9 deputy who loved his job. A deputy for more than 9 years, he had struggled repeatedly with relationship difficulties. It appeared as though he

needed to be in a relationship; his self-esteem suffered when he wasn't involved. On one particular evening in February, D.O. became despondent over the breakup of his most recent affair. He called his brother (a deputy sheriff and supervisor with the same agency) and intimated that he felt so dejected that suicide seemed like the way to end his misery. His brother immediately called for assistance from the agency psychologist. The brother in crisis was admitted to an inpatient facility under special arrangements and treatment was begun for situational depression. D.O. was followed closely in his treatment progress. Light duty was kept to an absolute minimum and few people actually knew of his ordeal. In a few months, D.O. appeared to be back to normal emotionally and he stated that the whole process was a great learning experience for him. At the present time, he is in a healthy relationship, has purchased a new home and is planning marriage.

What common themes underlie these seven close calls with suicide? Cases Four, Five, Six and Ten have relationship difficulties as predominant foci. Case Nine reveals serious family issues brought about by inattention and neglect as a result of placing the job above everything else. Case Seven underscores the weight of emotional baggage carried over from a bad experience. Case Eight identifies the pressure felt by someone undergoing an internal investigation. In most cases, a gun was the potential means of self-destruction.

What stopped the attempters from following through with their suicidal ideation or expressed intention? In a word, help—timely, caring and directed help by someone they trusted to aid in a personal crisis situation. But are the attempters psychometrically the same as the succeeders? Examining available test data offers some clues.

DIFFERENCES: PERSONAL AND ENVIRONMENTAL

The different outcomes demonstrated by those who succeeded and those who attempted beg the question as to what separates one group from the other. An examination of preemployment psychological test data offers some interesting trends to ponder. Look at the mean scores on the validity and clinical scales of the MMPI for three groups: succeeders, attempters and all applicants in the parent agency population (see Table A).

Close examination of the Table reveals some noteworthy differences "up front" between the groups at the time of application to the agency. The succeeders were more defensive and guarded ($K = 70.66$) than the attempters or the applicants. Does this reflect a greater degree of general distrust of psychological tests or a fear of revealing negative feelings? Perhaps those who resort to and succeed at suicide do not believe they can open up and be helped.

Other differences between succeeders and attempters can be seen in higher hysteria ($Hy = 61.33$), paranoia ($Pa = 59.00$), psychasthenia ($Pt = 55.00$) and schizophrenia ($Sc = 58.66$) scales for the former group than the latter group. These differences are also apparent when compared with applicants. Could all of these findings indicate that even at the prehire stage those who ultimately

committed suicide were showing subclinical signs of emotional instability? Clearly, the data suggest profile anomalies from the norm.

It is also worth noting that the attempters scored higher on the hypomania (Ma = 56.57) scale than did applicants or succeeders. This may reflect more impulsivity, hyperactivity, or energy level at the time of hire. But, beyond that, it could suggest a proneness to act before thinking. However, as shall be pointed out below, this may also be significant in deterring the suicidal impulse.

While arguably, use of the MMPI as a tool to predict suicide has a weak history (Greene, 1991), the above differences support the notion that succeeders and attempters do not imply a constant personality type. This certainly would be useful information in suicide awareness and prevention programs.

When examining other psychometric data available from fitness-for-duty evaluations conducted on some of the above individuals, additional support emerges for the notion of two underlying personality patterns. Case One (a succeeder) shows a stable profile on MMPI re-test, with slight increase in elevation on scales K, D, Mf and Pa. Case Ten (an attempter) shows a stable pattern on MMPI retest, with slight decrease in elevation on scales Hy, Mf, Pa, Pt and Ma. Thus, D.B. was seen as becoming more defensive, depressed, sensitive and paranoid as time went on and, J.C. was found to be less hysterical, sensitive, paranoid, neurotic and impulsive following intervention. Does this point to varying effectiveness of intervention efforts as a function of personality types? Can this be useful in some way to avert or detect early warning signs of suicide?

Application of other forms of psychological testing during fitness-for-duty evaluations (such as SCL-90-R or MCMI-II) suggests that some, but not all, of the individuals studied in this project reflect strong dependent, histrionic and narcissistic personality features, as well as signs and symptoms of endogenous or situational depression. Poor coping skills and problem-solving deficiencies were generally observable in most cases. The extent of such personality features in the law enforcement population at large is not known, though it may be posited that the pressures of occupational and organizational socialization push individuals in that direction. The interaction of personality with organization (occupation) offers numerous, though possibly somewhat-predictable, outcomes.

With regard to environmental (external) factors contributing to suicide attempt or completion, the evidence in the cases presented points to internal investigation (Case Eight), job stress (Case Two), injury while on duty (Case Three), loss of a loved one (Case Nine), criminal charges (Case Five) and political/organizational pressure (Case Seven). Whether these external forces were overwhelmingly responsible for suicide/attempt or are contributing factors filtered through personality variables remains open to debate. Ultimately, it may be a matter of degree of external force applied to a particular type of personality that separates those who choose death from those who cry out for help.

Kimbrough (1999) has offered the following risk factors in police suicide: depression; hopelessness; relationship difficulties; internal investigations; financial difficulties; loss of a family member; easy access to weapons; training in the use of weapons; thoughts or fantasies of suicide; desire to protect or conceal someone or something; desire to punish someone; fear of retirement; maladjustment to illness or injury and psychiatric symptoms. In the present study, many of the risk factors are apparent (with 20/20 hindsight) in the cases considered. Could any one factor be seen as necessary and sufficient to ensure suicide? That seems doubtful. Data from the present study shift the focus to personality differences that separate attempters from succeeders. Rather than the presence of risk factors in varying combinations, it may be more fruitful from a preventive standpoint to recognize internal personality structures that facilitate or hinder coping and resilience to life's slings and arrows.

Psychometric traces, the evidence found in the results of psychological testing routinely conducted on law enforcement officers at the prehire stage, as well as along the way throughout their careers (such as special assignment evaluation and fitness-for-duty evaluation), provide a rich source of information for the study of behavior. When the behavior is as drastic as suicide, the need for such study is greatly underscored. The first assumption stated in this paper, that there would be psychometric differences between attempters and succeeders, has, the author hopes, been demonstrated sufficiently. The second assumption of lifestyle similarities among suicidal deputies (those who attempted as well as those who succeeded) was generally supported by the rather-widespread prevalence of relationship difficulties and poor coping skills. Of course, due to the small sample sizes involved, further research should be conducted.

CONCLUSION

Suicide among law enforcement officers has been termed an "epidemic in blue" (Violanti, 1996) and a suspected cause is the so-called "police blues" (Connelly, 1996). Such labeling tends to suggest an out-of-control situation with catastrophic consequences. With estimates of three times as many suicides as felonious deaths each year among law enforcement officers, clearly there appears to be an alarming trend crying out for attention and action. The search for understanding has taken many paths and encountered numerous blind alleys. Explanations have sought to find factors unique to the nature of police work responsible for self-inflicted death (Heiman, 1975). Some clearer understanding has been attained, but more study is needed.

Psychometric trace evidence analysis, combined with the technique of psychological autopsy, may enhance our understanding of the factors and forces, personal and environmental, that eventuate in self-destructive behavior. Looking to psychological autopsies and psychometric traces brings us to an awareness that there may, indeed, be differences in personality (and coping styles, problem solving abilities) between those who succeed in suicide and those who attempt without success. Perhaps some individuals are more amenable to being helped in times of crisis.

Suicide is a terminal act. As an option to problem resolution, it remains continually available until used. Prevention programs in law enforcement organizations should recognize that some individuals ultimately choose this option no matter what; others choose to defer indefinitely. Seeing the difference in personality early on is crucial.

MMPI SCALE MEANS (T SCORE) BY GROUP

Scale	Succeeders	Attempters	Applicants
L	57.33	50.71	60.12
F	49.33	46.57	42.64
K	70.66	58.14	61.01
Hs	52.00	49.14	48.50
D	50.66	45.57	45.94
Hy	61.33	50.57	49.99
Pd	56.00	51.71	50.87
Mf	49.66	49.42	46.72
Pa	59.00	46.85	46.39
Pt	55.00	45.85	46.70
Sc	58.66	46.85	46.77
Ma	47.33	56.57	49.01
Si	39.66	41.42	42.46

Table A

Police Suicide: Fatal Misunderstandings

Neil S. Hibler

Abstract: One's perceptions are one's reality. This article reviews themes common in the suicides of uniformed law enforcement officers and special agent personnel. Cases reviewed repeatedly show injury to self-esteem and the loss of control. Consistently, suicides reflect the desire to end a struggle and in so doing, regain control. In every death studied, there were viable alternatives to suicide, but the tragic reality was that interventions were not perceived to be viable to the officer at risk. Interventions of all kinds typically underestimate the perspectives and life-space of the at-risk officer. Accordingly, the article focuses on how to recognize individuals who are failing and how to enhance efforts to reach out to those in need. The article concludes with an early warning signs model with which to identify risk and with suggestions for creating a workplace culture that promotes engaging support. The article also provides program descriptions that have been proven to enhance teamwork and professional commitment and reduce suicide.

Key words: human reliability monitoring, police suicide, law enforcement, suicide, early warning signs

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Police Suicide: Fatal Misunderstandings

INTRODUCTION

Suicide is tragic; police suicide, even more so. The duty of law enforcement is to serve and protect. The loss of public servants at their own hands raises the question of why dedicated people who are committed to the safety of others can fall through the safety net that they provide for others. This article reviews some of the things that are wrong within the police culture. It focuses on interpersonal, supervisory and corporate failings that neglect those in need—and in some instances, even aggravate personal suffering.

It is the thesis of this article that despite the best of intentions, the failings that contribute to suicide arise from misunderstandings. The types of misunderstandings range from failing to recognize personal suffering, failure to use antidotes that can be effective in neutralizing life's poisons and failing to comprehend the fragile nature of life in the twilight of despair. After briefly considering the phenomenon of suicide, attention is then turned to a model for ensuring reliability. This is a preventive approach that addresses personal and corporate commitment to problem solving. This article then concludes with a few simple suggestions with which to involve members of the force to support anyone who demonstrates evidence that they are faltering.

WHAT IS MISUNDERSTOOD?

Suicide does not just happen. It occurs in a context. This is the key to unlocking what is so often and unnecessarily a mystery. It has to do with fallibility. Unfortunately, the law enforcement profession involves demanding work by proud people. These are caring individuals who often measure their merit by their successes. Failures, even apparent failures, are costly, particularly in a culture that is often competitive and can be perceived as unforgiving. It makes sense that such dedicated, ambitious, image-conscious professionals do not easily reveal their doubts, struggles or failings. No wonder personal suffering is often hidden, neglected and misunderstood.

The author's involvement in over 50 law enforcement suicides and postsuicide interventions reveals a number of consistently misunderstood fundamentals. Those who died did not understand that they needed help; instead, they had misplaced belief in making it alone. They did not know how to fail—or how to survive. Available resources weren't perceived as such. Little was known about what could be done, how to obtain help, or how to accept it.

Individuals, in the absence of crisis and despair, do not understand the mental state, or mind-set, that accompanies difficulty in coping and impending failure. Accordingly, it is easy to deny the pain and suffering: "Not me." Institutions do no better. Agencies are complex and fail to appreciate or demonstrate effective understandings about many issues confronting personnel. The contexts from which suicide arises are often addressed by "corporate" programs that are easily seen as lip

service. This isn't malicious, not even intentionally superficial. The welfare of personnel is difficult to support and enhance, but little is accomplished by programs that are little more than titles. Their potential is undermined by insufficient understanding of the problem and a lack of commitment to making a difference. What is needed is a comprehensive conceptualization of police suicide that recognizes and embraces the earliest precursors of risk and provides a variety of problem-solving options that are perceived as viable by those at risk. Better yet, agencies should deal with the problem before suicide is a possibility.

Suicidal Logic

In order to effectively deal with a problem, it must be understood. Rarely is suicidal risk understood. What is needed is as simple as a description of the slippery slope that precedes suicide. It is understandable that individuals who struggle with some personal life circumstance may begin to lose control over their problem. As Shneidman (1992) so cogently advises, the purpose of suicide is to seek solution. Feelings may become consuming, as despair and frustration become omnipresent. A concomitant physical decline undermines sleep, appetite and recuperation, which accelerates the decline. Under the influence of such a progressive, debilitating experience, there is a narrowing of focus that fails to perceive viable options. This is a shift to a survival mode. Quite simply, when survival in the face of personal crisis is no longer certain, suicide is both an end of the suffering and a way of regaining control. To those who are suffering, suicide is an exit plan; an escape. As suicide researchers know, when a decision is made to end the struggle in the days preceding the death, there is often a sudden sense of calmness and impending relief.

When those who are suffering and feeling hopeless are unfamiliar with suicide risk factors, their personal comprehension of risk and the self-initiated opportunity for repair is most often lost. When others do not understand that the risks from failure to solve problems and effectively cope with challenges can lead to suicide, the potential for intervention is lost from those closest and most likely to observe the risk. Peers who cannot recognize personal struggles lose the chance to reach out to their colleagues. Institutions that do not instruct their workers to identify signs of personal suffering lose the chance to provide interventions when they can be most effective.

Institutional Misunderstandings

Translating practical knowledge about suicide is actually easier than most institutions seem to realize. Preparing officers to look out for one another capitalizes on the same commitment to reach out and make a difference that police candidates say draw them to the profession.

Cases considered in preparing this paper revealed institutional efforts to deal with suicide that were reactive. The welfare of personnel was questioned only in the face of some critical and tragic incident. Resources were extended following line-of-duty crises, but personal difficulties that were

not duty-related only rarely elicited supportive efforts. In many of these suicides, it was apparent that personal problems were not considered to be as legitimate as those involved in critical incident debriefings, which were invariably duty-related. Yet the common theme among these deaths was personal difficulties, chiefly relationship problems, which typically went unrecognized. The consequence has been a police culture in which suicide risk is not realized in the ways it most often occurs.

Certainly there is everything right with tending to traumatized officers. But what of the officer who more commonly faces challenges that are personal and private, such as failed relationships, failure to thrive and countless other ways to flounder that arise from failing to achieve expectations? In reality, many "institutionalized" support programs miss the point. Among individuals suffering personal difficulties, institutional programs can be perceived as confirmation of failing and incompetence. One view of the perceptions of law enforcement personnel who have committed suicide suggests the need for a comprehensive intervention program that influences the police culture. It seems that what many suicides have made clear is the need to broaden attention from a focus on crisis management to a constructive, programmatic problem solution using resources that are effective and well prepared.

Misunderstood Intervention Efforts

"Under" is the operative prefix to what perhaps would otherwise be reasonable, proactive efforts. Here are some examples: underemphasized, underfunded, understaffed and underrecognized.

Consider this description of one "good idea" gone bad. A reasonably large city police force takes pride in having an Employee Assistance Program (EAP) available to everyone on the force. Like most such programs, it is a contract service contracted to the lowest bidder.

With some sense of pride and interest, this author read in a local paper of the new service and made arrangements to speak with the EAP manager to discuss services the provider was to dispense. Arranging the meeting was something of a challenge. Several phone calls were required, dialing through an assortment of menus before speaking to a real person. With some reluctance, that real person eventually permitted contact with a representative. After consenting to a meeting, long, detailed instructions on how to find the department employee assistance office were provided. In actuality, the detailed directions were critical because the office was virtually impossible to find.

When arriving at the location cited, there were no parking spaces, as I had been forewarned. I had to park three blocks away and then cross a busy highway in order to make my way to the building. Once inside, the EAP title did not appear on the building directory, but following the directions through twists and turns led to an unmarked office door. The program manager explained why it was so difficult to make an appointment and then, to find the office. It was all part of a plan. In reviewing the pre-existing EAP contract, the new firm found that in the pre-existing contract, the

department was paying for services at the rate of $20 per year for each officer on the force. The new contractor bid $19.75 and, as anticipated, won the contract. When asked what kind of services the contractor could provide for $20 a year for each employee, the answer was confirming, "little or none." The manager then proceeded to describe a variety of activities that were necessary to ensure a profit margin. First, they made a point of having a telephone answering system that required an above-average frustration tolerance in order to get through. For those who were determined, the EAP policy was to make an appointment no sooner than 3 weeks hence. The concept was that most things blow over in that amount of time, obviating the need for the session.

When I was asked what my interests were, I spoke of attempting to orient staff to the police culture, reducing barriers to intervention and establishing outreach capability. The manager agreed that if "service" was the goal, all of those elements would make sense. He then firmly stated that it was corporate policy to fire any counselor who attempted outreach. He added that in the past, they had to let a social worker go because she had asked to go on a ride-along. The EAP manager made clear that the intention of the program was to reduce its use so that what was provided was in name only, concluding, "How do you expect us to do any counseling? It's not in the contract cost."

Unfortunately, this is not an isolated example. Another local jurisdiction underfunds their assistance program, using a fee-for-service model. That program can survive only by finding additional services to provide, each of which is charged on an "as-needed" basis. That has led to a variety of creative circumstances, including requiring everyone within earshot of a shooting to be required to attend not less than six 90-minute debriefing sessions, whether personnel need it or not. Officers reported greater disdain for the intervention program than for the "traumatic exposure."

In another jurisdiction, a police psychologist is engaged in providing more services for less money, ensuring job security while reducing department fees. Accordingly, the same psychologist who does the stress debriefing does the trauma counseling and the fitness-for-duty evaluations. When officers complained about issues regarding violations of confidentiality and dual relationships, his response to date has been "That is denial of the real problems—treatment resistance".

Here is another example. One military health care program providing medical and psychological support to active-duty personnel disqualifies those law enforcement personnel who seek mental health assistance from special duty and in some cases, law enforcement work altogether (Hibler, 1985). The inadvertent result has been to stigmatize military police who need emotional support. Many who have ended their lives have told loved ones that they would rather die than lose their professional status. Those were truly fatal misunderstandings.

What many departments that have experienced suicides have found is that their employee assistance resource is ineffective. Some are disabled for lack of funding, others do not meet acceptable standards of care. No wonder peer counseling programs frequently are seen as accessible, credible and effective. Officers find that peer counseling equals credibility—something absent in the

design, policy and funding restrictions that limit and undermine the success of other programs. Not surprisingly, peer counselors are often the true front line and sometimes the only resource that seems credible.

COMMON SENSE RISK MANAGEMENT

What experience has shown is that a proactive approach has many advantages to those that are reactive. Perhaps the most important of these is the potential to influence the culture and maintain a milieu in which officers are supported for personal as well as line-of-duty problems.

Yet, rather than making intervention a separate and independent effort, one model has been proposed that empowers supervisors to identify early signs of problems. That pioneering effort by Reiser and Sokol (Reiser, 1971, 1972) has been expanded to peer training, just like first-aid buddy care (Hibler, 1985). The point is that the cultural values of supporting one another and being committed to problem solutions promote mental health. Emphasis on caring should be integrated into routine departmental business. The goal is to have a complementary, if not synergistic, effect that can reduce not only the personal difficulties that may lead to suicide but also those that may lead to misconduct. In the process, teamwork is enhanced, as is overall morale. The first component of such a program is a philosophy that recognizes that effective organizations are enhanced and personal risks reduced when there is a commitment to the early recognition of problems and to their sure resolution.

The other component is an orientation program that integrates these concepts from cradle to grave in the development of officers and their culture. The early warning sign model incorporates a simple concept reminiscent of the old adage "A stitch in time saves nine." The concept is simple. Individuals who begin to falter are different than they normally are; it is *change* that makes their struggle recognizable. Furthermore, it may not take long for the slippery slope to begin its effect, for when psychosomatic components combine with emotional distress, the misery experienced increases at a logarithmic rate. The intent is not to train coworkers and supervisors to be doctors, but rather for them to use their own good common sense and sense of one another so that others do not suffer in silence, or, conversely, if they are yelling, that they are heard and not simply dismissed as malcontents. A list of some of the features that may become evident as early warning signs has been developed for instructional purposes (see Table A).

These are nothing more than a sample of the sort of emotions, behaviors and physical reactions that occur during distress; they can provide helpful confirmation that most workers already suspect. Accordingly, instead of trying to explain all of the possible indicators, a few are used to illustrate and to legitimize the observer's own common sense. When a change is apparent and worrisome, observers are encouraged to address their concerns with the officer. If further attention seems worthwhile, the distressed officer is encouraged to seek peer counseling or EAP intervention. When such efforts are rebuffed, or when there are risk-taking behaviors, officers are encouraged to

seek supervisory support. Managers may support, refer, or engage fitness-for-duty procedures if doubts exist regarding suitability to perform duties. The point is that these are complementary efforts to prevent personal failure and deal with real problems as they really occur. The consequence is to use the opportunity to prevent fatalities by recognizing those struggling with their circumstances, providing support and enabling solutions before the risks are life threatening.

CONCLUSION

Consideration of over 50 law enforcement suicides has resulted in the observation that misunderstandings appear to contribute to risk. These misunderstandings include the failure of officers to realize their need for assistance, the failure of colleagues to realize their capacity to help and the failure of departments to provide adequate services at the appropriate time. This is a proactive model that is committed to solving problems and is invested in a culture where difficulties are, in effect, everyone's business when they are out of control. This is a necessary component of real police work that does not appear in recruiting posters. Yet, resolving problems as soon as they occur with compassionate, benevolent resources is a proven method of reducing the causes of and hence the incidence of police suicide.

EARLY WARNING SIGNS: INDICATORS OF DIFFICULTY IN COPING

The stress reactions below are presented in categories so that they may be more easily recognized and understood. There is no magic number of these symptoms that suggests difficulty in coping; rather it is the extent to which the noted reaction is a **change**, that is, different from a person's normal conditions that makes a reaction potentially important. Further, it is the combined presence of symptoms that determines the potency of the problem. Indicators may be isolated reactions or combinations among the three categories listed below. Finally, it is their **duration** (how long the symptoms have been present/how long they last), the **frequency** of such incidents (how often they happen) and the **intensity** (strength) with which they are present that suggest the severity of the difficulty of coping.

EMOTIONAL

Apathy
- The "blahs"
- Recreation no longer pleasurable
- Sadness

Anxiety
- Restlessness
- Agitated
- Feelings of worthlessness

Irritability
- Excessive sensitivity
- Defensiveness
- Arrogance
- Argumentativeness
- Insubordination
- Hostility

Mental fatigue
- Preoccupation
- Difficulty concentrating
- Inflexibility

Overcompensation
- Exaggeration
- Overwork
- Denies problems

BEHAVIORAL

Withdrawal
- Social isolation
- Work-related withdrawal: reluctance to accept responsibilities, neglecting responsibilities

Acting out
- Alcohol abuse
- Gambling
- Spending spree(s)
- Promiscuity

Desperate acting out
- Administrative infractions: tardy to work, poor appearance, poor personal hygiene, accident-proneness
- Legal infractions: indebtedness, shoplifting, traffic tickets
- Fights: child abuse, spousal abuse

PHYSICAL

Preoccupation with illness
- Intolerant of or dwelling on minor ailments

Illness/somatic indicators
- Physical exhaustion
- Use of self-medication
- Headache
- Insomnia: initial insomnia, recurrent awakening, early morning rising
- Change in appetite: weight gain, weight loss (more serious), indigestion, nausea, vomiting, diarrhea, constipation
- Sexual difficulties

Table A

Suicide Risk Assessment for Police Officers

Thomas R. Kraft

Abstract: *This article provides a background and framework for developing a proper approach to evaluating the suicide risk potential of police officers. It reviews a number of the risk factors and instruments that might aid such an evaluation. These include both multimeasure psychopathology inventories, such as the Minnesota Multiphasic Personality Index-2 (MMPI-2) and single-scale tests such as the Reynolds Adult Suicidal Ideation Questionnaire. A few case examples presented typify some of the complex police stress factors, such as the "warrior mentality" and police culture, which may increase the vulnerability of law enforcement personnel to a suicide outcome.*

Key words: risk assessment, psychopathology, police suicide, law enforcement, suicide

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Suicide Risk Assessment for Police Officers

INTRODUCTION

According to the latest data available (1995), suicide was the ninth leading cause of death in the United States (Mościcki, 1999). There is an alarming increased rate of suicide among teens; however, there has been a leveling off for the general adult population (Berman and Jobes, 1991). Although there are some conflicting data sources, earlier reviews of past research show that the rate that police officers seem to commit suicide is higher than that of the rest of the population (Allen, 1986). Current statistics, however, indicate that the number of police suicides are at least equal to those of the general public or may be lower. Aamodt and Werlick (1999) found in a recent study that the suicide rate of 18.1 for law enforcement is higher than the 11.4 in the general population, but that this number is misleading because when age, sex and race are factored in, the difference disappears. Nevertheless, others such as Violanti (1996) report that the rates of police suicides may not be valid or reliable because many suicides are misclassified as accidental or undetermined. He found that 17% of police suicides, as opposed to 8% in other professions, are being misclassified. Another frightening statistic is that police officers may be more likely to take their own lives than be killed in the line of duty (Kroes, 1976). Since police officers are often placed in rather high-risk situations, a question can then be raised as to whether suicidal police officers may enter the line of fire in order to effect their own suicides.

WHY PEOPLE COMMIT SUICIDE

There are a number of psychological theories and models as to why individuals kill themselves, but there is commonality of thought that indicates that the main intent is to cease the continued conscious experience of psychological pain. Shneidman (1994) called this pain "psychache" and described it as "the hurt, anguish, soreness, aching psychological pain in the psyche, the mind. It is intrinsically psychological—pain of excessively felt shame, or guilt, or humiliation, or loneliness, or fear, or angst, or dread of growing old, or dying badly, or whatever. Suicide occurs when the psychache is deemed by that person to be unbearable"(p. 51).

RISK FACTORS ASSOCIATED WITH SUICIDE

Shneidman (1989) presented an integrative model called the Cubic Model of Suicide that is based on 10 common psychological variables linked together with three surfaces: the subjective "pain," the agitated mental state "perturbation" and the "press" of environmental stressors (see Figure A). When all three factors load up in a more severe range of a 5 out of 5, or when the total score is close to 25, then a suicide outcome is most likely. Shneidman (1996) found that an arboreal image is helpful in gaining an overall perspective: "The trunk represents the psychic pain, the roots—the biochemical states, the branching limbs—the methods and contents of the suicide note and effects on survivors."

Since there are a number of risk factors associated with the potential for suicide, a working model is useful to properly evaluate and assess the risk. Although no single test instrument alone has proven to reliably discriminate—partly because of problems associated with low base rates—a good comprehensive interview that covers the risk factors, including some measurable aspects such as the degree of suicidal ideation, would be an important place to start. There is current research underway that is attempting to develop a standard of care that outlines and targets those aspects most critical for an evaluation of suicidal risk (Rudd, 1999). We have developed a standard-of-care guide offering assessment of the following categories: previous psychiatric history; history of suicidal behavior; chaotic family history; significant losses; history of chronic health problems; family instability; current psychological symptoms such as depression; current hopelessness; nature and frequency of suicidal thoughts; availability of means; impulsivity; active substance abuse and identifiable protective factors (see Attachment A).

In order to develop a model to predict suicide, one has to take into account the base-rate problem because the probability of occurrence is low. According to the National Center for Health Statistics, the 1992 rate is 11.2 suicides for every 100,000 deaths (Mościcki, 1999). The low base rate contributes to the difficulty of predicting suicide risk in the individual case. For example, in a study with a sample of 4,800 consecutive admissions to a Veteran's Hospital that considered 21 risk factors, Pokorny (1983) was able to identify only 803 as having an increased risk for suicide. Out of this sample of 803, he was able to identify only 30 (3.74%) as "true positives." It is important to keep in mind that no one test, biological factor, or clinical interview can support a prediction with reasonable certainty for an individual person (Goldstein et al., 1991). Thus, the best we can hope for is to be able to place an individual on a suicide spectrum of risk and plan for appropriate intervention and increase the margin of safety. With a risk model we may, for example, separate an elevated-mild-risk person who has suicidal ideation but not a specific method from a high-risk person who has suicidal ideation and a specific plan.

In a comprehensive assessment of suicide, one would combine data from different sources. These data sources would include various demographic and psychosocial factors, along with empirical and clinical assessments of suicide ideation, frequency of suicidal thoughts, plan and specificity of plan. Klerman (1987) offers 11 explicit risk factors that correlate with a greater likelihood of a suicide of an individual over age 30: family history of suicide; male; history of previous attempts; Native American; psychiatric diagnosis; single (especially separated, divorced or widowed); lack of social support; concurrent medical illness; unemployment; decline in socioeconomic status and psychological turmoil.

In reviewing the empirical or actuarial approach to suicide prediction, Rumzek (1998) has offered a rather-comprehensive overview summary and analysis of various available instruments. One can begin a review of the instruments that may be helpful in the evaluation of various aspects of suicidality by a focus on the MMPI. The MMPI has long been used as a tool to validate and

assess many facets of psychopathology and behavior. Some of the early MMPI research data on suicide prediction (Clopton, 1979) have been disappointing, particularly if single scales of Depression (Scale 2) or Anxious Agitation (Scale 7) are the limited focus. With a more expansive view of the MMPI, however, one can focus not only on how depressed and agitated an individual may be but also on how an individual may be more impulsive (Scale 4), have more restless energy (Scale 9), or be experiencing distorted thinking (Scale 8). Therefore, there is more likelihood of predicting a self-destructive act (Graham, 1979). With the recent advent of the revised edition of the MMPI-2 Structural Summary Format, Green and Nichols (1995) identified a suicide cluster that includes the following scale and item information: Sc2 (Emotional Alienation), DEP (Depression Content Score), Sc4 (Lack of Ego Mastery; Conative), D3 (Brooding) and five items (150, 303, 506, 520 and 524) as true. This level of specification offers a more comprehensive predictive target.

ASSESSING SUICIDE RISK

Since a great majority of individuals communicate their intent prior to acting on their impulses, Morey (1996) considers that our ability to detect suicidal thinking using test instruments increases our ability to assess and intervene in higher risk cases. Thus, Morey (1996) has a suicide ideation scale that is based on the Personality Assessment Inventory and that provides a gauge of how serious an individual may be in thinking about suicide. Scores on this scale (SUI) ranging from 85T to 99T indicate that an individual is having intense and recurrent thoughts about suicide. Such an individual would generally be put on some form of suicide precaution. In addition to the individual suicide ideation scale, Morey (1996) has developed a configuration of other test scales to add additional weight to our predictive power. These additional scores consist of 20 features that researchers found load on completed suicides. Some of these factors include severe psychic anxiety, severe anhedonia (an inability to feel pleasure), diminished concentration, insomnia, acute alcohol use, poor impulse control and so on.

In contrast to multimeasure psychopathology inventories, such as the MMPI and the PAI (which do have a gauge of suicidal ideation), as well as other scales of psychopathology that help in the overall risk assessment, there are a number of quicker and shorter singular type scales of suicidal ideation such as the Reynolds (1991) and the Adult Suicidal Ideation Questionnaire (ASIQ). The ASIQ was based on the premise that more serious forms of suicidal thought, including greater specificity of methods and plans, portend more serious outcomes. This instrument has 25 items and has a 7-point rating scale, with critical items such as "I thought about what to write in a suicide note." The instrument is designed to differentiate between levels of risk involving constructs of ideation, intent, attempt and completion. The ASIQ cutoff score of 31 was demonstrated to have a moderately high level of specificity of 84% (The specificity of an instrument is the measure of its ability to detect positive or accurate hits with a measure).

A multimeasure scale of self-destructive tendencies is the Firestone Assessment of Self-Destructive Thoughts (FAST) developed by Firestone and Firestone (1995). This self-reporting instrument has 84 items with 11 levels of progressively self-destructive thoughts. These levels include the following:

1. self-deprecating thoughts in everyday life;
2. thoughts rationalizing self-denial;
3. cynical attitudes toward others;
4. thoughts influencing isolation;
5. self-contempt, vicious self-abusive thoughts;
6. thoughts that support the cycle of addiction;
7. thoughts contributing to a sense of hopelessness;
8. giving up on oneself;
9. injunctions to inflict self-harm;
10. thoughts planning details of suicide and
11. injunctions to carry out suicide plans.

This instrument allows us to determine where a person may be on a continuum of self-destructive thinking so that there can be a plan for appropriate intervention strategies. The instrument has several important composite components, including an addictions factor.

The Suicide Probability Scale (SPS) (Cull and Gill, 1989) can offer valuable information on the clinical signs and symptoms associated with suicidal risk. The SPS is a 36-item self-reporting measure that assesses four primary factors, including Hopelessness, Suicidal Ideation, Hostility and Negative Self-Evaluation. Scores on this instrument provide information on an individual's level of risk, from subclinical through mild to severe. Validity research data shows the correct classification percentages for suicide attempters were 98.2%, 83.0% and 29.2% in the high, intermediate and low presumptive risk base rates respectively. Alpha reliability ranges into the .90s. The FAST's Hopelessness (Level 7) and Giving Up (Level 8) had the highest correlation with the SPS Suicide Ideation subscale r = .77 and r = .82, respectively).

With the more projective testing approach of the Rorschach, one has the capacity to avoid some of the self-reporting bias concerns, particularly if there is suspected defensive denial. Although the Rorschach (Exner, 1995) was developed as a projective or more subjective measure, it has achieved a level of acceptable scientific validity and reliability equal to objective measures. The instrument has developed stable cluster measures, such as the Suicide Constellation Score (S-CON) and, along with the depression index and coping index, may offer important clinical information regarding risk assessment of suicidal behavior. The revised S-CON score of 8 correctly identified 83% of the suicide completers, while misidentifying 0% of normals, 6% of schizophrenics and 12% of depressives. Thus, there is some chance for false positives to occur.

Ganellen (1996) has advanced the notion of integrating the Rorschach and the MMPI-2 in investigating suicide potential. He analyzes test data of a female patient case to show how these two instruments can be used together to evaluate the potential for suicide in a very distressed state. The focus of each instrument is different, but together they have predictive power.

In contrast to the negative risk factors, a positive measure providing some protective aid is the presence of supportive connections with friends, family and work associates. The Reasons for Living Scale by Linehan (1983) provides information that might mitigate an otherwise more negative outcome with a patient. With adequate reliability and validity data, this instrument has buffer factors that are considered to help counter the risk factors. These might include certain religious beliefs, the need to care for children or family, fear of suicide and so on.

Considering applications of risk assessment of suicide for the law enforcement environment, we need to remind ourselves that most completed suicide victims utilized firearms. Stone (1999) indicates that about 60% of all suicides in the United States are by means of gunshot, with about an 80% fatality rate for those attempting to shoot themselves. With this in mind, one needs to pay particular attention to those in the law enforcement community who possess a number of high-risk factors, such as serious depression, high level of job stress, high alcohol or drug use and a work culture that might minimize or overlook weakness. McMains (1998) reminds us of the "warrior mentality" of many police officers. This mentality may be responsible for police officers who, although depressed, refuse to take medication as a protective and treatment measure. The statistics show that individuals who have a major affective disorder such as depression are more prone to suicide and Roy (1982) found that only 29% of the victims of suicide were receiving adequate antidepressant medication at the time of suicide. When does the inability to accept treatment begin to be self-destructive? A literary example of a murder-suicide drive is found in *Moby Dick,* by Herman Melville, in which Captain Ahab's passion to destroy the enemy masks his underlying self-destructive mission (Shneidman, 1994). A parallel phenomenon on a collective level might be gathered from the Waco experience, in which officers from the Bureau of Alcohol, Tobacco and Firearms were caught off guard and killed in an attempt to take the compound. While the conscious mission was understandable, self-defeating and perhaps impulsive misjudgment led to the unnecessary death of law enforcement agents. Allen (1986) identifies negative risk-taking behaviors as dangerous because the need for excitement and danger can become obsessive and addictive. Farberow (1980) defines behaviors that exceed considerations for safety as "indirect self-destructive behavior." Officers who work undercover often teeter on the borderline between their need for safety and their need to perform their job in high-risk situations.

An incident that took place in a foreign country illustrates the complicated stresses that some federal agents face when events turn untoward. In this instance, because of a big variety of circumstances, there was some suicidal ideation by an agent who had been badly beaten up while

having a few social beers with friends, late at night while off duty. Luckily, he had not been killed with his own weapon. Because of his shame, embarrassment and concern about the fact that he had been taken off guard and the fact he had been drinking, he declined to have the situation reported to the local police. In addition, there was not a lot of sympathy and support by his field office since he had not initially made too much of the attack and the degree of his physical and psychological trauma. Because of the warrior mentality, he was expected by his superiors to "buck up" and return to duty quickly. The evidence of his post-traumatic stress and depression and suicidal thinking had not fully surfaced until the Employee Assistance Program (EAP) was called in to assist. Two other cases, again in foreign territories, involved a senior agent's losing his wife in marital disharmony and another top agent's losing his job and position; both suffered significant depression and raised some suicidal concerns.

While all the demographic and psychological variables are not addressed in these cases, the lack of the usual environmental supports and self-image issues that appeared were critical. These cases shared some similar characteristics, including the difficulty of adjusting to foreign assignments with the lack of the usual support networks such as friends and counselors (Kraft, 1996). There was also the problem of being able to acknowledge that there is a problem and that one is vulnerable. Because of certain perceived roles and a lack of external supports, there was more stress involved in these crises. In each instance, the role of the EAP Critical Response Team was critical and beneficial in helping to prevent a bad situation from turning worse.

The police culture, according to Violanti (1996), imposes additional role restrictions; he proposed a theoretical model that associates cognitive constriction with suicidal outcomes when stress mounts. Violanti's complex model considers various factors, beginning with the formal police organization, which is organized around a rigid organizational structure with military-style rank positions, specific work roles and an impersonal atmosphere. Officers are taught work roles involving emotional detachment, which calls for depersonalization. This factor makes the personal and marital lives of officers problematic in terms of the stress of developing and maintaining the intimacy necessary for happy marital adjustment. Finally, Violanti focused on the social isolation factor of the police officer, which affects an officer's family and friends and, along with other risk factors, leaves police officers more susceptible to suicide.

CONCLUSION

This article reviewed the relevant risk factors in assessing the suicide potential for the police officer, with some additional focus on the peculiar aspects of the law enforcement culture encompassing the warrior mentality, the lack of usual protective supports, the restrictive role of the police cultural social psychology and the high availability of lethal means. It is hard to get help when you are not supposed need help because your role is to be the tough one. Furthermore, if officers are depressed and are thinking about suicide, are they going to be quick to communicate this to their supervisors and risk having their weapons taken away and be sidelined to a desk job? This article

also reviewed an outline of areas to be questioned in an interview format and reviewed various psychological test instruments available that tap and measure the kind and frequency of suicidal thinking and other behavioral correlates of suicide risk (such as impulsiveness and disordered thinking). In addition, protective reasons for living also should be included in a suicide risk assessment. These measures are clinical tools that may be helpful in quantifying and adding some measure of scientific rigor to aid, but not replace, our clinical judgments. Finally, if one can understand the level of suicidal risk an individual officer poses, one can more realistically plan and orchestrate the appropriate intervention, whether it be increased individual therapy, crisis intervention, medication, or hospitalization.

CUBIC MODEL OF SUICIDE

Figure A

STANDARD-OF-CARE SURVEY

ID: [   ], [Ph.D./Psy.D./Ed.D.]   Age: [   ] Sex: [Male/Female]

Speciality: [Clinical/Counseling/School/Health and Behavioral Medicine]

Years in practice: [   ]   Licensed: [Y/N]   ABPP Diplomate: [Y/N]

Practice area (circle either/both): [Inpatient/Outpatient]

Setting (circle all that apply): [Hospital/Clinic/Group Practice/Individual or Private Practice]

Theoretical orientation:[Behavioral/Client-centered/Cognitive-behavioral/Gestalt
    Humanistic/Psychodynamic]

Average number of treatment hours [   ] and diagnostic assessment hours [   ] each week

Have you received formal training in the assessment of suicidal risk? [Y/N]
        If yes, number of hours [   ] and type training received (please summarize):

Have you received formal training in the treatment of suicidality? [Y/N]
        If yes, number of hours [   ] and type training received (please summarize):

Average number of patients with a history of suicide attempts you treat each month [   ]

Have you ever had a patient commit suicide during treatment? [Y/N]
        If yes, number of patients who committed suicide during treatment [   ]

Do you consider yourself an expert in the assessment, management, or treatment of suicidality?
        [Y/N]

Have you published in professional journals, books, or other media on the topic of suicidality?
        [Y/N]

Have you ever testified in a court case about a patient who committed suicide? [Y/N]
        If yes, number [   ]

Attachment A

For each of the following categories, please indicate:			
(1) Whether or not you think this factor is relevant to an appropriate STANDARD OF CARE; (2) If this factor is ROUTINELY ADDRESSED in your practice and (3) Rate the LEVEL OF IMPORTANCE you would apply to this factor in your practice.			
ASSESSMENT OF SUICIDAL RISK	(1) Standard of Care	(2) Routinely Addressed	(3) Level of Importance Irrelevant--Essential

1. Previous Psychiatric History (Recurrent Disorders, Comorbidity and Chronicity):

a. Major Depressive Disorder	Y/N	Y/N	1 2 3 4 5 6 7
b. Anxiety Disorder	Y/N	Y/N	1 2 3 4 5 6 7
c. Alcohol Abuse/dependence	Y/N	YIN	1 2 3 4 5 6 7
d. Schizophrenia	Y/N	Y/N	1 2 3 4 5 6 7
e. Personality Disorder	Y/N	Y/N	1 2 3 4 5 6 7

2. History of Suicidal Behavior:

a. Prior Attempts Not Requiring Medical Care	Y/N	Y/N	1 2 3 4 5 6 7
b. Prior Attempts Requiring Medical Care	Y/N	Y/N	1 2 3 4 5 6 7
c. Number of Lifetime Attempts	YIN	Y/N	1 2 3 4 5 6 7

3. Chaotic Family History:

a. Abuse (physical, emotional and/or sexual)	Y/N	Y/N	1 2 3 4 5 6 7
b. Family violence (physical violence in home by parents)	Y/N	Y/N	1 2 3 4 5 6 7
c. Punitive parenting (highly critical, emotional unsupportive)	Y/N	Y/N	1 2 3 4 5 6 7

4. Significant losses:

a. Job	Y/N	Y/N	1 2 3 4 5 6 7
b. Financial	Y/N	Y/N	1 2 3 4 5 6 7
c. Interpersonal relationships	Y/N	Y/N	1 2 3 4 5 6 7
d. Identity	Y/N	Y/N	1 2 3 4 5 6 7

5. History of acute or chronic conditions:

a. Health problems	Y/N	Y/N	1 2 3 4 5 6 7
b. Chronic pain	Y/N	Y/N	1 2 3 4 5 6 7

Attachment A (continued)

For each of the following categories, please indicate: (1) Whether or not you think this factor is relevant to an appropriate STANDARD OF CARE; (2) If this factor is ROUTINELY ADDRESSED in your practice and (3) Rate the LEVEL OF IMPORTANCE you would apply to this factor in your practice.			
ASSESSMENT OF SUICIDAL RISK	(1) Standard of Care	(2) Routinely Addressed	(3) Level of Importance Irrelevant--Essential

6. Family instability:

a. Divorce	Y/N	Y/N	1 2 3 4 5 6 7
b. Separation	Y/N	Y/N	1 2 3 4 5 6 7
c. Strained relationship with spouse	Y/N	Y/N	1 2 3 4 5 6 7
d. Strained relationship with children	Y/N	Y/N	1 2 3 4 5 6 7
e. Strained relationship with parents	Y/N	Y/N	1 2 3 4 5 6 7

7. Current symptoms and severity of:

a. Depression	Y/N	Y/N	1 2 3 4 5 6 7
b. Anxiety	Y/N	Y/N	1 2 3 4 5 6 7
c. Anger	Y/N	Y/N	1 2 3 4 5 6 7
d. Agitation	Y/N	Y/N	1 2 3 4 5 6 7
e. Insomnia	Y/N	Y/N	1 2 3 4 5 6 7
f. Sense of urgency	Y/N	Y/N	1 2 3 4 5 6 7

8. Current hopelessness	Y/N	Y/N	1 2 3 4 5 6 7

9. Nature of suicidal symptoms:

a. Thought frequency	Y/N	Y/N	1 2 3 4 5 6 7
b. Intensity of thoughts	Y/N	Y/N	1 2 3 4 5 6 7
c. Duration of thoughts	Y/N	Y/N	1 2 3 4 5 6 7
d. Specificity of plans (how, when, where)	Y/N	Y/N	1 2 3 4 5 6 7
e. Availability of means (access to / can secure)	Y/N	Y/N	1 2 3 4 5 6 7
f. Active preparation for acting upon plans	Y/N	Y/N	1 2 3 4 5 6 7
g. Explicit or stated intent (certainty of acting on plans)	Y/N	Y/N	1 2 3 4 5 6 7
h. Identify deterrents to suicide	Y/N	Y/N	1 2 3 4 5 6 7

Attachment A (continued)

For each of the following categories, please indicate:			
(1) Whether or not you think this factor is relevant to an appropriate STANDARD OF CARE; (2) If this factor is ROUTINELY ADDRESSED in your practice and (3) Rate the LEVEL OF IMPORTANCE you would apply to this factor in your practice.			
ASSESSMENT OF SUICIDAL RISK	(1) Standard of Care	(2) Routinely Addressed	(3) Level of Importance Irrelevant--Essential

10. Impulsivity:
a. Subjective (considers himself/herself impulsive vs. possessing self-control)

	Y/N	Y/N	1 2 3 4 5 6 7

b. Objective markers of impulsivity (current impulsive behaviors):

(1) Aggressive	Y/N	Y/N	1 2 3 4 5 6 7
(2) Substance abuse	Y/N	Y/N	1 2 3 4 5 6 7
(3) Sexual acting out	Y/N	Y/N	1 2 3 4 5 6 7

11. Active substance abuse:

a. Chronic	Y/N	Y/N	1 2 3 4 5 6 7
b. Episodic	Y/N	Y/N	1 2 3 4 5 6 7
c. Polysubstance	Y/N	Y/N	1 2 3 4 5 6 7

12. Identifiable protective factors:

a. Good social support among family members	Y/N	Y/N	1 2 3 4 5 6 7
b. Good social support among friends	Y/N	Y/N	1 2 3 4 5 6 7
c. Good problem-solving and coping history	Y/N	Y/N	1 2 3 4 5 6 7
d. History of successful psychological treatment	Y/N	Y/N	1 2 3 4 5 6 7
e. Hopefulness	Y/N	Y/N	1 2 3 4 5 6 7

Attachment A (continued)

The Relationship Between Police Officer Suicide and Posttraumatic Stress Disorder

Wayman C. Mullins

Abstract: Almost all police officers exposed to a critical incident or other traumatic event will develop Posttraumatic Stress Disorder (PTSD). Many officers will contemplate, attempt, or even successfully commit suicide. Suicide incident rates among officers suffering PTSD are higher than rates for nonsufferers. This article examines the relationship between PTSD and police suicide. It examines the predisposing factors, time-of-incident variables and long-term effects that can individually or in unison contribute to suicide. The article offers a multifaceted approach to preventing suicide among officers suffering PTSD, including training of officers, training of managers, policy and procedure statements, family training, peer support groups and professional counseling.

Key words: Posttraumatic Stress Disorder, police suicide, law enforcement, suicide, prevention

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The Relationship Between Police Officer Suicide and Posttraumatic Stress Disorder

INTRODUCTION

The selection process has more rigor for policing than any other profession. A significant part of this process concerns the assessment of a candidate's mental and emotional stability, ability to remain calm and even-tempered under pressure and ability to rationally and logically solve problems. This rigor ensures that police officers have the emotional and psychological well-being to handle the pressures of the job. It would be a fair assessment, in fact, to say that police officers, as a whole, are more stable and well adjusted than the general population, more able to deal with stress and better prepared to overcome and adapt to different situations.

If police officers are so psychologically stable, then why does police work have a suicide rate (Wagner and Brzeczek, 1983) that is arguably one of the highest of all professions? Persons enter the police profession with sound mind and a healthy mental state, so there must be something about the job of policing that causes a psychological change and leads to a heightened suicide rate. Granted, for any person, normal life events can precipitate a severe emotional crisis and lead to suicide. Many police suicides are related to normal life crises, such as relationship problems, financial problems and so on. A reasonable argument could be made, however, that police officers, more so than the general population, should be better equipped psychologically to cope with these crises and as such, suicide rates should be lower than for the general population. Why, then, are they higher?

This article argues that the elevated police suicide rate is largely attributable to police officer involvement in critical incident situations, which, in turn, leads to Post-Traumatic Stress Disorder (PTSD) and that police officers experiencing PTSD are more prone to commit suicide than other officers (see, for example, Ferrada-Noli et al., 1998). Even for those officers who commit suicide because of a failed relationship, overwhelming financial difficulties and so on, I believe that many of these officers are suffering PTSD and that PTSD is the precipitating condition, not the life crisis. The crisis is merely the catalyst. In few other professions are workers exposed to critical incidents. Disaster relief workers, firefighters and the military are three professions where employees are exposed to critical incidents and develop PTSD. Each of those professions also have a higher-than-average suicide rate.

In lieu of the lack of data for police officers and PTSD, a compelling argument for this hypothesis can be made by examining the data from prisoners of war (POWs) of the Japanese in World War II. Virtually to a person, these ex-POWs suffer from PTSD, even after 50 or more years (Solomon et al., 1994). One of the leading causes of death for these ex-POWs is suicide (LaForte and Marcello, 1993; LaForte et al., 1994; Tennant et al., 1986; Stenger, 1992; Ursano and Rundell, 1990); POWs are a group whose suicide rate runs 2 to 5 times that of the national average (Engdahl et al., 1991). Other than PTSD, there is no other reason for this elevated suicide rate.

The components of the PTSD response that can influence suicide will be discussed. Variables that can affect the officer prior to exposure to a critical incident will be presented, followed by time of incident variables and then long-term effects. Also, strategies for reducing suicide potential will be presented and discussed. While this article focuses on critical incidents involving shooting situations (for sake of clarity), many types of activities are critical incidents and can lead to PTSD, including prolonged and continued exposure to some incident types. Some examples include working or being involved in traffic accidents, child abuse cases, an attempt on an officer's life, physical confrontations and violent crimes.

PREDISPOSING FACTORS

Just as events prior to a critical incident can influence the severity of PTSD, so too can those events or factors increase the probability of later suicide. Some general predisposing factors that can increase the probability of later suicide include a recent loss of significant others, low rank/status in the group (including low group cohesion and recent reassignment), role conflict and a sense of responsibility for others.

Losing a significant other (through death, divorce, separation, etc.) is a serious life crisis for most people, including police officers. The despair and depression can be exponentially worsened if the officer is also exposed to a critical incident situation. In addition to having to try and resolve the fears, emotions and stress of the critical incident, officers also have to attempt to reconcile the loss of loved ones. Taken together, the two emotional tasks may cause officers to see no future for themselves.

When involved in a critical incident, a person who has low rank or status in the work group receives no support from peers. The same is also true if the officer has been recently assigned to the work group, or if there is little or no cohesion among the work group. For police officers suffering from a severe PTSD reaction, one common theme concerns the lack of support from the work group. This isolation not only worsens long-term reactions, it leads to a despondency that can result in suicide. Many officers will not seek out a mental health professional or other non-officer for help in dealing with the long-term effects of PTSD. Many will talk to a co-worker (thus the recent emphasis on peer support groups). For the officer considered an outsider, the work group will not take it upon itself to intervene. The affected officer has then lost any resource to head off possible suicide.

As a rule, police officers are good people: responsible citizens, upstanding members of the community, good spouses and caring parents. Involvement in a shooting or taking another's life sends a different psychological message to the officer: good spouses and parents do not hurt other people and set a bad example for spouses or children. Officers may feel unworthy of the trust and respect of their families, want to get out of their lives and not shame them any further. To many officers, the only honorable solution becomes suicide.

One of the most famous slogans in the entire history of policing is the slogan printed on the doors of Los Angeles Police Department patrol vehicles (and those of many other departments): "To Protect and to Serve." While most police officers like and seek the excitement, adventure, thrill and "derring-do" policing provides, they are police officers because policing is the means by which they serve others. They have a deep commitment to protecting citizens of the community, keeping citizens safe and secure and serving as watchdogs of the community. This belief gets reinforced every single day. When they have to kill a member of the community, they develop a sense of failure as police officers and as human beings (Fontana et al., 1992). They believe they have shamed themselves as members of the community and as people. This sense of failure can be one of the most emotionally upsetting of all later PTSD effects. To many, the only dignified solution is suicide. A classic example of this sense of failure is the story of Donny Moore, a relief pitcher for the California Angels. The Angels were in the American League playoffs and playing for a spot in the World Series. With the Angels holding a slim lead, Moore was brought in to save the game. He allowed the other team to score and win the game. His shame and despair at having let down his teammates and fans led him to commit suicide soon after.

A predisposing situational factor that may contribute to suicide is the reputation or character of the victim/assailant. There may be a large degree of guilt if the victim is not a career criminal or truly "bad" person. Juvenile officers, for example, are very prone to PTSD because they are always working with children who are victimized by adults. What is happening to the children is bothersome because the children have no choice and do not deserve what is happening to them. Taking the life of a reputable victim or seeing innocent victim after innocent victim can lead to a despair that the world is an unfair place and not worth being in.

Finally, living up to the myths of law enforcement—while perceived by the officer as central to existence (to many it becomes a whole moral and ethical code of conduct)—is unrealistic and impossible. The Superman myth ("I cannot be injured- Bullets will bounce off me"), the Superhuman myth ("I will have total emotional control") and the Hero myth ("I am like the Lone Ranger- I save the day") are locker room folk lore. Unfortunately, many officers fall into the trap of believing the hype. When exposed to a critical incident and then having a normal reaction to that incident, the officers believe themselves crazy, not worthy of the badge and a failure as a human. As stated earlier, the only honorable way out is suicide. Many officers believe the act of suicide restores some of their myth status.

TIME OF INCIDENT

When involved in a critical incident, reactions are primarily physiological. Nausea, bowel release, the "shakes," crying, fainting and shock are physical releases from the massive adrenaline dump during a survival reaction or super-stress situation (as well as exposure to mutilated and dismembered victims of traffic accidents, abused children, etc.). Officers believe themselves above these types of physical reactions. These reactions do not fit their self-perception and are significantly

more unsettling than they might normally be. The officer believes he or she acted inappropriately, shamefully and are less than fit to be a member of the "brotherhood." The cognitive dissonance must be resolved. Many officers may try inappropriate methods, which only worsen the dissonance and can easily and ultimately lead to suicide.

One career police officer known by the author always forced rookies to work the most severe traffic accidents. He knew the rookie would end up in the bushes "losing lunch." Afterward, this officer would take the rookie aside and explain the reasons for the physical reaction, that the reaction was normal and that the reaction would desensitize over time. These rookies came to see their reaction as an acceptable reaction and it became no cause for any psychological distress. They were not "sissies," less than worthy, or less capable because of their reactions.

LONG-TERM EFFECTS

PTSD affects the entire system (Eberly and Engdahl, 1991)—physical, psychological, cognitive, medical and emotional. Most long-term PTSD effects experienced by police officers are psychological or emotional. Of these, various ones can singly or in unison contribute to possible suicide. One is a fear of insanity or loss of control experienced by many officers. Following a critical incident, officers will self-analyze their reactions: physical, emotional, cognitive and psychological. Policing is still very much a "macho" profession. Officers do not tend to share their experiences at critical incident situations and afterward (Strandberg, 1997). Thus, many officers believe that their reactions are somehow abnormal and not a common experience. The officers think something is wrong with them, that they are "going crazy." Coupled with this belief is a fear of being emotionally and mentally out of control. As one example, one officer I talked with made me swear that I would never let members of his department know what he was going through (speaking of the PTSD response) because they would fire him for having emotional and psychological problems. This is from an officer who had been shot in the chest and left for dead on a highway!

Many officers experience a deep sense of guilt, remorse and sorrow for having taken someone's life. Many will visit or call the surviving family, attempting to apologize and "clean the slate" (the emotional slate). This guilt can be even more severe if another officer is killed (i.e, survivor guilt). Officers attempt to apply their moral and ethical values to the suspect-victim. They perceive the victim to be a "breadwinner," good spouse, parent, child, or member of the community. The officer fails to realize that such victims surrendered these morals, ethics and roles when they engaged in an activity that could lead to the officer's having to kill them. Many officers also fail to pick up on the key word in the previous sentence: "having." The victim has done something that precipitated the officer's use of force. Left unchecked, the remorse and guilt experienced by the officer will continue to worsen until suicide is contemplated or attempted (Maltsberger, 1996).

This overwhelming guilt and sorrow can also be caused by the officer's upbringing. One enduring lesson taught to virtually every child from birth on is the Sixth Commandment: "Thou shall not kill." Officers forced to kill suspects may feel an overriding sense of guilt for violating this one basic underlying principle of a moral and value-laden life. The only problem is that officers may have learned the wrong directive. The Commandment actually says, "You shall not murder" (Exodus 20:13, NIV translation). Murdering someone is vastly different from killing someone. But because officers may have mislearned the Commandment, they may be emotionally destroyed and feel they do not deserve to live.

Associated with the above two long-term effects is a depression over what happened. Left unchecked and untreated, this depression can worsen over time, until it finally becomes a central focus of the officer's life. One sure way to ease the emotional and psychological pain caused by this depression is suicide. There is an added emphasis on supervisors, peers and significant others to recognize this depression and worsening depression and confront the officer (see Hendin and Haas, 1991 and Pollock, 1992 for a discussion of depression, guilt, anxiety, PTSD and suicide).

The officer involved in a critical incident may be fearful and uncertain about future police situations. The officer who engages in a shootout during a traffic stop may not make any more traffic stops. This irrational fear does not fit with the officer's cognitive structure about the world, nor does avoiding calls and situations fit within the framework of the officer's work ethic. Taken together, the fear and uncertainty may continue to gnaw at the officer's consciousness until the officer feels overwhelmed and cornered. One way to ease the fear and relieve the uncertainty is to commit suicide.

Following a critical incident, officers may undergo an emotional numbing, isolation and withdrawal. For many police officers, this happens without exposure to critical incidents (Besner & Robinson, 1984). Involvement in such an incident can severely exacerbate this isolation. Emotional withdrawal from others often leads to a sense of "others don't care," "it doesn't matter to others if I live or die," "even my family (friends, coworkers) couldn't care less about me and my problems." This sense of aloneness and separation offers no hope for a positive future, of relevant relationships, of being needed by others. If others don't need or want the officer, why live? Janik and Kravitz (1994) reported that officers contemplating suicide withdraw emotionally from the family. This should be a key predictor others can use to prevent a potential suicide.

One common symptom of PTSD is a precipitation of normal life crises. One close friend of the author, while rather young, suffered a minor heart attack. For this outdoorsman, sportsman and athlete, this was a critical incident. When asked what the biggest change in his life was following the attack, he stated that it was anger at minor events, ones that prior to the attack he would have totally ignored. Afterward, these events could trigger an extreme emotional anger. An officer suffering PTSD reacts the same way. Small glitches become major chasms in life. Not only is the

anger emotion used as an everyday and common tool, but the officer again feels out of control. There is a questioning of sanity—despair because the officer does not understand what is happening—and depression. Events that were once easily controlled are now monsters on an out-of-control emotional roller coaster. This stress can be simply overwhelming and the officer might see the only way to relieve the stress as suicide.

Taken together, the predisposing factors, time-of-incident factors and long-term effects can prove to be more than the officer can manage. The officers has entered a negative escape/avoidance paradigm. The officer has learned that he or she can neither escape the negative emotions, feelings, thoughts and cognitions of PTSD nor avoid those psychological "punishments." The officer now experiences learned helplessness and life becomes a black hole from which nothing positive can enter or leave. Living becomes a painful experience, the finish more alluring than the race and death preferable to life. At this point, the future is not bleak: the officer cannot even envision a future. Suicide is not the preferred alternative; it is the only avenue.

REDUCING SUICIDE RELATED TO PTSD

Super (1994) argued that the treatment of PTSD requires a multifaceted approach. I agree with him wholeheartedly. This is particularly true when discussing suicide prevention. Suicide prevention begins well before any exposure to a critical incident or experiencing PTSD. The single, most positive and effective thing an agency can to do to prevent PTSD-related suicides is training, training and more training. Officers should be trained in all issues related to critical incidents and PTSD, including basic and comprehensive stress-management training. Officers should be taught what factors can influence, positively or negatively, their reactions to a critical incident (i.e., predisposing factors) and how they can exert some control over those factors. One element of suicide is the perception of not having control over one's environment, emotions and behavior. Officers should be taught how to exert control and how to manage those items over which they have no control. It is not possible, for example, to control the death of a parent or spouse, but it is possible to manage the grief and sorrow associated with that death.

Team-building skills should be taught. No officer should ever feel like an outsider to a group of peers. One of the most positive changes made by the U.S. military in the wake of Vietnam was a change in policy concerning assignment to combat zones and reassignment of troops to combat units. Basic education in group processes, small-group behavior and other interpersonal group and communication issues can resolve most problems associated with being an outsider to the group. The establishment of social networks is not only a key stress-management technique (Maslach and Jackson, 1979) but is also a key technique in preventing suicide.

Realistic expectations should be taught. Police are not superheroes, not the Atlases of the community and not the guardians of perfection. Police are human and need to recognize that their profession does not bestow special status in human behavior or psychology. Officers need to be

taught that the slogan "to protect and to serve" should be rewritten to reflect the humanness of the job and is not a mantra to be chanted and accepted at face value with no qualifications.

Agencies have a responsibility to train officers in what to expect once exposed to a critical incident situation, what PTSD is and how it affects people. The code of silent suffering needs to be eliminated and an honest expression of emotional suffering and pain allowed to exist. Officers need to be taught what to expect in the long term following exposure to a critical incident and where to seek help when it is needed. Officers need to be taught that PTSD is a normal reaction to critical incidents and that the officer is not "losing it" by having negative and conflicting emotions and thoughts. Training has to emphasize the fact that PTSD is a normal reaction to an abnormal event. Significant others need education in what to expect from the officer suffering from PTSD and how they can help mitigate the long-term symptoms. In many cases, significant others and family members can experience secondary PTSD (Ryan and Brewster, 1994; Mitchell, 1994). It has been well established that PTSD effects remain with individuals for the rest of their lives (Kluznik et al., 1986; Potts, 1994; Sutker et al., 1993; Sutker et al., 1991; Zeiss and Dickman, 1989). Long-term PTSD symptoms do not have to be a lifelong negative experience. Some of the most well-adjusted officers I have ever met have challenged PTSD and turned their negative effects into positive life experiences.

Agencies have a responsibility to train peers in how to act toward officers suffering PTSD, to establish firm policies and procedures regarding the handling of critical incidents and officers involved in those and to train managers in PTSD issues and management of officers suffering from PTSD (Pierson, 1989; Violanti, 1995). Peers are not mean-spirited by nature and do not intend to worsen an officer's suffering. They often do not know how to act toward the officer and unintentionally do or say things that worsen the officer's reaction. Simple education can eliminate this problem. Established policies and procedures not only tell the agency how to react to a critical incident, they tell the involved officer as well. Agencies who have firmly upheld policy statements on dealing with officers exposed to critical incidents have officers with fewer long-term PTSD symptoms and less severe long-term symptoms.

Training of managers serves two primary purposes. One, managers have to understand what happens to normal people exposed to critical incidents (and police officers are normal people). Two, the manager should be trained as to the danger signs of worsening depression and impending suicide. More than any other person (with the exception of spouses, but spouses often will not come forward because they distrust the agency, Maynard and Maynard, 1982), the manager is in a position to notice changes in behavior, cognition, emotions, or psychological balance. The manager can be a crucial front-line defensive player in the fight against suicide. One of the myths of policing is that of "sucking the barrel." Many officers do commit suicide by firearm. Many do so by engaging in behavior designed to kill. (I suspect this group may be significantly greater than the obvious suicides, although there is no data to support this. The problems with data collection are immediately

obvious.) Drug/alcohol use, driving at high speeds, not requesting backup and deliberately placing themselves in harm's way are calls for help and indicators that suicide may be impending.

It is highly and strongly recommended that agencies establish and utilize peer support teams: teams comprised of officers who have received specialized training in counseling skills; emotional debriefing skills and helping skills (Fuller, 1991; Klein, 1989, 1991, 1994; Klyver, 1986; Linden and Klein, 1988). Many officers suffering from PTSD will not talk to a spouse, supervisor, mental health consultant, or doctor. Officers feel doing so validates their abnormal emotions ("I must be crazy if I'm going to the doc") and more important, fear retaliation or retribution from the agency (whether true or not). Peer teams solve both these problems. Officers will talk to peers who have been exposed to critical incidents or who have been trained to deal with those specific problems. Officers will share emotions and psychological distress with peers and accept recommendations from peers (Mullins, 1994). Without trained peers, however, this help often takes the form of "bull sessions" and "war stories" at the local tavern (which present a whole new set of problems in addition to those already present).

In extreme cases, the officer can be referred (or ordered) to a professional mental health consultant. Going to see the "doc" does not have the negative connotation it once did. In most agencies, there is no longer any stigma attached to having to go see the psychologist (this has to become true of 100% of police agencies). Even if there is, being ordered to go can eliminate this problem. McMains (1991) argues that any officer exposed to a critical incident should receive counseling. Everly (1994) argues that the entire family should receive counseling in order to strengthen family and restore well-being. But individual officers, peers, supervisors and significant others have to learn when to seek professional help.

CONCLUSION

Police officer suicides related to PTSD are totally unacceptable. One officer suicide due to exposure to a critical incident is 100% too many suicides. With our knowledge of critical incidents and PTSD, there is no excuse for an officer ever to commit suicide for this reason. In many respects, the research on this issue has been done, the data are available, the answers are there for the taking; all that is necessary is to fully apply and to gain acceptance of those answers. People will always (presumably) commit suicide. To commit suicide because of exposure to a critical incident is entirely unacceptable and intolerable.

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The Suicide Funnel: A Training Aid for Law Enforcement Instructors

Mary E. Myers

Abstract: The Suicide Funnel is designed as a training aid. It can serve as the basis for a candid discussion of the potential indicators of an officer's suicidal thoughts and behaviors, as well as appropriate interventions. The funnel shape visually conveys the normality of occasional thoughts of wanting the pain to stop and the danger of slipping more deeply into the funnel. The short form is designed for projection overhead and the longer form is designed as a handout to the officers. The information includes a list of indications that an officer might be considering suicide and a summary of suicide interventions.

Key words: suicide funnel, police training, police suicide, law enforcement, suicide

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The Suicide Funnel: A Training Aid for Law Enforcement Instructors

INTRODUCTION

Many law enforcement officers believe that the difficulties involved in working within a political bureaucracy cause much of their stress (Wolotsky, 1979). Some believe the dangers of the job itself cause their stress. Scott (1994) concluded that personal problems, substance abuse and depression, rather than job stress, were the direct causes of the high police suicide rate in New York City. Other officers point out how they map their world by the traumatic events they witness, instead of social or familial incidents. The officers' world view therefore constantly reminds them of the trauma and strife in their world (Myers, 1996).

When the stress experienced by law enforcement officers during their careers becomes overwhelming, whether it is work-related or personal stress, it may lead to self-destructive and suicidal behaviors (Baker and Baker, 1996; Cummings, 1996; Josephson and Reiser, 1990; McCafferty et al., 1992). Officers may typically drink more alcohol when stressed and alcoholism and suicide are often fatally connected (Wagner and Brzeczek, 1983). Also, some of the vehicular accidents involving police officers may actually mask attempts of suicide (Hutcherson and Krueger, 1980).

Law enforcement officers are usually taught how to respond to a suicidal individual. However, a difference exists when dealing with suicidal officers. Because officers carry a weapon as part of the tools of their trade, the typical removal of all weapons as the first step in a suicide intervention is a difficult decision. Removing officers' weapons may remove their very identities and may seriously compound their problems even further.

When teaching law enforcement officers about police suicides, we must increase their comfort level in discussing such a sensitive topic, so officers will more willingly discuss their depression and fears. Treating depression typically requires less drastic measures than treating suicidal ideation—which may require the removal of officers' weapons. The importance of acknowledging an individual's natural desire to make the pain go away as a normal and natural coping mechanism cannot be overstated. Many people have experienced fleeting thoughts of suicide at some point in their lives. Using the suicide funnel (see Figure A) as a teaching aid in classes about police suicide is an effective and efficient way of normalizing this experience and opens the topic for further discussion.

In some peer groups (such as among teenagers in school), suicidal thoughts and behaviors appear almost contagious, appearing as some sort of contagious suicidal flu. And although Myers (1996) found urban officers with more years of service appear desensitized to the self-induced violence of suicide when the victim is not a police officer, police-related suicides typically cause a strong reaction in many co-workers just as they do with other peer groups. Violanti (1995) described

police suicide as "the mystery within." We must be willing to discuss this topic openly in order to disarm this contagion, providing help to depressed officers in such a way as to not threaten the officers' employment.

Some possible indications that an officer might be considering suicide

- Pain, lots of pain—whether emotional or physical, someone who is thinking of suicide is generally in a lot of pain.
- Hopeless and helpless to overcome their pain, they wonder if there's any help for them. Eventually they give up hoping and become helpless to help themselves. They've lost control.
- A period of review may be experienced while they're deciding whether or not to end it all. This is a time when they review their lives, their relationships, their accomplishments, their failures.
- They may reach out for help with suicide attempts that leave a safety mechanism, so that someone who cares can save them—if there's anyone who cares.
- Once the decision is truly made to commit suicide, the world may suddenly seem lighter, as their problems have been solved. There may be behavioral indicators of sudden changes, such as a lightening of affect, giddiness, relief, or a devil-may-care attitude. The weight of the world is suddenly gone from their shoulders. They have disconnected from their normal behaviors.
- They may go around and say their good-byes—to loved ones, to favorite places, perhaps in ritual kinds of ways, perhaps oddly—kind of wrap things up before they go. These are the really serious-minded suicides, by the way.
- Some may hide their minds and their decisions, even from themselves, with drugs or alcohol and they may use these as a way to open the door to suicide for themselves.
- Watch for sudden lifestyle changes; heavy substance abuse; self-destructive behaviors; social withdrawal; problems at work, at home, or in relationships.

A note about self-destructive behaviors: These can be ways to allow death or injury to occur without necessarily making the decision to commit suicide. These are the times when officers get careless because they're feeling so helpless and they're giving up hope that anyone cares about their pain. Watch for increased accidents, injuries and careless mistakes.

THE STEPS OF THE SUICIDE FUNNEL

1. Thoughts of suicide; depression;
2. Recent thoughts of suicide, feeling hopeless and helpless;
3. Deciding on a plan (actually making the decision can give a sense of relief);
4. Beginning to implement the plan, taking little steps to the end;

5.   Suicide attempts and
6.   Multiple suicide attempts.

Remember, sometimes individuals who are feeling suicidal show only a few pieces of the puzzle to each of their families and friends—and it's not until they actually commit suicide that we are able to put all the pieces of the puzzle together and see the final product. Sometimes individuals make the decision and go, without looking for help and without saying good-bye. We can only reach the ones who stop long enough to say good-bye in a language we can understand.

CONCLUSION

The Suicide Funnel clearly conveys both the normality of occasional thoughts of suicide and the danger of slipping more deeply into the funnel. The short form of the suicide funnel is designed for projection overhead and the longer form (see Figure B) is designed as a handout to the officers. included is a summary and a list of indications that (see Attachment A) an officer might be considering suicide. This training aid is designed to serve as the basis for a candid discussion of the potential indicators of an officer's suicidal thoughts and behaviors and to teach the proper responses to make during such incidents.

THE SUICIDE FUNNEL

A passing curiosity about suicide has crossed the minds of many officers.

Recent thoughts of suicide have crossed the minds of some officers.

A few officers have thought of how they would commit suicide.

Fewer have thought about how to implement their plan.

Even fewer have taken steps to implement the plan.

Some officers attempt suicide, with a way out.

Some officers with no way out, are saved.

A few officers succeed in ending

their pain accidentally;

others deliberately

depart this end

of the funnel

and they

give

up

**FEELING HOPELESS AND HELPLESS,
THEY COMMIT SUICIDE**

Figure A

THE SUICIDE FUNNEL

Think of the decision to commit suicide as falling within a funnel and chances are, most of the officers reading this have been inside that funnel at some time or another. But we're still here aren't we? So it's important to determine how deep into this funnel of suicide the officer is. Up here, at the top of the funnel are the officers who have ever had some momentary and passing thought of what it would be like to get rid of our pain by letting go of the steering wheel, or taking a few too many pills, etc. These folks really haven't invested any real thought or energy into the idea. So ask. Have you ever thought about suicide? Or you can ask, have you ever been in so much pain that you've thought about ending it all? The next step deeper into this funnel is thinking about suicide recently as a way to solve current problems or to ease recent pain. So ask, have you thought about suicide lately? The next step is planning the suicide, so it's important to find out if the officer has thought about how they would commit suicide. Ask them. If you were going to commit suicide, have you thought about how you would do it? Ask them if they have thought about what it would take to make them do that. Find out if they have considered when they would do that or where they would do that. If they have thought of a plan, the next important step is to find out if they have thought about how to implement that plan. Where would they get the means to commit suicide, what would they say in the note? Ask them about their message they would leave behind. Ask them why—and listen carefully to their reason. The next critical step deeper into the funnel is to actually take steps to implement some part of their plan, like buying the gun or hoarding their medication or writing a note. They're pretty deeply into this funnel when they've done this. They need help to get out of this funnel at this point, probably, as it's pretty tough to climb out alone. Suicide attempts are the next step. The more attempts, or the more serious and life-threatening the attempt, the deeper they've fallen into this funnel. It's really important to pay close attention to any suicide attempt. You see, this decision process can take years or moments. Most officers take some time in this decision process, and sometimes, we can catch them before they slip too deeply into the funnel. Each time they reenter the funnel, it's a little easier to slip farther into the funnel. There are many officers who have been at the top of the funnel. Not so many have been in the middle, planning stages of the funnel and very few have reached the bottom of the funnel. The ones who slip all the way through the funnel are those who commit the final act of suicide. The decision has been made, the plan implemented and their safety device has been released, like a parachutist leaving behind the chute and jumping into the blue sky, falling to his
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Figure B

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A SUMMARY OF SUICIDE INTERVENTIONS

When assessing the risk of suicide, watch for:

- Threats of suicide
- Recent losses
- Hopelessness and Helplessness
- Isolation and withdrawal behaviors
- Risk taking
- Disorientation
- Attempts at suicide
- Prior traumas
- Final arrangements
- Inadequate social support
- Self-destructive behaviors and coping mechanisms
- Preoccupation with death or suicide
- Changes in personality, attitudes, normal behaviors, appearance, relationships, performance, substance abuse

What to do when you suspect a risk of suicide:

1. Establish contact and rapport
2. Express your concern
3. Ask directly
4. Determine
   - Does the person have a plan
   - Is the plan specific—how, where, when
   - Are the means available
   - Are the means lethal

Rules of Suicide Interventions:

Rule #1

   The more detailed, practical, usable, lethal and imminent the plan and the greater the psychological and physiological pain, the higher the chance of suicide.

Rule #2

   Take all threats seriously.

Rule #3

   Don't try to handle suicides alone. Get help—for their sake and your own.

Attachment A

Psychiatric Autopsy: Its Use in Police Suicides

Joel Seltzer
Robert Croxton
Amy Bartholomew

Abstract: This article outlines the use of psychiatric autopsy techniques as a tool in understanding police suicide. The psychiatric autopsy approach is a synthesis of assessment methods taken from both psychological autopsy and psychobiography. After a discussion of the background, purpose and methodology of psychiatric autopsy, the article explores a specific case of police suicide-homicide by applying some of these techniques. This article also provides a comprehensive listing of information that may be useful in conducting a law enforcement officer psychiatric autopsy.

Key words: psychobiography, psychiatric autopsy, psychological autopsy, police suicide, law enforcement

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Psychiatric Autopsy: Its Use in Police Suicides

INTRODUCTION

A recent study in *USA Today* found that since 1985, thirty-six New York City police officers have been killed on duty and 87 officers committed suicide during the same period. NYPD's suicide rate is 30% higher than the baseline general population rate. Most large police departments and federal agencies—including the FBI—have a significant increase over the national rate (*Law Enforcement News,* 1999). Clearly, law enforcement officer suicide is a serious national problem. This article outlines the uses of the psychiatric autopsy as a tool to help understand police suicides and to support future research into a preventive model of police suicides. We will examine one specific case of a police suicide/homicide.

Farberow and Shneidman (1961) are credited with developing the term "psychological autopsy." The Los Angeles Suicide Prevention Center was asked by the Los Angeles County coroner to help investigate "equivocal" suicides. Many deaths fall into the gray area of suicide, accidental or even homicide disguised as suicide. The purpose of the psychological autopsy was to help resolve these cases. Many family members—for religious, personal, financial and insurance reasons—have a strong interest in having a death ruled as something other than suicide. A coroner makes the determination of suicide if the death is both self-inflicted and self-intentional.

Bendheim (1979) used the term "psychiatric autopsy" to include such medical factors as toxicology, pharmacology, anatomical pathology and clinical events in the life of the deceased. We will use the terms psychological autopsy and psychiatric autopsy interchangeably in this paper.

 Rothberg (1998) describes the army psychological autopsy as a "postmortem psychosocial assessment." He reports that the purpose of the army psychological autopsy is to:

1. provide information to the victim's commander about the death;
2. speed the recovery of the unit after a suicide and promote combat readiness;
3. clarify equivocal death;
4. increase the accuracy of reports;
5. promote the epidemiological study of suicide in the military population;
6. provide a source of information for future prevention actions and
7. facilitate bereavement counseling by bringing the mental health officer into direct contact with the survivor of a suicide.

With some minor changes, this can be the purpose of the law enforcement psychological autopsy. Police suicides have a devastating effect, not only on the family members of the officer but also on the extended family of the officer, the department. The guilt and anger that is felt by survivors can affect the morale of the entire department. Law enforcement commanders need to

be aware of the death and have accurate information. Equivocal deaths need to be clarified for legal, insurance, departmental and personal (family and fellow officers) reasons. It is hoped that research on law enforcement suicide will provide preventive strategies.

Shneidman (1994) states that the psychological autopsy seeks to make a reasonable determination of what was in the mind of the person vis-à-vis his or her own death. A very important question is why now? Why did the person kill himself or herself now? Why not yesterday or tomorrow? A clear understanding of the person's personality is crucial.

Psychobiography is a psychological assessment method used by the Central Intelligence Agency (CIA) to develop accurate personality profiles of people without a personal interview. Psychobiography relies heavily on the written works of and about the person, as well as spoken words. Sources of data can be in the public domain or developed by intelligence resources (e.g., NSA intercepts). Although used by the CIA, psychobiography has been around for many years and many famous people including Freud and Van Gogh have had a personality assessment using psychobiography conducted on them after their deaths (Runyan, 1982).

The similarity between psychobiography and psychological autopsy is apparent. The most obvious is that both can be done without meeting the subject. The psychiatric autopsy will include a more extensive database and will most likely rely less on the written or spoken words of the subject. Suicide notes, journals, letters and other written materials need to be studied. Mobile data terminal messages (MDTs— in-car computer terminals) can be very useful, as many officers send personal messages to one another. These messages are archived and available for review. This source of written material should not be overlooked when doing a psychiatric autopsy or a postsuicide investigation.

BASIC MODES

Shneidman (1981) listed four basic modes of death: natural, accidental, suicide and homicide. Ebert (1987) provided four purposes of the psychological autopsy:

1. if the mode of death is uncertain;
2. to determine why a death happened at a particular time;
3. to give information that may help in the prediction of suicide and the assessment of lethality (intention) and
4. to help the survivors deal with the death.

Many law enforcement agencies have formal Crisis Intervention Teams. These teams have both a mental health professional and a peer (officer) on them. One of several purposes of the Crisis Intervention Teams is to help mitigate the impact of the officer's death.

Shneidman (1994) listed three classifications of motivation of death: unintentional, subintentional and intentional. Subintentional death applies to people who do not really care if they live or die. They are in conflict about suicide, so either way is "O.K." This is seen in drug overdoses and people with a high-risk lifestyle.

Law enforcement psychiatric autopsies have some unique aspects to them. Most are not equivocal in that the manner of death is often the officer's firearm. There is usually no doubt it is a suicide. The other unique aspect is the amount of background material readily available. There will be the preemployment background investigation file, psychological evaluation, medical exam, polygraph results, training file and observations of co-workers who may not have formal training in mental health but are very well trained observers and interviewers. Very often, when interviewing co-workers of officers who killed themselves, a host of risk factors come out—such factors as excessive alcohol use, financial problems, relationship problems, family problems, changes in behavior, decreased quality of work and reports of changes in mood. Law enforcement being as stressful as it is, many, if not most, officers display some or even all of these behaviors sometime during their careers.

So why do only a very small number of officers kill themselves? One reason may be the internal debate of suicidal people. People who are 100 percent sure they want to die will do it without any delay. Those who are suicidal are balancing between living and dying. There is usually some defining event, no matter how subtle, that tips the balance.

Substance abuse, especially alcohol use and abuse, is very often the catalyst for suicide. Alcohol both reduces one's inhibitions and is a depressant. Its use is a major risk factor for suicide. A family history of mental illness, especially depression and suicide, is a further risk factor. Previous suicide attempts and a history of depression are also risk factors. Losses of any sort, jobs, promotions, relationships, deaths of people or pets, demotions and legal or financial problems are of concern. Obvious warning signs are giving away possessions, writing a new will and making arrangements for dependents. The most blatant are serious threats such as "You won't have to worry about me anymore" (Ebert, 1987).

AN AUTOPSY

The following is a psychiatric autopsy modified for the purposes of this paper. All names and certain facts have been changed to preserve the privacy of those involved.

"A.M." was a 36-year-old police officer who shot his live-in, pregnant girlfriend, "D.R.," after a domestic dispute. A brief investigation was conducted and the case was ruled a homicide-suicide. The family of the slain girlfriend filed a wrongful death lawsuit alleging improper screening,

hiring and training of the officer. Since this case was litigated, we contacted one of the attorneys who provided a large amount of information.

A.M. was born in Chicago to a single mother. He spent most of his childhood either in foster homes, where he was physically abused, or with a neighbor, whom he considered his mother. His biological mother married his adoptive father when A.M. was 14 years old. At age 12 or 13, he briefly belonged to a gang. He never had any legal problems as a minor. After completing high school, he entered the Air Force where he served in the Security Police. During this time he married. Later in his military career, A.M. fell from a helicopter on a training mission and was severely injured. He recovered but eventually ended up with a 30% service-connected disability from his injuries. One year before he left the Air Force, he had an Article 15 for striking his wife. By agreement, all punishment would be suspended if he finished out his enlistment without any further incident. After coming into work late multiple times, he was given two more Article 15s and reduced in rank to an E-1. Finally, he was given a general discharge in 1986 with the notation "Discreditable involvement with military or civil authorities."

After leaving the Air Force, he was hired as a federal police officer. We do not have access to his federal employment file, so it is uncertain how he passed the background screening. The Air Force personnel computer was changed without authorization at some time to show his discharge as "Honorable." He served 4 years as a federal officer without any problems. During this time he applied to be a police officer with the same department that eventually hired him and was turned down due to his service-connected injury. His background files show that he lied about the circumstances of his discharge, claiming it was due to his injuries and financial debt his ex-wife accrued. He also presented a government computer printout showing his discharge as "Honorable." His psychological evaluation was normal and he passed a polygraph exam.

Two years later, he reapplied to be a police officer and was hired. He completed the academy with high marks. His police files contain multiple commendations. There are also three reports of on-duty motor vehicle accidents the year prior to his death. That same year, A.M. was late to work multiple times and was given disciplinary write-ups. Other than these incidents of tardiness, everyone who met A.M. (including one of the authors, J.S.) found him very friendly, professional and ethical. He had a particular interest and specialized training in domestic violence issues.

So why did an otherwise exemplary officer "snap" and kill his girlfriend, his unborn baby and himself?

BACKGROUND

We will go through his background and discuss some risk factors.

1.   A.M. was physically abused by his foster parents as a child. He reported having

some Posttraumatic Stress Disorder (PTSD)-type symptoms. The reports are not specific. Abuse as a child is a risk factor for being an abuser as an adult. This does *not* imply that all or even most abused children grow up and become abusers themselves.

2. A.M. appears to have abused alcohol. He was chronically late in the military when he knew he was at risk of being discharged. His tardiness as a police officer is also of concern. Neighbors and fellow officers reported that he went to nightclubs to dance at least two to three times a week. His friends reported that he was very intoxicated on at least a few occasions, including the night before his death. As we discussed above, alcohol is a very significant risk factor for suicide.

3. A.M. had a history of at least one incident of domestic violence in the military. We were unable to contact his ex-wife to see if this was a pattern. Clearly, there is a connection between domestic violence and homicide.

4. A.M.'s deception about his discharge is very troubling. The fact that he lied would disqualify him as an officer. Also, the domestic violence charge would certainly today prevent his hire. He repeatedly lied about his military discharge on his applications and background questionnaires. He got through at least two polygraphs, psychological evaluations and background investigations with this obvious lie. The government database on his military record was changed to show "Honorable Discharge." He admitted to being a teen member of the Disciples gang.

DISCUSSION

Was he a psychopath? His records as a police officer make it seem very doubtful. The only legal problem he had was financial: the debts from his ex-wife, according to him. His credit file showed that he had paid off his debts. His field training officer evaluations, academy training file and multiple commendations all point to an exemplary, honest officer. He lived in a modest apartment and had no vehicle other than his take-home police car. Being a police officer was the most important thing in his life. So why did he lie? Most likely, he knew he could not be a police officer with a general discharge. His family reported that since he was young, A.M. had "always wanted to be a cop". Then why did he get three Article 15s (nonjudicial punishment under the Uniform Code of Military Justice)? One can only surmise he had a drinking problem, lost his temper, hit his wife and was chronically hung over and late. His last year of his life he began to come late to work, a job he loved. His apartment had 15 empty bottles of Goldschlager lined up against the wall.

So what happened that night? We know he drank very heavily the night before, so much that a bar patron had to drive A.M. home. During the weeks before the incident, his girlfriend, D.R., had

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been seeing a mutual friend. A.M. had asked her to move out and told a friend that he thought the baby wasn't his. His friends were concerned enough that they removed all weapons and pills from his apartment. The day of the incident, they returned his weapons because he was scheduled to work. Being very hung over, he called in sick to his department. On the evening of the incident, D.R.'s new boyfriend was on his way to pick her up and help her move out. A.M. was asked by a close friend if he was O.K. He stated, "I would never hurt anyone." Seven months previously, A.M. had made a suicide threat to a friend of his. A.M. then went into the apartment and shot D.R. 5 times and himself once in the mouth. SWAT made entry.

We spoke to A.M.'s closest friends who were at the scene that night. They report him as calm, normal and sober. Toxicology reports are all negative. His friends feel that after a short verbal altercation, D.R. stated, "The baby isn't yours." This was enough to put A.M. into a homicidal rage.

If this is true, why? There is no evidence of use of excessive force by this officer. No evidence of domestic violence other than years earlier in the Air Force. He was hung over but sober. We can only surmise because no suicide note or diary was found. Using psychobiography we know that A.M. grew up without a father, was abused, had a neighbor he considered his "mom," joined the Air Force (his new family), had an alcohol use problem possibly due to his childhood abuse and reported PTSD symptoms. It is well known that many veterans become alcoholics to self- medicate PTSD. There is some question if his first wife had an affair. If true, this would trigger feelings of being abandoned as in his childhood. Some abuse victims seek to be in law enforcement to help them feel that they will never be abused again and to help others from being abused. A.M. had a strong interest in domestic violence crimes. We feel that being a police officer was core to his identity. He had childhood abuse and abandonment issues he never resolved.

On the night of the incident, he doubts that the unborn child is his. Reportedly, he thinks he cannot father children. Postmortem DNA tests showed that the baby was his. One of his best friends, the future godfather of his unborn child, was having a sexual relationship with his pregnant girlfriend.

She is about to move out. He is hung over and cannot go to work. D.R. is verbally abusive to him, calling him racial epithets. It is all too much. He shoots her five times. Once he kills her, his fate is sealed. He could not live; he had violated every core value of a human being and a police officer. He had committed the ultimate child abuse, murder. What can we learn?

It is well known that one can fake psychological tests and evaluations. Polygraphs can be "beat." He passed his background check with some outside help. Domestic violence and alcohol abuse would be disqualifiers. Perhaps we need to look closer at the early childhood of law enforcement applicants. A.M.'s lack of a father role model, the physical abuse, foster homes, gang membership and unstable family life were risk factors for future domestic violence, impulse control problems and alcohol abuse. During the last year of A.M.'s life, he had to come into work late, had

motor vehicle accidents and made a threat of suicide to a friend, all possible warning signs of deeper problems.

CONCLUSION

      The use of psychiatric autopsies to help identify risk factors and make any type of predictive statements, needs further study, as mental health professionals are very bad at predicting human behavior, especially violence. Yet, we are asked to do this every day when we assess suicidality in patients. We are much better at hindsight, but even in this case, we are left with many unanswered questions. A lot of information is required in order to perform a thorough psychiatric autopsy (see Attachment A). As one of A.M.'s fellow officers told us, "Only God knows what really went on that night."

INFORMATION USEFUL FOR THE PSYCHIATRIC AUTOPSY

1. All background information that the department has, including the following:

- Preemployment psychological evaluations and testing
- Polygraph tests
- Training (academy) & Internal Affairs/Office of Professional Responsibility files
- Supervisor/Annual evaluations
- Access to the officer's computer files (including mobile data terminal archives)
- Financial records
- Medical and drug tests
- Preemployment background investigations
- Personnel records
- Employee Assistance Plan (EAP) records
- Travel/leave records
- Inventory of the officer's desk, office, files, bookcase, departmental vehicle, phone logs
- Correspondence

2. Reports

- Autopsy report
- Police reports
- Toxicology reports
- Hospital records

3. Outside records

- Medical records
- Mental Health records

4. Computer information involving the officer in

- Police reports
- Court cases

5. Financial information

- Background financial information
- Credit report

Attachment A

6. Interviews with

- Family members
- Fellow officers
- Supervisors
- Clergy
- Significant others
- Partners
- Therapists

7. Review of

- Suicide notes
- Any written material
- Any video material
- Diary
- Any audio material

8. Examination (if possible) of

- Home
- Books
- Correspondence
- Medication vials (for evidence of treatment for depression or medical illness)
- Personal vehicles
- Possible notes
- Computer files
- Any evidence of substance abuse

9. Other agency records

- Autopsy report
- Hospital records
- Police reports
- Miscellaneous records and reports

Adapted from Ebert,1987; Gelles, 1995 and Blau, 1994.

Special thanks to Amy Bishop, research assistant and Angela Hannan-Burney, typist.

Attachment A (continued)

Suicide Postvention for Law Enforcement Personnel

John T. Super
T. H. Blau

Abstract: Phases of professional involvement with suicidal people and their loved ones can be conceptualized as prevention, intervention and postvention. Because prevention and intervention are ineffective approximately 30,000 times per year, this article focuses on postvention. Postvention services include play therapy for children, professional supportive counseling for individuals most affected, professional psychoeducational group counseling and peer counseling. Specific postvention procedures are presented.

Key words: postvention, police suicide, law enforcement, suicide, counseling

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Suicide Postvention for Law Enforcement Personnel

INTRODUCTION

The field of violence prediction and risk assessment is burgeoning. There has been a steady increase in the study of suicide in particular. Although the science is far from exact, key indicators have been identified that may provide clues to family, friends and paraprofessionals that an individual may be considering suicide.

The rate of suicide has held relatively constant for the general population over the past quarter century. The number of suicides has generally held between 10 and 15 individuals per 100,000 (Monk, 1987; Smith, 1999). In the past year alone, approximately 30,000 people committed suicide in the United States. Over half a million Americans attempt suicide each year (Smith, 1999). While women are approximately 4 times more likely than men to attempt suicide, men are about 3 times more likely than women to complete suicide. The gap in the sex ratio of attempters versus completers, however, appears to be narrowing. Approximately two-thirds of all suicide completers are Caucasian men.

Adolescent suicide appears to be an exception to the relatively consistent rate of adult suicide over the past 25 years. There appears to be an increasing number of adolescents committing suicide. According to Kaplan and Sadock (1988), suicide is the second leading cause of death among adolescents. Nevertheless, the most at-risk group is the elderly. Although the elderly comprise only 10 to 15% of the general population, they account for approximately 25% of all suicides (Kaplan and Sadock, 1988).

SUICIDE AND THE POLICE FAMILY

Many researchers and clinicians, including Durkheim, Freud and Menniger, have attempted to categorize the reasons people commit suicide. Werth (1996) is one of the more recent researchers attempting to identify suicide commonalities. He identified several recurrent emotions in people who attempt suicide: 1) the desire to reduce pain; 2) the desire to fulfill frustrated needs; 3) the need to seek a solution; 4) the feeling that there are no other alternatives; 5) feelings of hopelessness and helplessness; 6) ambivalence; 7) constricted cognition and 8) the need to communicate intention. Fortunately, suicidal intention is a "transient state," and intenders may be helped if their messages are understood and addressed.

Suicide is endemic across lifestyle, socioeconomic class and profession. Arguably, the impact of suicide on law enforcement families may be even more pronounced than its impact on the general population. Law enforcement officers are duty-bound to protect others. When a law enforcement

officer takes his or her own life, it is likely to engender even greater tumult and confusion for family, co-workers and friends.

Prevention

Suicide prevention strategies, which tend to be educational in nature, are frequently taught to professionals and paraprofessionals working in the field of crisis intervention. Signs and symptoms indicating a person may be at a higher risk for suicide attempt have been identified. In 1990, this author developed a suicide tendency checklist to identify demographic, addictive, physical, mental, behavioral, cognitive, affective and contextual factors that may be associated with suicide. The checklist is distributed to academy recruits during training (see Table A).

Of course, prevention is not 100% effective. Many individuals who attempt suicide are never identified as suicidal until an attempt is made. Intervention is the next logical step.

Intervention

Intervention is operationally defined as responding to a distressed individual who is seriously contemplating suicide. When responding to a crisis, it is imperative that officers or intervening individuals first protect themselves. When a person is distraught and determined to obtain relief via suicide, others may be intentionally or unintentionally harmed if intervention is made in a haphazard or overly aggressive manner. Suicide intervention may require a hostage negotiation team and SWAT personnel. It is important for the intervening individual to maintain a kind and nonjudgmental stance and not to engage the suicide attempter in philosophical dialogue. Rather, it is important to attempt to direct the suicidal individual's thoughts to the here and now and to generate viable alternatives. Frequently, individuals who are seriously contemplating suicide vacillate between rationality and irrationality. It is during the shift to rationality that an individual is more likely to perceive and consider alternative solutions rather than ending his or her life. Unsuccessful intervention leads to postvention.

Postvention

Consistent with the tragedy of suicide, shock waves of grief and guilt spread, not only to the immediate family members but also to friends, partners, co-workers and agency personnel. Survivors are frequently forgotten or unrecognized victims. Assistance can be rendered by professionals and peer counselors to decrease the detrimental effects of a suicide on survivors. These damage control and resolution procedures have been described by early suicide researchers as "postvention." Postvention is a logical yet frequently neglected step when prevention and intervention have been overlooked or ineffective.

When an individual commits suicide, the persons who are closest to the deceased—such as a spouse or significant other—tend to be the most affected. For these survivors, their financial status is likely to change; they may have to change residences and their general lifestyle may be altered. To address the potentially devastating effects of suicide, it is recommended that the significant other receive supportive counseling once a day for a week, once a week for a month and once a month for a year.

Small children can be adversely affected by suicide. However, small children are frequently unable to verbalize their sadness, sense of loss, confusion and anger. Children's natural and preferred mode of expressing emotion and cognition tends to be play. Play is a child's best developed means of communication. Through play, a child is capable of expressing grief, fear and anger. It is recommended that child survivors under the age of 8 years be evaluated and treated via play therapy.

Family members, such as parents, children and others close to the deceased, frequently feel left out, bewildered and forgotten. Intervention with family and friends via group counseling tends to be an efficient means whereby survivors may commiserate, work through grief and mourn. Group intervention should take place in a neutral setting. Inclusive intervention with an educational and cathartic focus is an efficient means of providing some services to all survivors and to identify survivors who may be in need of individual follow-up services. Elements of successful group intervention may include addressing feelings of loss, addressing feelings of guilt and describing grief as a normal reaction to significant loss. Mourning may be defined as an intense upheaval of emotion that assists people in coping and coming to terms with grief. Group intervention services are recommended to be held on a weekly basis for approximately 4 to 6 weeks.

AGENCY INTERVENTION

If a law enforcement officer commits suicide, or if there is a particularly grisly suicide, it is recommended that traumatic incident counseling be provided for agency members close to the decedent and those individuals who responded to the scene. Traumatic incident counseling should be held as soon as possible after a suicide with as many agency personnel as can be arranged. It is recommended that at least 2 additional follow-up sessions be held. During group sessions, individuals may be identified who are likely to benefit most from individual counseling.

During the close of the final traumatic incident counseling sessions, it is recommended that individual services be offered to all participants. Participants can be encouraged to contact mental health professionals to further discuss the emotional impact and the personal loss associated with the death of a loved one.

Peer counseling can be especially beneficial for suicide survivors in the law enforcement field. Frequently, there is a sense of comfort associated with collegial commiseration. Spiritual

counseling can also provide comfort for many individuals during times of personal loss. The services of clergy may assist some survivors in easing their guilt and decreasing their sense of loss. Also, victim advocates may be able to assist surviving family members in several ways. They can assist with funeral arrangements and provide support to survivors during the entire postvention process.

It is recommended that an individual in the agency be designated to oversee implementation of the above procedures. This designated individual should be as high ranking as possible in the chain of command. This is likely to convey a sense of agencywide concern, dignity and compassion to the survivors. This is especially the case if the family must be notified of loved one's suicide. The agency designee should offer ongoing support via personal contact or by telephone. It is recommended that this support occur on a daily basis for at least 1 week and then once a week for a month.

CONCLUSION

During the summer of 1999, David Satcher, the surgeon general of the United States, identified suicide as a significant public health issue that requires attention, research and treatment (Florida Psychological Association, 1999). Suicide prevention and intervention are the clear and preferred means of addressing this national health problem. Unfortunately, however, postvention may be required.

Even with the best trained, most well-meaning and efficient officers/professionals, prevention and intervention are not always effective. In such cases, postvention is needed. A checklist of services (see Table B) has been developed to assist survivors in having the greatest opportunity for personal resolution.

SUICIDE TENDENCY CHECKLIST

1. Demographics			6. Cognitive Realm	
a. age			a. preoccupied with past	
b. marital status			b. unrealistic expectations for the future	
2. Addictive Behavior			c. unrealistic exceptions for getting out	
a. alcohol			d. slowed thinking	
b. drugs			e. confusion	
c. gambling			f. talks of death (cost, will, effects)	
3. Physical Health			g. confess suicidal thoughts	
a. serious medical problem within six months			h. confess suicide plan	
b. chronic pain			**7. Affective Realm**	
c. disfigurement			a. sadness	
d. loss of mobility			b. agitation	
e. terminal illness			c. uncustomary anger	
4. Mental Health			d. sudden mood changes	
a. prior suicide attempt			e. loss of pleasure in activities	
b. prior psychiatric hospitalization			f. feeling of worthlessness	
c. psychosis (hallucinations/delusions)			g. feeling of hopelessness	
d. depression			**8. Contextual Realm**	
5. Behavioral Realm			a. death of a loved one	
a. crying (without apparent cause)			b. divorce	
b. withdrawal			c. appeal denial	
c. uncustomary aggressiveness			d. loss of job	
d. loss-gain in appetite			e. loss of finances	
e. insomnia/hypersomnia			f. rejection/failed love relationship	
f. loss of interest in usual activity				
g. slow and/or uncoordinated movements				
h. giving possessions away				
i. slumping				
j. poor communication skills				
k. sitting in fetal position				
l. self-destructive behavior				

Table A

SERVICES CHECKLIST

Area	Yes	No	Date Completed
1. Family Supportive counseling for spouse			
Once a day for a week			
Once a week for a month			
Once a month for a year			
Group-family/friend psychoeducation intervention			
Play therapy for children Names:			
Individual therapy for family members with significant difficulties Names:			
Contact clergy (optional)			
2. Agency postvention			
a. Traumatic incident counseling			
b. Follow-up			
Individual services Names:			
Victim Advocates contacted			
Peer counseling activation			
Agency designee (highest possible rank), contact significant other			
Daily for a week			
Weekly for a month			

Table B

PSYCHOLOGICAL APPROACHES

BIBLIOGRAPHY

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SECTION THREE

BEHAVIORAL APPROACHES

INTRODUCTION

Suicide is the ultimate maladaptive behavior. The observation of behavioral clues provides us with rapid, additional insight into this phenomena. Early attempts by those of us in law enforcement to understand maladaptive behavior were successful, but frequently, untimely. Understanding the inner workings of the mind is highly desirable, but a luxury most of us do not have, when confronted with an emergency. The critical nature of many law enforcement challenges makes timeliness a very important factor. Behavioral approaches tend to be more direct and therefore, quicker.

We start with a basic tenet. All behavior happens for a reason. The focus is on the behavior manifested in order to make inferences about the actual needs, wants and desires of the subject of our study. Early recognition of behavioral clues can often avert tragedy.

The article on antecedent behaviors provides a perfect illustration. The author, an experienced and particularly insightful police officer, lists specific, observable behaviors which have preceded suicides and suicide attempts. When a first responder witnesses these actions they can take immediate countermeasures. This is behavioral science at its best. It provides useful information, now. Although the evidence is not conclusive, yet, it is promising. It clearly points the way for future research.

Instant utility is the real strength of the behavioral approach. These articles give us concrete and timely help dealing with suicidal communications, police suicide, citizen suicide, police response to citizen suicide and domestic violence precipitated police homicide-suicide.

Police Suicide: Living Between the Lines

James D. Brink

Abstract: *This article presents a model known as "living between the lines," which is one interpretation of the correlation between interpersonal stress and suicide. This approach explores an officer's commitment to a career that has been described as a* de facto *marriage, at times superseding family. The cumulative effects of the cycle of stress described in this model may be suicide. Behavioral analysis will aid in understanding the predisposition of police officers to commit suicide and will provide a basis for judgment and opinion. Although causes of suicide can never be resolved with certainty, "living between the lines" presents a relative value.*

Key words: police stress training, police suicide, law enforcement, suicide, interpersonal stress

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Police Suicide: Living Between the Lines

INTRODUCTION

A law enforcement officer's commitment to a law enforcement career and department has been described as a "*de facto* marriage . . . in sickness and in health, till death do us part" (Kroes, 1988). This commitment to the job sometimes even supersedes that to the family and the job has been referred to as a "jealous mistress that negatively affects the marriage and family" (Niederhoffer & Niederhoffer, 1978).

Family members often see themselves as outsiders to the department. This can foster a competitive relationship with the department and peers, who are often seen as having anti-family sentiments. The majority of officers are of the opinion that the only people who understand their stress are other officers.

The spouse may initially overlook the inconveniences and take pride in the officer's profession. However, this usually changes over time. As the officer learns to adjust to the stress of the job, personality changes are taken home and begin to affect the interpersonal relationship. The tension mounts and compounds itself from year to year.

This article explores one aspect of this relationship and provides a model. The cumulative effects of this cycle of tension may provide an interpretation of the correlation between stress and suicide.

Predisposition

Why do law enforcement officers commit suicide? Why are they predisposed to commit suicide? These are questions with no one clear answer. Some may commit suicide in response to depression or feelings of hopelessness or as an escape from an intolerable situation.

There is a large, rapidly expanding body of research on self-destructive behavior. Anthony Pinizzotto of the FBI's Behavioral Science Unit (personal communication, August 1997) points out that the major theories currently being explored are psychological, biological and sociological. Pinizzotto suggests that no single force acts upon a person to make that person commit suicide. It is a long progression of observable traits. In essence, a person does not wake up one day having made the decision to commit suicide. That decision is made in a cumulative fashion.

THEORIES

Psychological

Psychological theories have approached the act of suicide as an internal matter rather that the result of external social forces. Sigmund Freud provided the first glimpse of psychological thought on self-destructive behavior. In "Mourning and Melancholia" (Freud, 1978), he stated that the self-hatred observed in depression originated in anger toward a love object, which individuals turned back on themselves. Freud regarded suicide as the ultimate form of this phenomenon.

Freud suggested that a natural impulse toward self-destructive behavior exists, which can lead to suicide. It has also been suggested when individuals commit suicide, they are turning the hostility they feel toward an outward object. Freud also recognized an ambivalent, narcissistic quality characterized relationships terminating in severe depression. Because early psychoanalytic theory and interest were too instinct-oriented to focus on the role of such affective interactions, little was done to explore this particular theory.

Recent psychological theories on suicide have emphasized the importance of personality. These theories are trying to uncover the predispositions of suicidal and nonsuicidal individuals. Current research suggests that the primary motivation for suicide, from a psychological viewpoint, is the desire of the individual to escape a situation perceived as intolerable.

Biological

Neurobiologists maintain that self-destructive behavior is organic in origin. It is suggested that physical disorders in the brain develop into psychiatric problems. Serotonin, a neurotransmitter (a type of chemical messenger in the brain), has been linked to depression and, less directly, to suicide. Researchers have discovered unusually low concentrations of this particular type of neurotransmitter in highly suicidal individuals, although no direct, causal relationship between this neurotransmitter and suicide has been clearly established (Maris, 1986).

Sociological

Sociological theories focus on either social structures or social situations. These theories of suicide emphasize the role that society and culture play in self-destructive behavior. The first person to propose a comprehensive sociological interpretation of suicide was sociologist Emile Durkheim (1951), who suggested that two basic factors in society, integration and regulation, influence the incidence of suicide. Specifically, Durkheim suggested egoistic suicides occur among individuals who are alienated or separated from the important traditions and institutions (marriage, relationships) in society. Durkheim saw the rising suicide rates in the Western world as a function of the failure

of the state, church and family to remain the forces for social integration that they had been prior to the industrial revolution. Vulnerability to suicide existed in people who were not integrated into any religious, communal, or family group. Even more vulnerable were individuals who had suffered a disruption in their previous pattern of social integration. Durkheim greatly influenced sociological thinking on suicide. Much of the subsequent sociological work on the subject has taken a structural approach.

More recently, sociologists have begun to explore the impact of social situations on self-destructive behavior. Sociologists have long maintained that social changes such as separation or divorce are a cause of suicide. The problem has been in explaining why only a small percentage of those who find themselves divorced actually take their own lives. Some sociologists have suggested that it is the individual's interpretation of the social situation itself that produces the suicidal act. However, sociologists further agree that personality may influence the interpretation of a given social situation that may lead to suicide (Pinizzotto, personal communication, May 1999).

There is no single explanation for police officer suicide. Psychological, biological and sociological approaches to identify and explain self-destructive behavior have become interrelated. Current research on self-destructive behavior and suicide has resulted in a multidisciplinary approach, suggesting that the issue involves a complex interaction of psychological, biological and sociological factors.

MALADAPTIVE COPING STRATEGIES

John M. Violanti (1993) has suggested that law enforcement officers as a group tend not to cope well with psychological distress and often turn to maladaptive coping strategies. These coping skills may be defined as behavioral reactions to distress.

Violanti identified two maladaptive coping strategies and labeled these strategies "avoidance" and "distancing." Avoidance involves the avoidance of people, while distancing involves the emotional escape from a situation.

When applying these strategies to relationships, a communicative breakdown occurs. As problems go unresolved, they tend to build to a point of "no return," which may result in a suicide. Officers become unaware of their own feelings and those of others and base judgments on inflexible plans. As the stress and tension build, these coping strategies break down. When this breakdown occurs and there are no other viable options are present, suicide may become the final perceived option.

LIVING BETWEEN THE LINES

Law enforcement officers are provided with power, authority and respect. Because of this, a law enforcement officer's level of self-confidence and assertiveness gradually increases. An emotional hardening insulates them from disturbing incidents and results in a suspicious and distrusting attitude. They become cynical and because control of most situations is verbal, they develop good communication skills. With these newly developed skills, officers become manipulative and play mind games. Control becomes very important, which increases the power, authority and respect. Control is now demanded both on and off duty. The adrenaline rush that once caused them to step back and catch their breath is now an invited friend that they seek out.

But what does occur off duty when these officers return to their families, spouses and significant others? Gone is the power, authority and respect demanded by their mere presence. Or is it? Diminished is the adrenaline rush of the "role," as such mundane items as mowing the lawn or playing ball with the children take over. What really happens to the interpersonal relationships? What occurs between the lines of family and work?

In regard to relationships, Kroes (1985) provided a stress-strain model to reveal the stages of short-term and long-term stress. The model provides an observable sequence of events and, when coupled with the suggestions of Violanti, can be used by administrators to identify at-risk officers.

Kroes suggested that to reach a chronic stage of stress requires a long incubation period and that the strain buildup is continuous. When stress occurs, a strain reaction also occurs. The reaction may be short-lived, but it has a cumulative effect, which results in serious consequences. Although Kroes provided a series of situations in the stages of stress and strain, the "home life" model will be reproduced so as to coincide with the direction of this document.

Home Life (Interpersonal Relationships)

Stage One (Short-Term Strain Reaction)
- Spats with spouse or significant others
- Periodic withdrawal
- Anger displacement
- Extramarital activity

Stage Two (Chronic Strain Reaction)
- Divorce
- Poor relations with others
- Social isolation
- Loss of friends

Living between the lines is most concerned with the chronic stage of divorce because at that stage, a causal relationship may exist. Living between the lines provides an interpretation of the correlation between interpersonal stress and suicide. The relationship focused on will be marriage, but the model also can be applied to other close relationships.

Previous research has indicated that problems with interpersonal relationships may be a risk factor in suicide (Robin, 1981). This particular research also suggested that suicide potential is a significant issue for officers undergoing a marital separation or divorce.

One reason for these difficulties may be emotional detachment from others through the process of depersonalization. Law enforcement officers are trained to set up emotional barriers in order to protect themselves from what they observe and experience. When officers go off duty, they cannot always turn their emotions back on. As a result, interpersonal relationships are attuned to a transaction on the street. This police identity or role becomes a safe haven for the officers but does not allow for an outlet of emotions, which can result in stress.

For an illustration of the model of interpersonal relationships and the police role within a time span of 1 to 5 years (see Figure A). Although stress is present, all involved parties uniformly handle it. It is during this 5-year time span that the personalities of the officers change and they start to develop their maladaptive coping strategies.

To trace the same stress pattern over a span of 25 years (see Figure B). Officers begin to discover that it is difficult to attain the higher levels of adrenaline that they once reached with ease. Their cynicism has increased to an unsafe level and no one understands them but other officers. The most prevalent establishments in which they will discuss "job" problems with their peers will be bars and taverns. More and more time is spent away from the interpersonal relationship and there is finally a total separation of the roles. A breakdown occurs when a significant emotional event is introduced that the officer cannot understand. This particular event can be a separation or a divorce, which now increases the motivation for suicide. Once the cumulative effects take hold and the strain becomes unbearable, the officer may perceive no way out except suicide.

In order for officers to reduce this type of stress and strain, they must lower their expectations or goals. In essence, the goal is to slow down and reevaluate in order to reduce stress (see Figure C). Although the affected officer is still living between the lines, the lowering of expectations results in the reduction of work and home stress. Significant emotional events may now be reevaluated without the perceived final option. The officer needs to understand that the goal of rising to the former high levels of activity and adrenaline cannot be achieved. In turn, the perception that home life symbolizes dreariness and powerlessness is challenged, which reduces stress at this stage. When necessary, the officer may need to seek professional assistance to understand the process.

CONCLUSION

Working in the law enforcement environment has an impact on individuals that causes stress. This stress requires officers to emotionally detach in order to be protected from the strain of human pain. However, this stress is not only theirs, for it extends to their families and affects relationships at all levels. Such detachment places strain on the family and relationships, resulting in marital distress and maladaptive coping behaviors. In turn, family problems can affect work performance. Marital intimacy and work performance are curvilinear, in that overdependent or underdependent relationships increase stress on the marriage or relationship during times of work stress. This stress and resulting strain, coupled with other factors, can often lead to suicide.

Despite the good condition that officers are in at the beginning of their careers, it is notable that after 25 years on the job, officers show a higher rate of stress-related symptoms than the general public. Psychologically, law enforcement officers also have higher rates of divorce and suicide.

Living between the lines presents a relative value of the cumulative effects of stress. Although this approach only examines personal relationships, the effects can be interchanged to include other stress factors in law enforcement. By understanding the cumulative effects of this type of stress, administrators can offer and provide professional intervention.

LIVING BETWEEN THE LINES
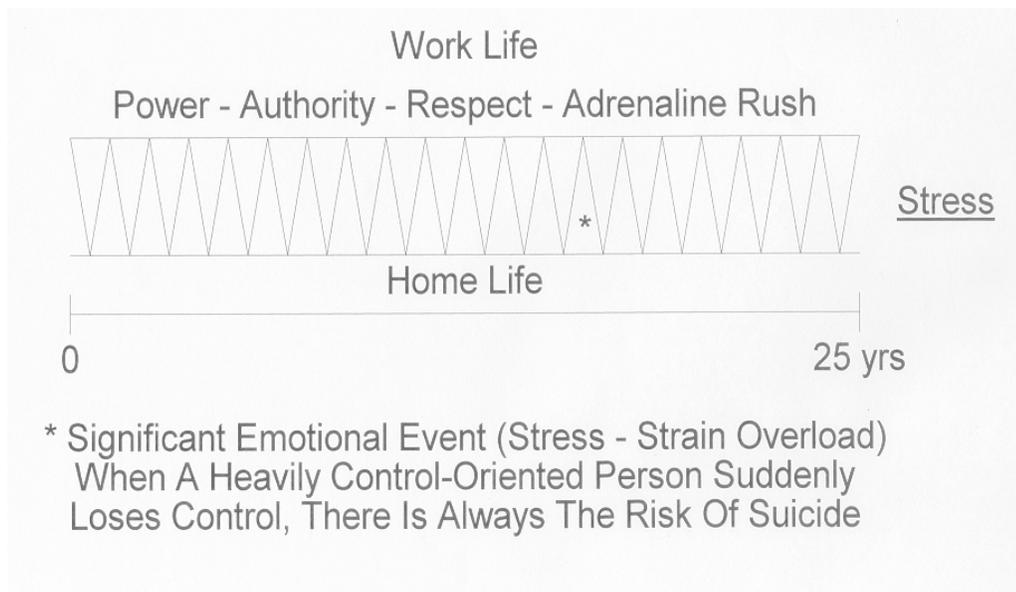
Figures A and B

LIVING BETWEEN THE LINES

Work Life

Power - Authority - Respect - Adrenaline Rush

Stress

Home Life

0   25 yrs

– – – = Lowering of Expectations
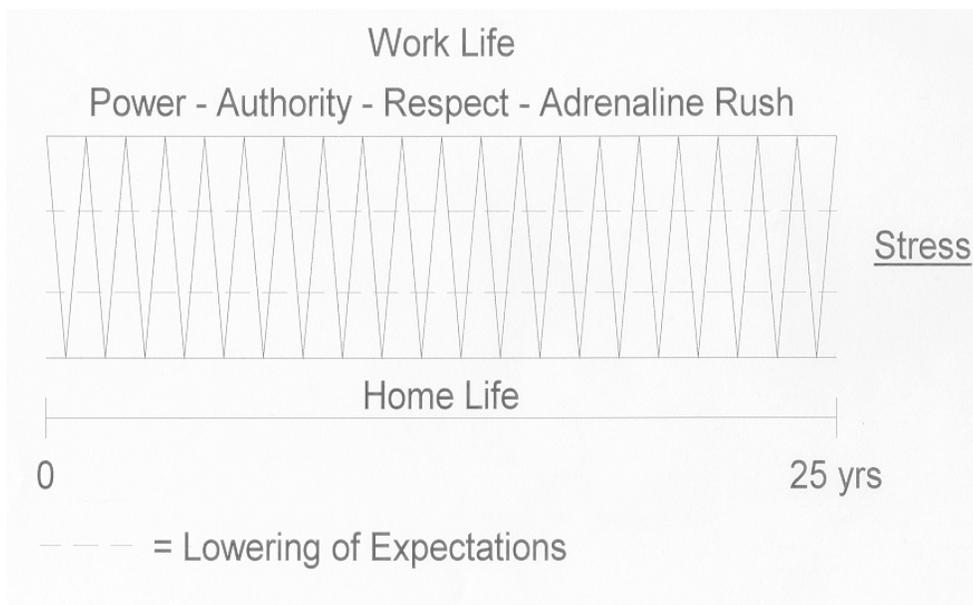
Figure C

Suicidal Threats: Reading Between the Lines of O.J. Simpson's Suicide Note

Andrew G. Hodges

Abstract: *Oral and written communications are the behavioral manifestations of internal thoughts. The unconscious mind communicates its perceptive observations symbolically, often by secretly guiding a person's ideas to convey an encoded message, much as a spy would encode a letter. The conscious mind communicates directly; the unconscious mind communicates clearly but indirectly, symbolically, often through brief stories or key ideas. The unconscious validates its encoded messages (in one way) by repetition and coalescence of ideas that confirm "the code" (Langs, 1973). Armed with this new understanding of the mind's potential, we can now examine such forensic documents as ransom notes or suicide letters for unconscious communication to determine true motivation and intent. For example, O.J. Simpson's alleged suicide letter also offers us a sterling opportunity to apply this new appreciation of the human mind to determine his true intentions. In addition, two key, recorded Simpson communications before and after the suicide letter—an interrogation and his infamous Bronco chase—offer further validation of the conclusions suggested in his suicide letter.*

Key words: O.J. Simpson, psychoanalysis, suicide investigation, law enforcement, suicide

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Suicidal Threats: Reading Between the Lines of O.J. Simpson's Suicide Note

INTRODUCTION

A mother has a dream where she and her teenage son are walking through a forest of poison ivy. Upon awakening, she consciously decodes the dream, linking poison ivy with marijuana and after investigating, she discovers that her unconscious mind had accurately perceived that her son was on drugs. The police hypnotize a witness to obtain additional information. A psychiatrist hypnotizes a lady and helps her recall where she had hidden her misplaced jewelry. Recently, psychotherapists have learned to use the subliminal or unconscious mind in even newer ways and have recognized that it possesses far more capability than anyone ever imagined. With the recent clinical breakthrough in psychotherapy to unconscious perception and communication, the unconscious mind demonstrates vastly superior observing and communicative skills than the conscious mind (Langs, 1973). Previously, psychotherapists largely viewed the unconscious mind as mostly a wastebasket for harboring primitive emotions, while in actuality, it possesses the ability of a skilled detective to determine motivation and intent (Goodheart, 1987). In short, in selective situations, we have obtained a deeper look at reality than ever before (Hodges, 1984).

THE UNCONSCIOUS MIND

The unconscious mind communicates its perceptive observations symbolically, often by secretly guiding a person's ideas to convey an encoded message, much as a spy would encode a letter. For example, a patient consciously thought she should terminate therapy, but her unconscious mind—her wiser, deeper intuition (not connected to her feelings)—recommended a better course by repeatedly going to ideas of unfinished projects (my spouse hasn't finished the house addition; my son needs more college) to communicate the encoded message "you have more work to do in therapy" (Smith, 1991). In short, the conscious mind communicates directly; the unconscious mind communicates clearly but indirectly, symbolically, often through brief stories or key ideas. The unconscious validates its encoded messages (in one way) by repetition and coalescence of ideas that confirm "the code" (Langs, 1973).

Armed with this new understanding of the mind's potential, we can now examine such forensic documents as ransom notes or suicide letters for unconscious communication to determine true motivation and intent. For example, utilizing this methodology, the Jon Benet Ramsey "ransom note" suggests a confession by the killer and an elaboration of motive (Hodges et al., 2001). O.J. Simpson's alleged suicide letter also offers us a sterling opportunity to apply this new appreciation of the human mind to determine his true intentions. In addition, two key, recorded Simpson communications before and after the suicide letter—an interrogation and his infamous Bronco chase—offer further validation of the conclusions suggested in his suicide letter.

Keeping in mind the model of *simultaneous* two-level communication—conscious (direct) and unconscious (indirect)—gives us a guiding principle to understand Simpson's communications. We must take every idea or word Simpson writes as indirectly pertaining to him, no matter to whom he refers and we must take every single communication seriously, whether a misspelling, a correction, capitalized letters, or cross-outs. The unconscious mind constantly finds unique ways to communicate (Langs, 1976).

THE LETTER

Simpson wrote the 4-page "suicide letter" on a Friday morning (June 17, 1994), immediately before he temporarily escaped custody and only a few hours before the Bronco chase that afternoon and 4 days after his 45-minute interrogation at police headquarters.

The First Paragraph

On the first page of the letter, Simpson had many corrections and rewrites, suggesting significant turmoil. Here he mostly writes about his relationship with Nicole. The very first sentence reveals a striking finding. Simpson writes, "*First everyone understand [*two words crossed out] *nothing to do with Nicole's murder."* "Understand," a particularly key word, implies communication and is a "message marker," as people often unconsciously use such words (such as *listen*, *instructions*, *school*, *learning*) to highlight an idea (Hodges, 1998). Immediately, O.J.'s glaring omission ("I had") suggests a confession of guilt and the message "I can't say I had nothing to do with Nicole's murder"—a message he underscores by his plea and message marker "understand". Read another way, his first sentence states, "Understanding had nothing to do with Nicole's murder". In other words, Simpson tells us an irrational act was behind the murder as if he is making another confession. In short, in the very first sentence, he introduces the distinct possibility of a lie, which means his integrity must be questioned throughout the entire letter. Later, he will return to the same idea—something the unconscious mind does to confirm its messages.

His second sentence suggests secretly between the lines that he plans to go on living when he states *"I loved her, allways* [sic] *have and always will,"* as "always" implies a long time. Simpson's numerous slips, however, offer an explanation of what could have set off his rage. The misspelling "Allways" implies Nicole was everything—"All"—to O.J. and suggests he had inordinate difficulty tolerating a separation from her. Simpson immediately continues the same idea in one direct statement admitting that *"If we had a promblem* [sic] *it's because I loved her so much"* but even more so in other slips in the first paragraph. His statement *". . . we came to the undarstanding* [sic] *that for now we weren't RIGHT for each other at least for now"* —repeating "now," which reflects not only his difficulty with the failed reconciliation but a temporary denial of Nicole's death. Two jumbled words in that sentence "weren't" and "least for (now)" further imply he had difficulty saying they "weren't right for each other". O.J. continues to validate his separation problems.

Simpson's next sentence, *"Dispite* [sic] *our love we were DIFFEARAT and that's why we murtually* [sic] *agresd* [sicand written over] *TO GO our spaerate* [sic] *ways* [initially written *"was"*]," once more reveals how painful separation from Nicole was for him. His misspelling "dispite" suggests a confession that he had "dissed" her and had spite for her. By using "DIFFEARAT," O.J. infers that behind his rage was the pain he greatly feared—being different or separate—with the suggestion "being different is where the fear's at." The slip "murtually" reminds one of the word "murd-er"and along with the write-over and misspelling of the word "agreed" as well as "separate" reveals again separation from Nicole was intolerable and certainly not mutual. (Just as he murdered the word "mutual," a thorough examination of Simpson's various communications before and after his ex-wife's murder—outside the scope of this article— reveal a complete unconscious confession that he indeed murdered her and why.) While Simpson certainly has spelling problems, they become more frequent discussing painful issues and the way he misspells words (such as "diffearat") suggests certain meanings.

He continues the same idea of extreme separation sensitivity in an even more revealing way in *"It was TOUGH SPITTING* [sic] *for a second time,"* not only confirming the idea directly but more powerfully indirectly. "Slips" are also message markers that demand special attention (and Simpson has so many, we will only focus on the more major ones). For O.J., "splitting" or divorcing was "being spit upon" suggesting he in turn "dissed" Nicole by "spitting" on her—yet another subtle confession. In the slip "SPITTING," we find the brilliant descriptive ability of the intuitive unconscious mind to sum up in one word O.J.'s deep pain—a good example of how symbolic communication can enrich our understanding of emotional states. His cross-out and replacement of the word "doubt" in the last sentence in the first paragraph, *"Inside I had no **doubt** that in the future we would be close. . .,* " belies his statement reflecting indeed that he had experienced significant doubt about the possibility of reconciliation.

All in all, the first paragraph of Simpson's alleged suicide letter suggests unconsciously that he wrote the letter to confess and to explain the murder—to himself and others. His inordinate difficulty tolerating separation in relationships explains why he could have murdered and why he was prone to running away and avoiding jail. Additionally, Simpson hints that his suicidal threats are bogus. Because of his massive separation anxiety, he would have enormous difficulty carrying out such an act and his second reference to the future ("in the future") suggests he will have one.

The Rest of the Body

From this point on, the tone shifts to mostly an upbeat letter with many positive signs, but clearly the most striking features of the second paragraph are Simpson's continued and more blatant references to lies. He begins *"Unlike what's been in the press, Nicole and I had a great relationship for most or our lives together. . . .I took the heat New Years 1989. . . .I did not plea no contendre* [sic] *for any other reason. . . .advise* [sic] *it would end PRESS HYPE. . . I don't want to belabor*

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knocking the press but I can't believe what's being said. Most OF IT TOTTALLY [sic] *MADE UP".*

By repeated references to lying and hype (the press), a distinct statement that previously he was misleading and simply being protective and the striking idea that someone has "totally" fictionalized a story strongly suggest O.J. does not intend to commit suicide. Equally as important, "the press" is a major message marker—again a message from O.J.'s unconscious signifying crucial communication that adds great credibility to the conclusion that his suicidal threats are tremendously exaggerated. Between the lines, O.J. says "I'm all hype".

Additional positive signs include references to a good relationship and his ability to take the heat. Even mentioning *"Like all long term relationships we had a few downs and ups"* points to the idea of living a long time and ends on being up rather than down (in this sentence we also find the slightest hint in the unusual phrase "downs and ups" of O.J.'s use of drugs the night of the murder—as in "downers and uppers").

The last part of this paragraph contains a desperate plea to the press, *"I know you have a job to do but as a last wish, Please, Please, Please, leave my children in Peace. Their lives will be tough enough."* Reading every word as a part of O.J. suggests that Simpson himself longs for peace and mainly wishes to be left alone, not to die—we hear yet another reference to the future and someone making it through tough times.

Very subtly, Simpson presents a possible secondary motive behind his self-destructive behavior—his inability to handle success—reflected unconsciously in his wish to distance himself from the press. Success puts enormous pressure on people to retreat and sabotage themselves.

Simpson continues in a largely positive vein as the entire second page contains a litany of encouraging references to supportive friends: *". . . to all my friend* [sic]*. . . especially A.C., man thanks for being in my life, the support and friendship I receive from so many. . . thank* [sic] *for the fun. All my teammatte* [sic] *over the years. . . Ahmad I never stop being proud of you. . . Bobby Chandler thanks for always being there. . . Skip and Cathy I love you guys without you I never would have made it this far. . . ."* Careful reading reflects O.J.'s ideas of friends being there for him and of continuing to receive their love—not turning them away—along with ideas of "making it" and never quitting on his friend Ahmad. A man with such support in the face of such great separation anxiety as Simpson demonstrated would have a hard time ending it. His great need for friends (or acquaintances, really) further testifies to his separation difficulties.

Interestingly, amidst the effusive praise of his friends, O.J. directs his only negative comment toward his buddy Marcus Allen: *"Marcus you got* [sic] *a great lady in Katherine Don't mess it UP."* First, O.J. suggests another confession that he himself has just messed up a relationship with Nicole in the worst possible way. "Mess," remarkably descriptive and unlike any other word in the letter, implies significant destruction and self-sabotage. Second, by alluding to the past tense in such a way ("Marcus *got* a great lady and messed things up") also implies that Marcus had a past involvement

with Nicole, which contributed to O.J.'s anger. (Four days before his interrogation, Simpson had

hinted at the same thing with a key story which he connected to Nicole about a man on the verge of discovering his wife's affair and exploding.) Simpson's extreme separation anxiety could easily explain possessiveness and jealous rage.

In his long list of friends, Simpson ends with his regret regarding Paula (Barbieri), *". . . you are special. I'm sorry that we're* [several cross-outs] *not going to have our chance. God brought you to me I now see as I leave you in my thoughs* [sic]*."* O.J.'s difficulty telling Paula "we're not" suggests deep down he hasn't given up on the idea as does the slip "you in my **thoughs**," implying "although"—on the other hand. Certainly, this fits with Simpson's ever- present inability to separate. O.J. continues to validate his preoccupation with separation. Also, O.J.'s thoughts of God and His gift of Paula point to another powerful reason for giving second thoughts to suicide. And, in fact, O.J. did end up having another chance with Paula, which suggests his deep-down intentions all along.

As if to confirm his concern about God and morals, O.J. then tells us *"I think of my life and feel I've done most of the right things. . . ."* He then lapses into self-pity with *". . . so why do I end up like this. I can't go on, no matter what this outcome People will look and point* [followed by a long, one-line cross-out that appears to include *"wife murderer"]* *I can't take that I can't subject my children to that. This way they can move on with their lives Please if I've done anything worthwhile in my life. Let my kids live in* <u>Peace</u> *from you (press)".* While Simpson reveals again his sensitivity to separation and judgment, he returns to the idea of his need to live a worthwhile life. His appeal for peace for his children and his reference to their going on with their lives suggest that O.J. simply wants peace but plans on going on living. And O.J. appears to confirm his unconscious problems with success as, again, he wants no more press.

He continues with more of the same concerns regarding his character: *"I've had a good life I'm proud of how I lived, my mama tought* [sic] *me to do un to other. I treated people the way I wanted to be treated I've always tryed* [sic] *to be up and helpful So why is this happening* [followed by almost four lines being crossed out] *I'm sorry for the Goldman family. I know how much it hurts".* Overall we find far more optimism than hopelessness—a good life, proud of how I've lived, doing what mama wanted, treat others well, helpful, upbeat—and his self-pity significantly less. Thus, in the three paragraphs where O.J. describes his pain most poignantly, he also makes distinct references to God, doing right and doing what his mama taught him, suggesting his wish to do right will prevail over his self-destructive impulses. (Not surprisingly, Simpson also evidences significant confusion by the huge, four-line cross-out when he thought about the other victim, Ron Goldman, further implying his guilt.)

Simpson continues: *"Nicole and I had a good life together. All the press talk about a rocky relationship was no more than what ever* [sic] *long term relationship experiences. All her friends*

will confirm that I'v [sic] *been totally loving and understanding of what she's been going through. At times I'v felt like a battered husband or boyfriend but I loved her, made that clear to everyone*

and would take whatever to make us work". Once again, in a lengthy paragraph, O.J. continually makes positive references, including having had a good life. Additionally, he refers to his loving, understanding nature and emphasizes his ability to tolerate stress—he would make it work—which he had demonstrated to everyone. His reference to long-term relationships also suggests endurance and not impulsivity. Most important, O.J. refers again to the press, overblowing rocky times, strongly implying once more his own exaggeration of difficulties.

The same pattern of returning to self-pity—this time very briefly—following periods of self-acclaim repeats itself: "Don't feel sorry for me. I've had a great life made great friends. Please think of the real O.J. and not this lost person." His blatant denial, "don't feel sorry for me," tells us exactly what Simpson has been looking for all along. He wants sympathy and he still wants to be "O.J.," as he continues his ongoing desperate longing for acclaim. Could O.J., with his great separation discomfort, not crave sympathy? Surely, he still cares what others think of him and hints in yet another way at the false pretense of his letter—the real O.J. is not writing this letter. His poignant self-description as a "lost person" also hints again at his extreme vulnerability. He suggests once more that lostness, aloneness, led to his murderous rage.

The Ending

His conclusion does nothing but confirm his overall positive mind-set, *"Thank* [sic] *for making my life special I hope I help yours. Peace + Love O.J.* [with the "O" made into a smiley face]*"* O.J. is still working his audience—thanking them, remembering how special they made him, hoping to help others. Does this sound like a man on the verge of suicide? Just to remind us, he tells us again what he's really looking for, peace and love. He figured a "suicide letter" would work wonders to gain sympathy and help him get back in everyone's good graces. As if to make sure we know it, he puts a smiley face into his famous signature. At the very end of his note, we find the upbeat, friendly, even-whimsical O.J.—the O. J. we all thought we knew. Smiley faces and suicide don't go together.

In summary, using some basic principles of reading between the lines, we can see O.J.'s unconscious mind telling us the real story. First of all, his striking references to lies and press hype—message markers—along with his reference to a false O.J. all contain the same idea of misrepresentation. His repeated references to the future, his numerous positive thoughts of a good or great life, his emphasis on his ability to tolerate tough times in relationships, his wish to do the right thing, his connection of doing right to God and his repeated emphasis on making it—having come this far and long-term relationships—all point to O.J.'s still wanting to go on being O.J. and suggest his state of mind was more positive than negative. This teaches us to look for themes in letters.

His overt denial of wanting sympathy and his almost-childish appeal for peace—"for his children"—provide a real indication of what he really wants. His final paragraph was upbeat and

when combined with his signature adds impressive weight to the following conclusion: O.J. was manipulating for sympathy to deflect attention away from his having murdered his ex-wife. Certainly, the outcome represents the final proof—O.J. did not commit suicide. In this unique case, we have even more information to go by and in his interrogation immediately prior to the letter, we find O.J. predicting his Bronco chase. As we will see, skilled listening could have helped to clarify his guilt and very likely would have prevented his elopement from incarceration.

LISTENING BETWEEN THE LINES

Detectives Phil Vannatter and Tom Lang of the Los Angeles Police Department (LAPD) had interrogated O.J. Simpson 4 days earlier on June 13, 1994, the day after his ex-wife's murder. A close look at the interrogation reveals valuable information and suggests O.J. was unconsciously warning the detectives of his extreme sensitivity to incarceration and his proclivity to run from authorities when faced with trouble. Listening to someone's stories in addition to their direct answers provides major clues to a person's deeper motivations—unknown to them consciously.

Early in the interview, Vannatter inquires about two of Nicole's previous complaints of violence on O. J.'s part:

> P.V.: *And she made a police report on those two occasions?*
> O.J.: *Mmmm hmmm. And I stayed right there until the police came, talked to them.*
>
> T.L.: *Were you arrested at one time for something?*
> O.J.: *No, I mean, five years ago we had a big fight, six years ago. I don't know. I know I ended up doing community service.*
>
> P.V.: *So you weren't arrested?*
> O.J.: *No, I was never really arrested.*
>
> T.L.: *They never booked you or . . . ?*
> O.J.: *No.*
>
> P.V.: *Can I ask you, when's the last time you've slept?*

Analysis

Out of the blue, O.J. spontaneously volunteered how he had stayed until the police came in a previous investigation, which should have raised some red flags because, suddenly, someone

running from police was on his mind. If the detectives had investigated thoroughly, they would have discovered that Simpson was lying—initially he did talk to police officers, but when they attempted to take him in, he escaped out a side entrance to his Bentley in the driveway. Simpson continued to

deny that his being arrested was ever a consideration, further indicating his discomfort with incarceration.

Note, too, how Vannatter unconsciously moved away from a line of inquiry that made Simpson uncomfortable and that could have yielded more valuable information, instead changing the subject to an easy direct answer. Simpson had introduced the thought of running from the police unconsciously to warn the detectives—his deeper intuition had a phenomenal need to tell the truth—and Vannatter could have allowed him to keep talking, but instead he introduced the idea of sleeping, which more accurately was Vannatter's own deeper intuition suggesting unconsciously that he was asleep at the controls. If the detectives had known about unconscious communication, they could have observed O.J.'s need to confess and known which areas to probe, much as a psychiatrist uses a patient's deeper perceptions as a guide in psychotherapy (Langs, 1977).

Later in the interview, Simpson spontaneously tells yet another invaluable story. We particularly need to pay attention to stories because a suspect's deeper intuition—ever prone to telling
the truth—primarily speaks indirectly through key stories and ideas (think of a suspect as unknowingly possessing a brilliant storyteller in the unconscious, which has a great inclination to tell the truth in story form).

At this point in the interview, the detectives have O.J. on the run. They have begun inquiring about his cut finger and blood found at the crime scene and he becomes increasingly anxious, at one point avoiding the question of what could have happened to Nicole and attempting to turn things back on the detectives.

> P.V.: *What do you think happened? Do you have any idea?*
> O.J.: *I have no idea, man. You guys haven't told me anything. I have no idea. When you said to my daughter, who said something to me today that somebody else might have been involved, I have absolutely no idea what happened. I don't know how, why, or what. But you guys haven't told me anything. Every time I ask you guys, you say you're going to tell me in a bit.*

> P.V.: *Well, we don't know a lot of the answers to these questions yet ourselves, O.J. , okay?*
> O.J.: *I've got a bunch of guns, guns all over the place. You can take them, they're all there, I mean you can see them. I keep them in my car for an incident that happened a month ago that my in-laws, my wife and everybody knows about that.*

Discussion

Then O.J. spontaneously begins to tell a story that we can be sure relates particularly to the interrogation because the police have him hemmed in at this point. While O.J. will appear to be talking about another incident, without realizing it, he describes the impact of the investigation on

him. Simpson first mentions giving up his guns to the police and mentions guns being in his car as the result of a recent traumatic incident. He then describes becoming entrapped on the freeway by three other cars working together in an attempted hijacking. At first, the car in front of him slowed down, suggesting a police speed trap up ahead and O.J., also speeding at the time, slowed down too. Suddenly, O.J. discovered that the three cars were trying to entrap him, as the one in the rear started bumping him. Thinking quickly, O.J. escaped the trap by going on the shoulder of the road and then holding up his lighted cell phone to communicate to the criminals that he intended to call the police. O.J. then gave false chase to one of the cars to scare the driver. Later that night, Simpson reported the incident to the police and made it plain he had no weapons in his car at the time.

In his story, O.J. makes three different references to running from the police—initially he and the other driver are trying to escape the police in a car. Then the driver attempts to escape from O.J., who is acting as a police officer and has just called one. The whole story centers around O.J.'s fear of entrapment, which he links to people (including himself) attempting to escape in a car from the police. Simpson also tells us of having no guns in the car and only using a cell phone. He began his story spontaneously after instructing the police to take his guns, implying that he didn't plan on using them—he only kept one with him in his car for protection. In O.J.'s story, the themes of entrapment strikingly linked to the police and people running away in cars, along with using a cell phone to communicate with the police during the attempted escape, eerily fit the Bronco chase 4 days later. Combining this with Simpson's earlier spontaneous denial that he wouldn't run from police (when, in fact, he has in the past) should have made the investigators extremely suspicious that already O.J. was harboring secret plans in the back of his mind to escape.

Additionally, his story in which he had no gun and his later thoughts about giving up his guns suggest that O.J.'s suicidal threats during the Bronco chase were efforts aimed at gaining sympathy and suggest that he presented no real danger to himself or ever intended to use his gun. In describing a false chase where all he had was a phone and not a gun, he also seems to predict what the outcome of the Bronco chase will be. Repeatedly during that chase in his conversation with Detective Tom Lang who talked him in (brilliantly bonding with O.J. and appealing to his significant separation anxiety), O.J. continues to say he's not going to hurt anybody.

In review, the recent breakthrough to deeper (unconscious) perception and communication provides a new paradigm for obtaining valuable information about motive and intent in a variety of forensic situations (document analysis, interrogation). We must keep in mind (1) *simultaneous* two-level communication—conscious (literal, "left brain") and unconscious (symbolic, "right brain"); (2) the superiority of the unconscious in perception and analysis (assessing motives); (3) valuable

unconscious/symbolic communications include spontaneous seemingly happenstance stories or comments along with slips, misspellings, cross-outs, denials, etc.—potentially every communication; (4) people unconsciously need to tell the truth to confess and to understand; and (5) the unconscious validates messages by repeating ideas and by key references to communication known as message markers (or high lighters).

Conclusion

Applying our new understanding of unconscious communication to suicide letters in general suggests principles of listening: 1) listen for "stories within the story," taking every idea/story as part of the writer; 2) listen for references to communication (message markers), including lies and false communication; 3) listen for repeated themes that suggest the writer's true state of mind; 4) listen for blatant denials more accurately suggesting intentions; 5) listen for references to impulse control and the ability to handle stress; 6) listen for references to self-esteem, which if positive, suggests a person has not necessarily given up; 7) listen between the lines to every communication—slips, cross-outs, omissions and so on. Many suicide letters are not as revealing as O.J. Simpson's, but some will be.

The Identification of High-risk Behavior That Has the Potentiality of Culminating in the Covert Suicide of a Law Enforcement Officer

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Abstract: The reluctance to discuss suicidal thoughts, when combined with a lack of adequate measures of potential suicidal risk, can result in tragic loss of life. This disinclination to discuss suicide is compounded in the law enforcement community, where officers are expected to "suck it up" and not admit to problems. The literature is replete with examples of situations where an officer most likely committed suicide, but the death was classified as accidental. In addition, careful perusal of officer's deaths identifies some examples where there is a question of whether the death was a result of aggressive police work or a covert suicide. The purpose of this article is to be a consciousness-raising effort to identify officers exhibiting high-risk behavior and prevent both the overt and covert suicide.

Key words: covert suicide, police suicide, law enforcement, suicide, risk assessment

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*The Identification of High-risk Behavior That Has the Potentiality of
Culminating in the Covert Suicide of a Law Enforcement Officer*

INTRODUCTION

Law enforcement lends itself all too well to "going out in a blaze of glory," the covert suicide. Where does good aggressive police work end and a covert suicide begin? Potential examples abound: pursuing an armed suspect when it would be more prudent to wait for assistance; the high-speed pursuit, especially in inclement weather; volunteering for high-risk assignments and so on.

Within law enforcement, a marked desensitization to violence and an obvious familiarity with firearms exist. Combine depression, a desensitization to weapons and violence, the reluctance of law enforcement officers to admit that they have a problem and seek help, the abuse of alcohol and the often-present relationship problems—frequently exacerbated by a law enforcement career—and a potentially serious problem exists.

This article evaluates methods for the early identification of at-risk officers and it considers assignments that require ongoing evaluation of assigned officers. Additionally, it identifies tactical situations that lend themselves to covert suicide and suggests viable intervention strategies.

RISK-TAKING BEHAVIOR

Risk permeates our everyday private and public lives. Risk may manifest itself in a variety of ways in different situations. The topic of risk often arises, implicitly or explicitly, in the form of the question of how much risk is acceptable? In making any decision, a person selects an action with the intention of producing outcomes at least as satisfactory as those that would result from any other available option. Accordingly, from the decision maker's perspective, the worth of such an alternative can be characterized as Worth = $\int$(Risk, Other considerations) (Yates, 1992, p. 3).

People's response to a risky situation involves several stages, stages that may interact but that reflect different psychological processes (MacCrimmon and Wehrung, 1986). They must first recognize and then evaluate the risk; this recognition and evaluation may occur automatically or may be the result of conscious deliberation. If the risk is considered significant enough, they must respond to the risk, perhaps by attempting to leave the situation, by trying to change the situation, or by ignoring the risk. For police officers, leaving the situation or ignoring it is seldom a viable alternative.

Usually people will monitor the effect of their actions and modify their response accordingly. An example of this modified behavior in law enforcement is the debriefings that are typically conducted after a SWAT operation. In these debriefings, the team will identify different decisions and assess them for the purpose of identifying potential problems to be avoided in future operations.

Discussions of risk are often confused by disagreements over the magnitude of the risk that exists. Perceived risk may depend on such obvious factors as the potential degree of damage but also on dimensions such as the unfamiliarity of the consequences, the involuntary nature of exposure to the risk, the uncontrollability of the damage and the degree to which the hazard could have been foreseen. Within law enforcement, new officers are assigned with more experienced officers who obviously have much more experience and training that assists them in foreseeing potential problems. The sense of control that a person feels in a situation may be a particularly important factor (Yates, 1992, p. 287).

SUICIDE: AN OVERVIEW

Historically, the meaning of suicide has reflected the religious tradition of a given culture (Stevenson, 1988). The Judeo-Christian tradition, prominent in the United States, has held that life is a gift from God and that taking of it is strictly forbidden. This belief has made the subject of suicide "untouchable," a subject where denial is the byword, a subject that we don't talk about. This reluctance to discuss the subject of suicide exists within the general population and to an even greater extent within law enforcement.

Much of the moral stigma attached to suicide that remains in our society becomes obvious to police officers during investigations of deaths that might be suicide. Shneidman (1983, p. 520) observed that friends and relatives may alter evidence that would tend to point toward suicide; suicide notes are sometimes concealed or destroyed and pressures are exerted on investigators and responsible officials to certify the case as accidental or natural. The stigma that continues to surround suicide for the general population is even stronger when the victim is a police officer.

Suicide is the ninth leading cause of death in the United States, resulting in 30,000 deaths annually. Despite suicide prevention programs, more recognition of depression, hospitalization and advances in biological treatments for depression, the overall rate of suicide has not changed over the last several decades; it has remained in the range of 11-12 per 100,000 (Stevenson, 1988).

One of the few identified factors that correlate with the overall rate of suicide is the availability of the means to suicide. Having direct access to firearms also appears to correlate with suicide (Hales et al., 1999, p. 1384). They go on to state that chemical dependence on alcohol or drugs increases the suicide risk in a patient fivefold. Obviously, all police officers are familiar with and have access to weapons. They also have an occupationally related desensitization to firearms and violence.

Hendin (1991) stated that studies have demonstrated that aggression toward others—that is, violent behavior—often goes hand-in-hand with suicidal behavior. Suicide usually was associated with conscious rage in the violent individuals studied and rage should therefore be viewed as an

important psychological factor underlying suicidal behavior. Hendin reported that his findings demonstrated the correlation of suicide risk to several psychological factors: anger, fear, anxiety, lack of impulse control, suspiciousness and rebelliousness. Utilizing Hendin's findings, potential at-risk officers could be identified by evaluating their actions and behaviors, especially with reference to impulse control—or more specifically lack of impulse control—and any actions that might demonstrate problems with excess anger, anxiety, or rebelliousness. It is to be expected that police officers express and demonstrate some level of suspiciousness to survive on the street, but this too could be evaluated.

Police Suicides

Violanti (1996, p. 14) stated that obtaining information on suicide from police sources is difficult. Suicide is not openly discussed by police personnel; officers tend to view suicide as dishonorable to the officer and the profession. Law enforcement is a "closed system" not open to input from the outside and not willing to share its "secrets" with others. This reluctance to share inside information with the outside probably reaches its pinnacle with suicides. The "overt" suicide is very difficult to ferret out from law enforcement and the "covert" suicide is even more difficult. It is difficult to obtain this information even though it might significantly benefit those most directly associated with law enforcement: officers and their families. Susan Sawyer, from Concerns of Police Survivors (COPS), sent out 14,000 requests for information on suicide to police departments throughout the United States in an effort to help survivors. Only three departments responded (Violanti, 1996, p. 75).

There is some inconsistency, but the research indicates that police officers are more likely to commit suicide than the rest of the populace (Allen, 1986; Fell et al., 1980; Heiman, 1977; Terry, 1981). This is compounded by the fact that police suicides are likely to be under reported and often are incorrectly classified as an accident or homicide (Kurke and Scrivner, 1995). It is even further complicated by the fact that law enforcement tends to be a "closed" system—that is, not open to input from the outside and not willing to share information with the outside. This reluctance seems to exist for almost all areas of information but probably reaches its peak with any subject that might be perceived as criticism of the officers.

Law enforcement lends itself all too well to "going out in a blaze of glory," the covert suicide. It is often difficult, if not impossible, to determine where good, aggressive police work ends and a covert suicide begins. The very nature of law enforcement provides numerous opportunities for the potentially suicidal officer: pursuing an armed suspect when it would be more prudent to wait for assistance; the high-speed pursuit, especially in inclement weather; volunteering for high-risk assignments and so on.

The 1987 Warner Brothers movie *Lethal Weapon,* starring Mel Gibson, provides two excellent examples of on-duty covert suicides by an officer who is feeling depressed and hopeless.

Officer Riggs (Mel Gibson) is in his trailer on Christmas Eve. He obviously has been drinking heavily and his wife has recently died. He is clearly depressed and puts his service weapon to his head, then in his mouth, but he is unable to pull the trigger. The holidays have combined with the alcohol to exacerbate the depression over the loss of his wife.

While on duty, he is involved in two situations that would be excellent examples of a covert suicide. In the first situation, he is working undercover making a narcotic buy and is surrounded by several suspects. He shoots several of them and ultimately one suspect grabs him and puts a gun to his head. They are then surrounded by officers with guns drawn. Riggs keeps yelling at the officers to shoot the suspect, which would most probably result in his being shot too. In the second situation, he is dispatched to a "jumper," a subject who is on the edge of the roof of a tall building threatening to jump. Riggs goes out on the edge of the roof with the subject, handcuffs himself to the subject and ultimately jumps with the subject. They land on an air bag, so neither one of them is injured.

After this incident, he is confronted and accused of being crazy or just wanting a disability pension. His partner hands him a gun and challenges him to kill himself. As the scene progresses, it is very obvious that he is willing accept the challenge. Riggs responds to his partner: "I'm not afraid to die. Every day I wake up and look for a reason to go on". The captain consults with the department psychologist, who informs him that Riggs is definitely depressed and suicidal. The captain's response is that there is nothing that can be done it if he wants to kill himself.

This example, though fictional, represents the necessity of recognizing officers who are depressed, feeling helpless and hopeless. Officer Riggs had suffered a major loss in the loss of his wife, it was the holiday season and he was exhibiting high-risk behavior in a number of different settings—yet nothing was done to confront his depression and suicidal ideation. It would appear that the captain felt that there was nothing to do that would change the ultimate outcome if he wanted to kill himself.

Two specific examples of the covert suicide have come to the attention of these authors. Both of these are actual cases. In one case the officer is now dead and in the other case, the officer is in prison. One was on duty and the other was off duty.

An on-duty officer, after having an argument with his girlfriend (he was married), received a priority-2 call (crime against property). He immediately proceeded at a very high rate of speed to handle the call, ultimately being involved in a single-car fatal accident. Prior to this incident, he had purchased a very large insurance policy.

It is very dangerous to "second-guess" a situation. However, there appeared to be no reason for the excess speed—well over 100 miles per hour—as there were no lives in danger. Was this "aggressive police work" or a covert suicide? Prior to this incident, this officer had a history of high-

risk behavior and aggressive driving. Both peers and supervisors were aware of this behavior and mentioned it to the officer, but apparently his high-risk behavior did not change.

In a second, unrelated situation, an off-duty officer bought a rattlesnake and put it in a cage. He would then get drunk and put his hand in the cage to see if he was faster than the snake. Additionally, he would ride his personal motorcycle barefoot and in excess of 100 miles per hour while intoxicated. All of this high-risk behavior started after the officer was involved in an undercover assignment where a drug suspect tried to kill him. The suspect "burned" him on the undercover assignment, ordered him to kneel on the ground and put a gun to his head. The suspect then pulled the trigger, but the gun misfired; the officer subsequently shot and killed the suspect. The officer was provided no psychological counseling but was told just to go get drunk and forget it.

There exists within law enforcement a marked desensitization to violence and an obvious familiarity with firearms. Combine depression, a desensitization to weapons and violence, the reluctance of law enforcement officers to admit that they have a problem and seek help, the abuse of alcohol and the often-present relationship problems—frequently exacerbated by law enforcement stressors—and a potentially serious problem exists.

ASSESSMENT OF POTENTIAL SUICIDAL RISK WITH POLICE OFFICERS

Is there a greater likelihood that a police officer will commit suicide than be shot in the line of duty? There is little empirical evidence that can answer this question and there are no studies that have addressed the covert suicide. The National Association of Chiefs of Police recently reported that police suicides occur at a ratio of 2:1 over police homicides (Violanti, 1996, p. 21).

In almost every case of suicide, there are hints of the act to come and if these hints are identified, it is sometimes possible to prevent the act (Shneidman et al., 1983, p. 429). Currently, the major bottleneck in suicide prevention is not remediation, for there are fairly well-known and effective treatment procedures for many types of suicidal states; rather, it is in diagnosis and identification that there is a problem (Farberow, 1961). It appears to these authors that this statement remains as valid today as it was 30 years ago.

Shneidman et al., (1983, pp. 429-430) stated that a few straightforward assumptions are necessary in suicide prevention. For instance, individuals who are intent on killing themselves still may wish to be rescued or to have their deaths prevented. Suicide prevention depends on the assumption that suicidal people are ambivalent—part of them wants to die but part of them also wants to live. Intervention can then focus on the part of the person who wants to live.

Also, most individuals who are about to commit suicide are acutely conscious of their intention to do so, although they may, of course, be very secretive and not communicate their

intentions directly. In addition, suicidally inclined people may actually be unaware of their own lethal potentialities, but may nonetheless give many indirect hints of their unconscious intentions.

Practically all suicidal behaviors stem from a sense of isolation and from feelings of some intolerable emotion on the part of the victim. By and large, suicide is an act to stop an intolerable existence. But individuals define "intolerable" in their own way.

In 1994, Ivanoff evaluated New York City police officers after 12 committed suicide. His findings included the following:

- About 25% of the officers surveyed knew someone in the department who they perceived as suicidal.
- There was strong reluctance to seek help from inside or outside the department.
- Police officers who participated in suicide awareness training stated that it helped to make them more aware of serious problems in themselves and other officers.
- Results suggested that suicide awareness training contributed to improved attitudes and possible increased seeking of help.
- Fewer police officers acknowledged suicidal ideation (24%) than persons in the general population (40%).

The goal of the program was to initiate prevention as well as intervention for police suicides.

The *Eighth Annual Mental Measurements Yearbook* (Buros, 1978) does not list a single test specifically designed to measure suicide; however, there are tests that include scales that identify correlates of suicide or have specific suicide scales. The Beck Depression Inventory identifies depression, which is highly correlated with suicidal ideation and suicidal actions. The Beck Hopelessness Scale, a 20-item self-reporting instrument that assesses the degree to which a person holds negative expectations about the future, is an invaluable tool. Beck found that hopelessness was highly correlated with eventual suicide. A scale cutoff score of 9 or above identified 94.2% of the patients who completed suicide. Assessment of hopelessness is one of the key aspects in the management of suicidal individuals (Beck et al., 1990).

The Basic Personality Inventory contains an Impulse Expression Scale that can be used to assess high-risk behavior. A high score on this scale indicates that an individual "is prone to undertake risky and reckless actions; inclined to behave irresponsibly; finds routine tasks boring." There is also a Depression Scale. An elevation on the Depression Scale needs to be explored fully in order to differentiate between situational depression, which arises from the individual's immediate circumstances and chronic depression, which is pathological. Elevations on the Depression Scale require some assessment of the individual's suicid potential. The test manual states that individuals exhibiting suicidal behavior scored significantly higher on the Depression and Deviation Scales.

They also received higher scores on the Anxiety, Hypochondriasis, Interpersonal Problems, Social Introversion and Self-Depreciation Scales and received lower scores on the Denial Scale.

The Rorschach Psychodiagnostic Plates (Rorschach) Test would be an invaluable part of a test battery, especially because it tends to be less "transparent" than some of the other tests. Specifically, the "S-Con" (Suicide Constellation) and DEPI (Depression Index) Scales should be considered. The S-Con with a score of 5+ should be of concern with Vista's being the highest loading factor. Any of the following factors should be considered significant: $R < 17$; $P < 3$ or > 8; $S > 3$; $X + \% < 70\%$; $3r + (2)/R < .31$ or $> .44$; $FC < CF + C$; $H < 2$: $FV + VF = V = FD > 2$; $zd > 3.5$ or $Zd < -3.5$; $es > EA$ (Exner, 1986, p. 414). On the DEPI (Depression Index) scale, a score of 5 or greater and a diagnosis of depression is made (Exner, 1986, p. 425).

The Minnesota Multiphasic Personality Inventory (MMPI) is a very common part of a test battery given to new officers. It also is sometimes given as part of the screening for special assignments. It is obviously a good test to identify possible psychopathology but is much less reliable in the prediction of suicide. Numerous attempts have been made to use the MMPI to predict the occurrence of suicide, suicide threats, or both through supplementary scales, such as the Suicide Threat Scale. The initial hurdle faced in predicting suicide with the MMPI or any other assessment device is the extremely low frequency with which suicide occurs in most populations. Consequently, any index of suicide will yield a large number of false positives (clients identified as suicidal who are nonsuicidal) because of this low frequency of occurrence. Although it would seem that false positives are of less concern than false negatives (clients who are identified as nonsuicidal who commit suicide), the ethical and practical implications of falsely identifying a client as suicidal also must be considered. Any method using the MMPI or the MMPI-2—whether it involves single scales, profile analysis, supplementary scales, or item analysis—appears disappointing in the prediction of suicide (Greene, 1991, p. 218). Because the correlation between suicide and depression and the correlation between suicide and chemical dependency have been well established, correlation between Scale #2 (depression) and the MacAndrews Scale should be evaluated.

The Firestone Assessment of Self-Destructive Thoughts (FAST) consists of an 84-item scale designed for clients ages 16-80 years and older (Firestone and Firestone, 1997). It can be administered and scored in 20 minutes and provides a global score, composite scores and scores for 11 levels of self-destructive thought. It is effective as a screening and diagnostic instrument or as a measure of change over time and is normed on an outpatient sample. The 11 levels are grouped into three composites: 1) self-defeating thoughts composite—thoughts that lead to low self-esteem or inwardness; 2) addictions composite—thoughts that support the cycle of addiction and 3) self-annihilating thoughts composite—thoughts that lead to suicide.

These assessment methods assist in the identification of officers' high-risk behavior that may result in overt or covert suicidal action. Methods of reducing this risk may include the following: adequately screening recruits and all officers requesting special assignments, such as

SWAT, narcotics, undercover, or other high-risk assignments; training first-line supervisors to recognize potential problems; tracking high-risk officers utilizing the "Early Warning System"; developing and utilizing a peer support system and developing and utilizing a trusted police psychologist.

CONCLUSION

Ideally, the potentially suicidal officer would be identified before a suicide attempt was made. However, after the fact, much could be learned by the willingness to identify actions and evaluate suspicious situations that have the potential for culminating in a suicide. The natural reluctance on the part of fellow officers to cast any disparaging light on a situation will be a major hindrance. One valuable tool that can be used is the psychological autopsy, developed by Robert Litman in 1958 (Kurke et al., 1995, p. 338). The psychological autopsy can contribute in clarifying those behavioral factors that may differentiate an accidental death from a suicide. Shneidman (1993) holds that there are two key concepts that help in differentiating a death from a suicide. These concepts are self-infliction and intention. This too can be used in an effort to accurately determine whether an incident is an accident, a homicide, or a suicide.

Contamination of Cop:
Secondary Traumatic Stress of Officers Responding to Civilian Suicides

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Abstract: *Because police response to civilian suicide is uncharted territory for the field of mental health, the authors drew from three well-researched areas to develop a model: Secondary Traumatic Stress (STS), critical incidents in law enforcement and suicides in the helping professions. A questionnaire completed by 103 sworn personnel reflected this model and used three modes of assessment to determine patterns of responses: a symptom checklist, a qualitative description and a standardized questionnaire. Results indicate that in the aftermath of civilian suicide, many officers experience an adverse stress response approximating Secondary Traumatic Stress. Furthermore, an additive effect of multiple suicide calls exists. Reexperiencing the event and anger were the most common symptoms, while humor and social support were the most common coping strategies. Implications for training and future research are suggested.*

Key words: Secondary Traumatic Stress, trauma, suicide investigation, law enforcement, suicide

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Contamination of Cop:
Secondary Traumatic Stress of Officers Responding to Civilian Suicides

INTRODUCTION

> "I responded to a suicide where a 27-year-old bipolar male shot himself in a garage with a shotgun. The fiancé and mother of the victim were on scene and, for some reason bonded with me. For several months following the incident, the mother would send me poems or pictures of the victim so that I would "get to know her son" and not remember the graphic suicide. I finally had to call her and ask her to stop. Since then I've felt insensitive to her needs and that I should have supported her more" (40-year-old officer).

The above quote typifies the many responses officers can feel when responding to a suicide call. When dealing with a violent, disturbing death, common reactions are attempting to ease the distress of the survivors; feeling anger, guilt, frustration, helplessness and second-guessing. While many have written about the impact of police culture and experiences on officers' perceptions and attitudes (Bradstreet, 1994; McMains, 1997; Honig, 1994), few have explored the area of police response to civilian suicide. Because the area of police officers' responses to civilian suicide is uncharted territory for the field of mental health, the intent of the following literature review and exploratory research is to stimulate thinking and further investigation in this area. Readers should consider the findings tentative until further evidence exists to disconfirm or support generalizability.

For the research project described in this article, police officers from two suburban Colorado departments voluntarily wrote their responses to an anonymous survey. Comments from the 103 completed questionnaires are interspersed throughout the literature review to illustrate examples. The results and discussion section review additional analyses of the data. Because no one has written extensively on the topic of police and civilian suicide, we drew from related areas of study, including Secondary Traumatic Stress (STS), critical incidents in law enforcement and suicide's impact on helping professionals. These broader areas have received much more attention in the last decade and serve as a framework for building a model of police response to civilian suicide (see Figure A).

SECONDARY TRAUMATIC STRESS

During the last 10 years, as mental health professionals have increased their exposure to traumatized clients, a better understanding of the areas of STS and Secondary Traumatic Stress Disorder (STSD) has emerged. Over time, these helping professionals noticed that their own emotional and behavioral patterns paralleled their clients' and the concept of the transmission of trauma took hold (Figley, 1995). While the construct of STS continues to develop in response to these discoveries, confusion regarding definitions and related concepts exists (see Figure B).

CONCEPTUAL CLARITY: BURNOUT VERSUS STSD

Primary traumatic stress occurs when one is directly in harm's way and can lead to Posttraumatic Stress Disorder (PTSD). *Secondary* traumatic stress affects those who are supporters or helpers of the traumatized and *tertiary* traumatic stress affects the supporters (such as friends and family) of the helpers of those who experience primary traumatic stress (Stamm, 1997). Others describe the effects of "exposure to another's traumatic material by virtue of one's role as a helper" with the overlapping concepts of burnout, compassion fatigue and vicarious trauma (Figley, 1995a).

Burnout

Burnout arises from the stress of the long-term interaction between helper and recipient. This type of relationship is taxing to the helper because it is "emotionally asymmetrical" and pressure continually exists for the helper to be communicatively adept (Miller et al., 1988). Burnout tends to emerge gradually in helpers and is manifested primarily in the feeling of emotional exhaustion (Figley, 1995a). Physiological, psychological and organizational components make up this syndrome (Miller et al., 1988). On a physiological level, common symptoms include fatigue, sleep disorders and various somatic complaints. Psychologically, most sufferers experience depression, helplessness and cynicism. Burnout affects organizations by increasing absenteeism, poor performance and perfunctory communication.

Burnout is defined as a "general wearing down from the pressures of human service work" (Miller et al., 1998). Other definitions of burnout include the following: "to fail, wear out, or become exhausted by excessive demands on energy, strength or resources" and "physical, emotional and mental (i.e., attitudinal) exhaustion" (Kahill, 1988). Miller et al., (1988) noted that workload, role conflict and role ambiguity exacerbate burnout. Furthermore, they stated that over time, the stress of being a helper leads to depersonalization and a negative shift in one's responses to care recipients. Burned-out professionals start seeing others through "rust-colored glasses" and find little personal accomplishment in their work. Those most at risk for developing burnout are those who see their jobs as a "dedicatory ethic," or "calling". Suicide often leaves survivors feeling angry and helpless, especially when individuals have tried to help the victim. Thus, burnout is potentially a factor for those officers who have experienced numerous suicide calls and who gradually lose hope that they are making a difference.

Compassion Fatigue, Vicarious Trauma and Secondary Traumatic Stress Disorder

The terms "compassion fatigue," "vicarious trauma," and "Secondary Traumatic Stress Disorder" overlap to such a degree they are, for our purposes, interchangeable. In essence, all of these terms describe "...the natural consequent behaviors and emotions resulting from *knowledge about* a traumatizing event experienced by a significant other. It is the stress resulting from *helping*

or wanting to help a traumatized or suffering person's syndrome of symptoms; it is nearly identical to PTSD, except that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person...." (Figley, 1995a, p. 10). In contrast to burnout, STSD emerges suddenly, in response to a specific situation and creates a sense of horror, fear, or helplessness (Figley, 1995a). Nevertheless, the effects of secondary exposure to trauma can also be cumulative, as repeated exposure reinforces gradually changing beliefs about oneself and the world (Rosenbloom et al., 1995).

Witnessing another's suicide is a stressor that does not fall neatly into either the primary or secondary stress categories. For police, secondary stress seems to be a more suitable term—due to their roles as helpers—but unlike members of other helping professions, officers also experience the sensory information firsthand. Still, in the majority of cases, suicide situations do not put officers directly in harm's way; thus, secondary stress seems like a more applicable conceptualization of their experience.

How STSD Develops

STSD, like PTSD, appears to be both a function of the victim and of the trauma. That is, external factors of the trauma make exposure to that experience distressing for almost anyone. For example, situations involving injured or dead children are upsetting to almost everyone. Many emergency rescuers find that they are most vulnerable to STSD when dealing with children and trauma (Figley, 1995a). Carlier et al., (1997) concluded that "certain extreme events that rise above a given severity threshold are likely to induce PTSD (at least initially) in most individuals regardless of predisposition." At the opposite end of the scale, events that would be minimally stressful to most people "could prove traumatic in the presence of multiple predisposing factors" (p. 504).

There are also internal factors of the victim of STSD that may put people at greater risk. It is beyond the scope of this paper to discuss all of the internal factors involved in the transmission of trauma. Two of these internal factors are the victim's cognitive framework and role expectations.

Cognitive Framework

Constructivist theory provides a framework for understanding how STS affects individuals (McCann and Pearlman, 1990). Essentially, this theory states that humans construct their own personal realities though evolving cognitive schemas. Over a lifetime, these schemas become increasingly complex, as humans attempt to make sense out of their experiences. Basic core schemas include beliefs, assumptions and expectations about causality, identity, the world and ability to trust one's senses (McCann and Pearlman, 1990). Those in helping professions seem to be particularly vulnerable to STSD because of the schemas they have developed from their roles in society. Many believe they are protectors of others and trust that they are accurately able to judge another's character (Rosenbloom et al., 1995).

Violanti (1996) has written extensively on how the perceptions and beliefs of officers may put them at risk for developing PTSD. First, officers often hold a basic assumption that they are invulnerable to harm. Without this belief, their work would be next to impossible. When this illusion is shattered, however, the residual feelings of fear become very distressing. The more officers feel that they are invulnerable, the more difficulty they will face when this perception is challenged. Second, officers are trained to take control of out-of-control situations. Traumatic situations are almost by definition unpredictable and uncontrollable and, consequently, confront these skills. Finally, officers possess a salient moral belief system of justice. When these standards are upset, officers can be significantly affected. If this occurs, they often will begin the unending quest for answers that will satisfy their sense of right and wrong. In these cases, the frequently frustrating series of "why" questions usually ensues. Suicide calls that unfold when an officer is on the scene or when the victim is in the officer's custody directly challenge the officer's sense of control. When facing the intense grief of survivors, officers often discover that their sense of right and wrong is threatened. Thus, suicide situations may disrupt officers' internal belief systems of who they are and how the world is supposed to be.

> After the incident of suicide, I talked, talked and talked. I felt vulnerable for my family and friends. I questioned why. I felt obligated to find a solution for suicide and frustrated when I could not. I was angry with others that had a negative attitude to the problem and were not supportive to identifying problems. I still believe that more attention should be given to families and direction to parents raising children that are out of control (55-year-old corporal).

Clear Role Expectations and Sense of Achievement

Clear guidelines about what to do when others are suffering allows helpers to have a sense of purpose and direction in their work. McCammon et al., (1988) found that functioning or "doing the helping" in stressful situations is actually stress relieving. When these roles or duties are ambiguous, helpers often experience a sense of helplessness that may impede their ability to act. For instance, one study (Patton and Smith, 1996) compared firefighter and social services workers who were exposed to traumatic events and found that the firefighters had significantly lower "Impact of Event" scores. These researchers concluded that firefighters had training and expectations that gave them enhanced "performance schemata," or preparedness to act under these stressful circumstances and thereby reduced their risk of adverse trauma responses.

A sense of achievement is the extent to which helpers feel satisfied with their efforts. Second-guessing and self-blame lead the helper to re-create the situation repeatedly, a common symptom of STSD. Suicide cases challenge the characteristics of role expectations and a sense of achievement

in helpers. Police officers frequently find themselves wondering if they did the right thing and if they were helpful to survivors. Suicides that occur while police are on scene are especially distressing for these reasons. The following officers describe their role expectations with varying degrees of effort satisfaction:

> Had to put one suicide that occurred while on scene out of my mind. Did what we could at scene—don't believe there is anything I or anyone else could have done to prevent it (55-year-old sergeant).

> Why would a 15-year-old boy want to commit suicide? Did I do something as well as I could? Was I comfort to the family or did my investigation cause the family trauma (31-year-old officer)?

CRITICAL INCIDENTS OF LAW ENFORCEMENT

A second area to explore when developing hypotheses about police response to suicide is the vast literature on critical incidents in law enforcement. Primary trauma experiences have taken precedence; however, many concepts appear to overlap with secondary trauma experiences.

Traumatic Police Work

Police officers continually face traumatic situations, which Carlier and colleagues (1997) categorized into two domains: first, the very violent situations that usually call for active participation (such as shootings, hostage situations and riots) and second, the very depressing situations demanding confrontation with the consequences of events (such as disaster rescue work and injured or killed victims).

Critical incidents found most stressful to officers are killing someone in the line of duty, the death of a fellow officer, witnessing death and mutilation and dealing with abused or maltreated children (Violanti, 1996). Both primary and secondary traumatic stressors can play a role in these types of calls. For instance, disaster relief puts officers at risk for STS, but they often have a well-defined role to help others and save lives during these situations and this factor may inoculate officers from the impact of the trauma. Calls involving completed suicides of civilians may also expose officers to STS, as these scenes are often horrific and depressing. Role demands on these calls are frequently less active and thus less satisfying to many officers. Suicide calls pull many officers out of their comfort zones by placing them in the role of "emotional supporter" to the survivors. An actively suicidal person is both potentially violent and depressing; thus, officers may be exposed to both primary and secondary traumatic stressors.

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The following describes a suicide call that was life threatening for the officer:

> Made entry into hotel room in attempt to arrest homicide suspect. Suspect shot at me and I returned fire. I missed the suspect and he missed me. He then shot and killed himself. I was angry that 1) he shot at me and 2) I missed him when returning fire (41-year-old investigator).

PTSD IN LAW ENFORCEMENT

Prevalence

Police may be protected from the effects of trauma due to their intense training, selection procedures and professional support (Ursano et al., 1996). However, they are also subjected to significant physical demands (such as sleep deprivation), while experiencing greater traumatic exposure and multiple other stressors. Over the last decade, much has been written about the responses of emergency personnel placed directly in harm's way. Because the syndromes of PTSD and STSD are very similar, the possibility of comparable prevalence rates and shared risk factors exists.

In the general population, PTSD rates range from 1 to 3% (DeAngelis, 1995). Carlier and colleagues (1997) found that the current prevalence rate for PTSD in law enforcement is 7%. They noted that this rate corresponds to the PTSD prevalence rates for trauma victims in general as well as the PTSD rate for crime victims. Other rescue workers, such as emergency service workers and firefighters, have slightly higher PTSD rates, ranging from 9 to16.5% (Carlier et al., 1997; DeAngelis, 1995).

Risk Factors

The literature is inconsistent in the findings regarding those most at risk for developing PTSD. Carlier et al., (1997) found that sex, age, rank, police experience, adverse life events before the trauma, posttrauma events and familial mental illness did *not* bear any relation on the post-trauma symptoms of officers in their study. Other studies disagree. Robinson et al., (1997) found that officers with 11 or fewer years of experience reported more PTSD symptoms and somatic complaints. They hypothesized that either these officers did not develop successful coping strategies, were not as hardened, or were more likely to be off the street than the more seasoned officers. Marmar et al., (1996) also found that older officers reported less traumatic exposure. They surmised that older officers tended to be in command and control while younger officers saw more "front-line" duty. They also found that older subjects were less likely to use avoidance as a coping strategy than the younger officers were. Ursano et al., (1996) expanded these findings when they discovered that higher levels of traumatic stress symptoms were associated with women, those without previous experience and those with increased mutilation fear. Thus, on the one hand, officers confronting

distressing suicide situations may be more at risk if they are younger and have less experience. On the other hand, those who experience numerous distressing suicide calls over their career may experience an additive effect of multiple traumas.

Rescue workers often report that working with dead bodies is particularly distressing. Robinson and colleagues (1997) attempted to factor out predictors of PTSD in police and found that the factor they labeled as the "Death Encounter" was the strongest predictor for total PTSD. Coping with the death of a civilian, riots, disease and suicide all loaded on this factor. The "Death Exposure" factor significantly predicted intrusive traumatic memories, avoidance and hyper arousal. Child abuse, suicide and dead bodies also loaded on this factor. For several officers in the current study, the violent nature of the suicide aftermath was the most distressing factor.

> A man had shot himself in the head with a nail gun and lay on the floor, alive and bleeding for seven hours prior to his discovery. Upon arrival, I and a paramedic carried this man down three flights of steps, no plan or anything. His brains were on my shirt. I was more traumatized by this than I realized and not knowing what else to do, just went back to work. I found myself angry with anyone else I contacted later that day. "Don't bother me with your petty crap, don't you know what happened" was how I felt (41-year-old detective).

OTHER RESPONSES TO TRAUMA

In addition to the standard PTSD symptoms, research also has investigated common associated posttrauma features in emergency workers and police officers (Weiss et al., 1995; Duckworth, 1991). Some common patterns in these studies and the current research include second-guessing, identification with victims, resentment and humor.

Second-Guessing and Survivor Guilt

Responses of second-guessing and survivor guilt are common in survivors posttrauma (Herman, 1992) and in a sense, both responses are attempts to regain the illusion of power and control. As Herman states, "To imagine that one could have done better may prove to be more tolerable than to face the reality of utter helplessness" (p. 54).

> I really felt that I did not properly handle my earlier contact with the victim. The victim was a 16-year-old male who shot himself two hours after I issued him a ticket for hit and run. In terms of stressors, the suicide investigation found only that he was upset about the ticket and about not having been selected to play on the varsity baseball team in a game earlier that day. Although I spoke with the victim for 45 minutes at the time I issued the ticket and discussed all aspects of the situation with him, I still felt that I had somehow failed in communicating to him that,

while serious, the situation—i.e., the accident and hit and run—was resolvable (39-year-old officer).

Identification with Victims

When a suicide call triggers an officer's own vulnerabilities, the situation becomes even more distressing. Identification with victims can range from bringing into awareness one's own sense of mortality to reminding officers of the vulnerability of loved ones to triggering one's own suicidal thoughts. Officers may have experienced suicide or suicidal behaviors in their families and their work with suicidal civilians may reopen unresolved issues with this past.

The ability to recognize emotional experiences in others is a skill in most helpers; however, Figley (1994, 1995a, 1995b) emphasizes that empathy is a crucial factor in the transmission of primary traumatic stress to the secondary victim. He states, "The process of empathizing with a traumatized person helps us to understand the person's experience of being traumatized; but in the process we may be traumatized as well" (Figley, 1994, p. 392). If helpers also have experienced traumatic life events similar to those they are helping, they may have greater empathy, but they also may be at greater risk for having unresolved or unrecognized issues surface. Figley (1994) suggested that some emotional distance between the helper and the ongoing misery of the victim may decrease the impact of STS. Miller, Stiff and Ellis (1988) called this stance "detached concern" and stated that it is a necessary condition for effective care in helping relationships.

The following officers evinced different forms of identification with the victims:

Teenaged son shot himself, identified with parents, not because of a suicidal child, but just the fact I had children about the same age, tend to place myself in their shoes and imagined how I would feel (50-year-old sergeant).

Thought of my little sister who has attempted suicide in the past (36-year-old detective).

The suicide was a pre-teen boy who had Attention Deficient Disorder (ADD) and struggled in school. I have a child same age and gender diagnosed with ADD and felt much anxiety about this. I worried about disciplining him or confronting him about school work when he was distracted from doing homework. It took several months for me to become more relaxed about the situation (45-year-old detective).

I hope I never feel that way. I fear that I may feel that way someday (29-year-old officer).

Resentment

In addition to the PTSD symptoms of anger and irritability, resentment is also a common posttrauma response when the traumas are human inflicted. Research by Janoff-Bulman (1992) suggests that survivors of human-induced traumas are more likely to hold negative beliefs about the benevolence of the world because survivors face the fact that another human being intentionally caused their terror. For police officers, resentment increases when injustice is experienced.

> My father died because of his congestive heart failure while his mind was still extremely sharp. It makes me mad at people who end their life because of a temporary problem when they're healthy. Extremely selfish act! I refuse for a suicide to become distressing. To the jerk that committed suicide, they're a piece of meat who's (sic) soul is gone! They're the selfish ones who's (sic) lost. I don't get lost in the thought over someone who put a permanent solution to a temporary problem (48-year-old officer).

Humor

Police officers have long used humor as a way to defuse intense situations. Sometimes this coping strategy is an effective means to ease tension; other times it only serves to temporarily detach officers from the horror they are witnessing. When the latter was true, officers expressed guilt for using humor to deal with their responses to suicide.

> I was concerned that I had no feelings about what this person had done. After the call was done we just seemed to joke about what had happened (35-year-old sergeant). I've always tried to detach myself as much as possible from the scene and document the situation as much as possible. Usually, on-scene humor or talk among the other personnel; fire department and police department, helped minimize the situation (54-year-old detective).

BUFFERING EFFECTS OF SOCIAL SUPPORT

Several studies have reported that social support from peers, family and supervisors has been crucial in minimizing the long-term impacts of PTSD in emergency workers (DeAngelis, 1995; Weiss et al., 1995; Marmar et al., 1996). Corneil (DeAngelis, 1995) found that firefighters who discuss problems and who have supervisors who will stand up for them were 40% less likely to develop PTSD than those without that support. Similarly, firefighters with family support were also 40% less likely to develop PTSD.

I talked to both work and non-work-related peers. I also talked to my family and closest friends. I find that talking with others who were there helps me and I feel I help others who were there by simply listening to them talk and think out loud (36-year-old police officer).

SUICIDE AND THE HELPING PROFESSIONS

In the aftermath of a suicide, helping professionals often experience both a personal response to the suicide and a professional crisis because of their roles in society.

Personal Responses

Suicide is difficult for most people to deal with because many complicating factors exist (Kleespies et at., 1987). Suicide is often a sudden, unexpected death that disrupts the anticipation of life sequences. The more disruptive the death, the more distressing the impact on survivors. For this reason, suicides of children and adolescents are particularly distressing. Survivors often perceive that the problems the young suicide victims face were temporary and resolvable. Similarly, situations where children have witnessed their parents' suicides are also upsetting to most. The suddenness of suicide also precludes any "anticipatory grief" that would be possible if a loved one were dying of a chronic disease. Officers in our study consistently mentioned that child victims and child witnesses of suicide upset them.

Suicide is also usually violent. Many of the officers in our study stated that the images of death were particularly disturbing and that they felt bad for the families who had to clean up the mess. Suicide is the ultimate rejection of assistance. This "unilateral good-bye" is frequently distressing to those who have tried to sustain the person's life (Hauser, 1987; Kleespies et al., 1993). Because of our society's negative attitude toward suicide, there is usually inadequate support for and even at times inappropriate blame placed upon the survivors. All of these aspects can affect an officer's personal response to the suicide.

Professional Crisis

For those in helping professions, suicide compounds the personal response similar to family survivors with the professional crisis of questioning "how did I fail this person" (Jones, 1987; Goldstein and Buongiorno, 1984). Lawsuits, bad press and censure by others in the same profession are all concerns complicating the emotional response of the helper. Mental health professionals and nurses commonly experience negative emotional experiences in the aftermath of a patient's suicide (Kleespies et al., 1993; Midence et al., 1996). In the present study, the frequent second-guessing in the aftermath of suicide suggests that police officers may share similar personal and professional crises with those in other helping professions.

Historically, police officers' training related to suicide has dealt with attempts to sensitize officers and to handle crises, but there has been little mention of the personal and professional responses that emerge (Danto, 1987). This gap in training is of particular concern when one considers the increased risk of suicide that occurs when civilians are in police custody. One study found that the suicide rate of detainees in police department lock-ups was approximately 250 times greater than the rate for the general population (Blaauw et al., 1997). Another study stated that suicide is one of the leading causes of death among persons detained in local jails and holding facilities (Kappeler et al., 1991). Lock-ups present an added risk for suicidal persons because they represent the out-of-control and unpredictable nature of the detainee's life (Blaauw et al., 1997).

CIVILIAN SUICIDE AND POLICE RESPONSE SURVEY

Methods: The Survey

The authors developed a survey, divided into three sections, reflecting the above-mentioned literature review of STSD, critical incidents in law enforcement and suicide in the helping professions. Each section provided a different avenue for assessing the officer's response to civilian suicide: a symptom checklist, a qualitative description and a standardized questionnaire. The first part of the survey asked officers about the following:

1. What types of suicides the officers handled in the line of duty (such as completed suicide, suicide that occurred while the officer was on scene and suicide that occurred while the civilian was in the officer's custody);
2. How many of each they had experienced;
3. Whether or not the suicide reminded the officer of someone with whom she or he is close (family and nonfamily) and
4. Whether or not they experienced any of the multiple symptoms of STSD and associated responses.

The second part of the survey asked officers to qualitatively describe the thoughts and behaviors they experienced following their most distressing suicide call. The third part of the survey consisted of the "Compassion Fatigue" questionnaire developed by C. R. Figley (1995). This 66-item self-reporting questionnaire sorts responders into categories of extremely low potential to extremely high potential on dimensions of Compassion Satisfaction, Burnout and Compassion Fatigue. (For a full psychometric review of this questionnaire (Figley and Stamm, 1996).

Methods: Subjects

The survey was distributed to all sworn personnel in 2 suburban police departments in Colorado. Participation was voluntary and confidentiality ensured. Male subjects comprised 82%

of the sample. Age, years in law enforcement and rank distributions are described in the following illustrations (see Figure C). In this sample, 97% of the officers had experienced at least one completed suicide call, with the average number of calls being 18 per officer. Thirty-five percent of officers experienced a suicide of a civilian while on scene and only 3% experienced a suicide of a civilian while in that officer's custody (see Figure D).

RESULTS

Based on the symptom checklist approach to assessment, approximately 2% of the officers met the criteria for STSD; however, 36% met at least 2 of the 4 criteria and were thus considered "subclinical STSD." Experiencing the event over and over again was the most common event for the officers in our survey, with 59% stating they had recollections of the suicide and 17% stating they experienced dreams related to the event. There was a loading effect for officers responding to multiple suicide calls; that is, there was a positive correlation between the number of suicide calls officers handled and the number of STSD symptoms ® = .3187, p < .01).

From the results on the Compassion Fatigue questionnaire, 11% of the population was considered "Extremely High Risk" for Compassion Fatigue (Figley's name for STSD), while only 1% were "Extremely High Risk" for Burnout. The majority of subjects fell between "Good Potential" and "Very High Potential" on the measure of Compassion Satisfaction (see Figure E).

The present research found that 13.6% of officers experienced second-guessing after they responded to a suicide call of a civilian. Only 8.7% felt responsible for the suicide. Three officers in our sample stated that they had suicidal thoughts after responding to a civilian suicide call. Eighteen percent stated that they became "constantly on guard for the safety of loved ones". At least one suicide call reminded 23% of the officers of a significant other who was not part of the family. Coincidentally, 23% (not necessarily the same officers) were also reminded of family members. In the present study, 23% of the officers stated that they felt angry after the suicide call and 9.7% were irritable. Forty-seven percent of officers stated that humor was a common response for them in the aftermath of dealing with a civilian suicide. Next to getting support from others (endorsed by 56% of officers), this was the most frequent response.

DISCUSSION

From this initial attempt at exploratory research into the nature of police response to suicide, we can tentatively conclude that certain aspects of civilian suicide calls may place officers at risk for adverse stress responses approximating STSD. Recollections of the event and anger are the most common symptoms experienced. Most often, officers expressed anger at the suicide victim for putting the family and the officer through such a horrific experience. Officers seem particularly bothered by young victims and witnesses, the graphic and brutal nature of the deaths and the intense grief of the survivors—a clear combination of the very violent and very depressing aspects of law

enforcement. Many officers noted that their experiences with suicides triggered concerns and memories of significant others in their lives. Not surprisingly, humor and social support were the most common coping strategies used. Paradoxically, even though many officers were at high risk for developing STSD, most also claimed to derive a great deal of satisfaction from their work.

A more significant risk factor than the age of the officer or the years of experience was the number of suicide calls experienced. The more suicide calls officers faced, the greater their risk for developing STSD. Burnout does not seem to be a common response of officers dealing with civilian suicide. In other words, intense symptoms develop shortly after the suicide call rather than gradually building emotional exhaustion.

A significant, albeit small, finding was that some officers reported their own suicidal thoughts triggered by the suicide call. Perhaps exploring the officer's experience with suicidal civilians should become part of the standard "psychological autopsy" after an officer has committed suicide. Both number of suicides and particularly distressing suicides in the officer's history should be explored.

CONCLUSION

Training

Because we know role expectations and achievement satisfaction play an important role in a person's response to distressing events, training issues related to suicide should receive additional attention. Specifically, training in the personal and professional response to suicide calls may help officers become better able to handle these emotionally stressful situations. Police officers may benefit from a checklist that outlines common symptoms experienced after a suicide call and effective coping strategies to work through these symptoms. Officers should be made aware of the different variables affecting their responses to suicide, including the psychological impact of a suicide occurring while they are on scene or while the victim is in their custody. Finally, training should help officers become more effective and comfortable in dealing with the intense emotional displays of the suicide survivors.

Debriefing

Debriefing for officers experiencing distressing suicide calls also should be considered. Because we are now able to predict which types of calls are likely to negatively affect officers, a brief counseling session may help prevent the development of STSD.

Further Research

  Further research is needed to determine which aspects of suicide calls officers find most distressing. Specifically, are officers more affected by the very violent, graphic nature of the deaths they encounter, or are they affected by feeling overwhelmed with the intense grief of survivors (more indicative of STS)? Similarly, further research could tease out the specific effects of a suicide on scene or while in police custody. In addition, further exploration in this area could help explain the loading effect for suicide calls found in this study. In essence, research could point toward the beliefs and values that change when officers have repeated exposure to suicide calls.

POLICE RESPONSE TO CITIZEN SUICIDE
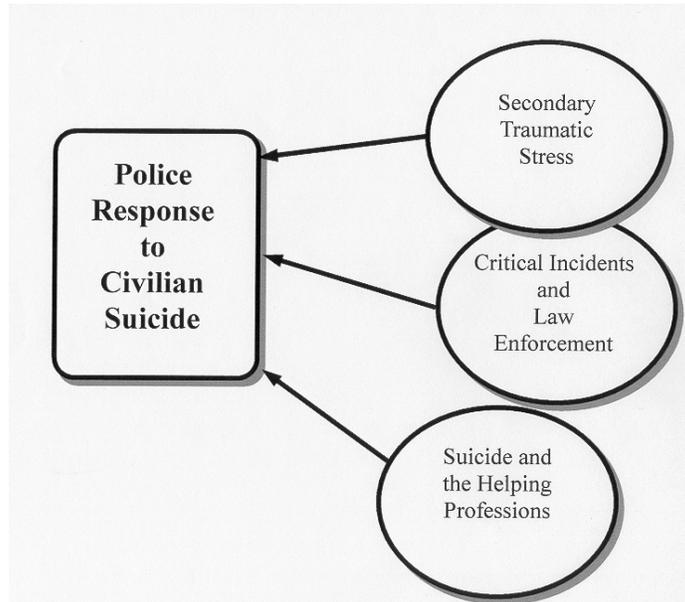
BURNOUT VERSUS SECONDARY TRAUMATIC STRESS DISORDER

	Burnout	STSD
Onset	Gradual	Sudden
Causal Factor	Long-term helping relationship	Specific trauma
Manifested	"Emotional exhaustion"	PTSD-like Symptoms

Figures A and B

DEMOGRAPHICS
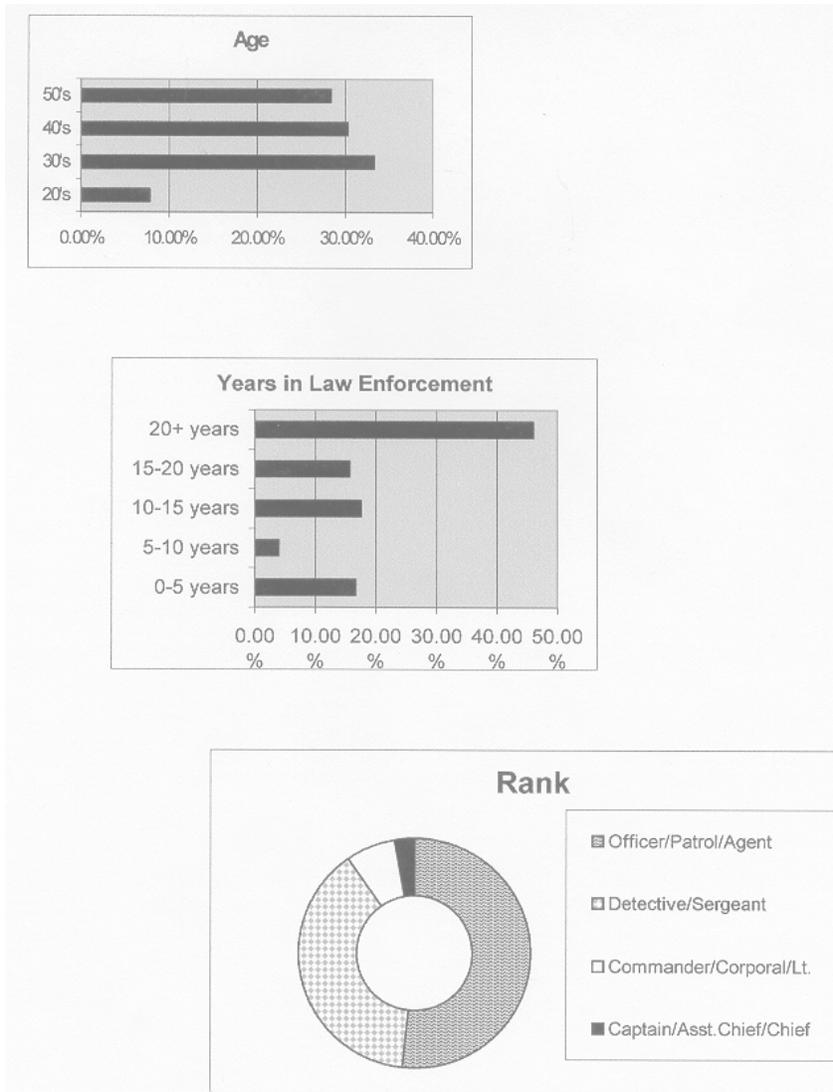
Figure C

TYPES OF SUICIDE CALLS
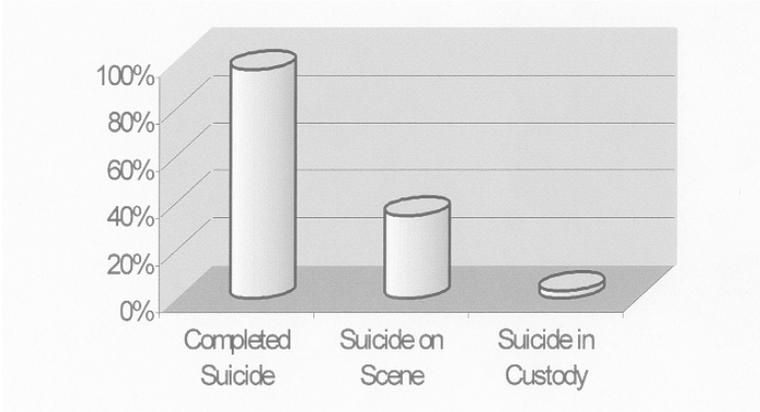
Figure D

COMPASSION RESULTS
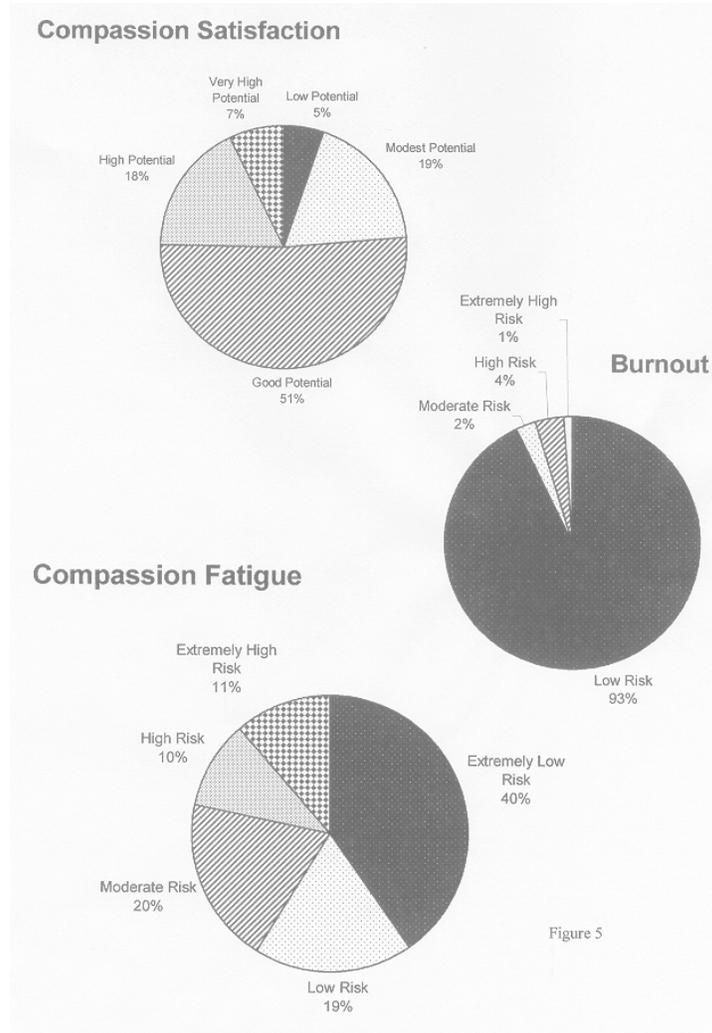
Figure E

Police Homicide-Suicide in Relation to Domestic Violence

Eleanor Pam

Abstract: This article attempts to analyze homicide-suicides within the context of domestic violence. Risk factors are assessed as they relate to lethality within police families or intimate relationships in which one or more of the parties is a law enforcement officer. Variables include batterer typology, occupational stressors, aggressiveness, impulsivity, substance abuse, patterns of behavior, psychiatric disorders, personality, depression and serotonin levels. Recent reported incidents involving homicide-suicides among law enforcement officers receive special attention regarding predictive behavior and strategies of intervention. Suicide as a stand-alone act by police officers is also contrasted with police homicide-suicides, emphasizing areas of difference and commonality.

Key words: domestic violence, murder-suicide, homicide-suicide, police suicide, law enforcement

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Police Homicide-Suicide in Relation to Domestic Violence

INTRODUCTION

Among criminal justice professionals, there has been a growing awareness of the disproportionate rate of suicides among American police officers to that of members of other public service occupations. Unfortunately, a pernicious analogue of this phenomenon has recently surfaced in media reports all over the country—the phenomenon of police murder-suicide. Officer Patrick Fitzgerald, a patrolman in the New York City Police Department (NYPD), shot and killed himself, his wife and their two small children in their family home in September 1998. One month later, a veteran Newark, New Jersey, police officer, Heriberto Gonzalez, murdered his girlfriend—a rookie police officer—and then committed suicide. Both incidents involved prior histories of domestic violence; examples such as these are proliferating all over the country.

Sigmund Freud observed that suicide was murder turned inward. Similarly, depression and anger are thought to be two sides of the same coin, complicating the calculus of risk factors relating to lethality within police families or intimate relationships in which one or more of the parties is a law enforcement officer. Other variables may include batterer typology, occupational stressors, aggressiveness, impulsivity, substance abuse, patterns of behavior, psychiatric disorder, personality and serotonin levels.

SUICIDE AS A STAND-ALONE ACT VERSUS HOMICIDE-SUICIDE

A primary diagnosis of depression is reported in 70% of completed suicides. It is a common affliction, the second most disabling ailment in Western countries. Author William Styron (1990) describes depression as a mystery, a "gray drizzle of horror" that takes on the quality of physical pain, an "evil trick played upon the sick brain by the inhabiting psyche," which colors psychological events so negatively that there is no hope of escape and making it "entirely natural that the victim begins to think ceaselessly of oblivion".

Some scientists view this malady as a chemical imbalance; others believe it is a neuro-degenerative disorder that sets up neural roadblocks to the processing of information, a faulty circuitry that "holds the soul hostage" and fails to generate positive feelings and inhibit disruptive negative ones (Marano, 1999).

Fifty percent of all depressions are alleged to be precipitated by stress-related events. Especially pernicious is early life stress, which permanently sensitizes the central nervous system, causes a perpetual overreaction to events and acts to precondition or program later life afflictions. Depression appears to be predominantly a recurrent illness that shapes wiring patterns in the brain,

has dangerous physical concomitants and is characterized by loss of appropriate adaptability, sleep disturbance, diminished libido and interest in food, inability to experience pleasure or happiness, lack of concentration and perspective, hopelessness, enervation and impaired short-term memory.

Many people who have had a depressive episode will eventually have another. Each episode increases in intensity while requiring less and less stress as a precipitating factor, a phenomenon known as "kindling". Oddly, or perhaps not so coincidentally, this pattern mirrors the escalating and repetitive arc of domestic violence.

People with depressive illness frequently commit suicide because they cannot imagine the future. They feel hopeless, worthless and mired in blackness. How then do these individuals contrast with those who commit homicide prior to self-destructing?

Homicide and suicide are both acts of aggression—against others and oneself, respectively. These behaviors are not opposites, but counterparts targeting different objects. Aggression is not the opposite of depression. Mania or anger is (depending on the context). Aggression/depression, as well as homicide/suicide, are like conjoined twins—separate but not separated. Further, while depression leeches energy, aggression requires energy. It might be said that suicidally depressed people abandon their lethargy at the final hour and then at last summon the necessary energy to seize control, to act, to end their lives. But those who murder and then kill themselves are engaging in highly energetic behavior usually fueled by strongly charged emotional precipitates such as rage, jealousy, fear, etc. One wonders if the fatigue that depressed persons experience might not be a reaction formation defense mechanism that protects the potential victim through apathy, avoidance, nonfocus and procrastination.

Homicide and suicide as separate acts are different from homicide-suicide as a combined act—suggesting that a new synergy is in play when these behaviors are bundled together. It is my view that those who commit suicide after committing murder do so not because they are clinically depressed but for reasons rooted in concerns and perceptions about the altered shape of their posthomicide world. This might include grief over the prospect of living without the victims or love objects, fear of disgrace, scandal, humiliation, financial ruin, stigma, demotion, job or career loss, drop in status, arrest, incarceration, hospitalization, etc. In short, such depressions appear to be more situational than existential, fruits of an acute, albeit self-generated crisis—the consequences of which are intolerable, less bearable even than self-inflicted oblivion. While clinically depressed suicides distort and color data and are unable to imagine the future, homicide-suicides seem to intuit and assess their now-altered future all too realistically and guided by their personal value system and circumstances, pragmatically choose death as their most acceptable option, solution, or mode of escape. Accordingly, it would be the aggressive, not the depressive, part of their personality that drives the suicide *and* the homicide. If true, this would constitute a critical difference among the groups.

POLICE OFFICERS AND HOMICIDE-SUICIDE

Police officers appear to kill themselves at proportionately higher rates than members of other public service workforce groups (Janik and Kravitz, 1994). The mortality rate among American law enforcement personnel is now recognized as one of the highest of any occupation. In a 1998 interview, Violanti said that police are killing themselves twice as often as they are being killed by others.

Police homicide-suicide, a subset of police suicide, is receiving public and media attention, although as yet very little attention in the scientific literature. Police suicide as a stand-alone act has fared better, as researchers and clinicians scramble to identify some of the risks and potentiating factors of this behavior. One study noted that ". . . a dimension of risk for police [officers] involves psychological consequences of police occupational exposure to death, human misery, inconsistencies within the criminal justice system and negative public image" (Violanti, 1996). Another researcher averred that "officers who commit suicide were overly aggressive-impulsive and restless, with a high percentage of alcoholism . . . this group manifested marital discord, loose sexual mores and job problems" (McCafferty et al., 1992).

The two major categories of stress, life stress and job stress, are uniquely germane to the issue of police suicide. Marital problems and job suspensions are important contributing factors relative to decision making by cops who attempt suicide (Janik and Kravitz, 1994). In fact, McCafferty asserted that marital dissolution or angry separation may be *the* most common event to presage suicide. Dysfunctional family/marital strains, substance abuse and paranoid psychopathology are identified by Janik and Kravitz (1994) as prominent concurrent concerns.

Unfortunately, there is widespread institutional denial about police stress, which is often linked to domestic violence as well as depression. Boyd et al., (1995) indicated in research findings that police departments failed to identify it as a factor in explaining domestic violence among their officers. Nevertheless, stress must be kept in perspective as a *contributing*, not a *causal* factor in prompting criminal actions of abuse by police against their intimate partners or children.

Law enforcement officers are constantly surrounded by potential or actual lethality. They work in an occupational culture premised on violence and uncertainty and are exposed to people in extreme pain or straitened circumstances. They have confrontations with individuals and groups who are brutal, crazy, dangerous, or cruel. Routinely subjected to intense, sometimes suspicious or hostile scrutiny by supervisors, media and politicians; police officers are mandated to meet high public expectations by embodying, upholding and enforcing stringent ethical and legal standards, both personal and professional. Theirs is truly a life on the edge, rife with danger and volatility—a complicated social, political, psychological, emotional and bureaucratic minefield that affects all police officers and their families.

In addition to being vulnerable to job-related variables, law enforcement personnel are vulnerable to dynamics that are applicable to the general population. Individually or in combination, these factors are often linked to acts of suicide, which studies cite variously as the eighth or ninth leading cause of death in the United States; many of these factors are also implicated in acts of murder-suicide. They typically include genetics; demographics; psychiatric, personality and affective disorders; alcoholism; substance abuse; dysfunctional families; anhedonia; recent humiliating events; psychosocial problems; guilt; physical illness; exposure to violence; temperamental traits of aggressiveness/impulsivity and especially the presence and accessibility of firearms.

Police officers routinely carry guns as an occupational requisite. Meant as a form of protection, these weapons also place them at extreme risk in relation to suicide or murder-suicide. Firearms are an increasingly common means of suicide (57%); they are effective and lethal (with a 92% success rate) and are the preferred method of suicide for both men and women. Ninety-five percent of police suicides in Buffalo, New York, were by means of guns (Violanti, 1995). Reports from the NYPD over the last decade support that statistic; 94% of suicides by NYPD officers were implemented by using the officer's own weapon.

Interestingly, police officer suicide rates in London, England, during the 1960s were significantly lower than those in New York and high in comparison to their own general suicide rates. This pattern is similarly reflected, though not quite as dramatically, with respect to the Royal Canadian Mounted Police (Heiman, 1977). Such data indicate an occupational connection to suicide in the United Kingdom and Canada and also suggest an intriguing possibility: that societies where law enforcement personnel carry no weapons are benefitted by lower rates of police suicide and possibly, police murder-suicide as well. If so, this raises questions about our own national policies and practices. Only recently have we begun to recognize that American police officers who engage or have engaged in certain behaviors, especially domestic violence, should not possess guns.

This point of view is especially embodied in the Lautenberg Amendment, a federal law signed on September 30, 1996, which amended the Gun Control Act of 1996, making it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to possess a firearm. Currently facing constitutional challenges in District Court of the District of Columbia, the Lautenberg Amendment makes it probable that officers who lose their guns will also lose their jobs. Domestic violence advocates are heartened by this new legal weapon, viewing it as an important step in protecting intimate partners of police officers, police families and the police officers themselves.

Homicide-suicide is considered an infrequent, aberrant phenomenon; national and international rates have been relatively stable. In the United States, the underlying cause is most frequently attributed to domestic violence, typically perpetrated by men against a spouse or lover. However, there are other variations of murder-suicide, including elderly people who first kill their aged or ailing spouses; women who kill their children; kamikaze terrorists, cultists, ideologues, or mass murderers; and disgruntled employees with grievances against supervisors or co-workers.

Because those planning to commit suicide will generally conceal their intentions, no current test, instrument, clinical technique, screening method, or biological marker can conclusively predict suicide, much less murder-suicide; but there *are* clues. The potential for murder-suicide might include acute indications of hopelessness and obsessive preoccupations involving "jealousy, paranoia and fantasies of reunion or deliverance and salvation during episodes of major depression, postpartum depression, or psychosis (often bipolar)" (Jacobs et al., 1999). He also identified alcohol or substance abuse as likely to increase the risk of murder-suicide when other conditions are concurrent, pointing out that alcohol can lead to disinhibition and depression, whereas cocaine and amphetamines may increase impulsivity, volatility, paranoia and grandiosity.

While not infallible, such clues and markers *are* useful in planning possible interventions, especially when police officers are involved. It would be immeasurably useful if we had authentic and reliable predictive devices, but momentarily we do not. All we have are indicators arrayed along a continuum of risk that may or may not result in destructive/self-destructive violent behavior. Nevertheless, when the potential for homicide-suicide is as strongly linked as it is to an occupational group so central to the safety and welfare of society, then it behooves every police department, as a matter of policy and good practice, to closely monitor and continuously evaluate its law enforcement officers regarding fitness for duty and especially fitness to carry and discharge a weapon. Even if the feared results never materialize or even if there are false positives, it is vital that the criminal justice community be vigilant and ready to intervene for reasons that are both human and professional: suicide may be a tragedy, but homicide *is* a crime.

DOMESTIC VIOLENCE AND POLICE HOMICIDE-SUICIDE

Studies have shown that the estimated incidence of domestic violence among police officers (25-40%) is significantly higher than in the general population (16%). There appear to be many job-related factors that correlate with batterers: "To be successful as a law-enforcer, an officer has to function as a warrior in combat. Without this mind-set, not only are officers likely to fail, they might not survive. The problem is that officers frequently do not separate the streets from home" (McMains et al., 1998). In a similar vein, D'Angelo (1998) worried that violence is addictive and that use of physical force, routinely employed in police work, can become acceptable at home.

Police work requires, values, attracts and encourages certain interpersonal traits, which are rewarded by higher status, promotion and esteem. Unfortunately, police training teaches skills that not only make effective officers but also can contribute to domestic violence. The police culture itself encourages isolation, a need for control and a sense of entitlement. All of these traits are present in a domestic abuser (Sgambelluri, 1998).

Causality between police work and aggressive characteristics is still under review. It is unclear whether the job causes an increase in aggression or if this was simply part of certain officers' makeup even prior to joining the force (McCafferty et al., 1992). Sgambelluri (1998) observed that

all police officers experience similar training and transmission of values and cultural influences, but only some are abusive. He argued that policing clearly influences attitudes and behaviors but does not, in itself, cause domestic violence by officers. Other researchers have found little correspondence between the personalities of law enforcement personnel and men who battered their female domestic partners and nothing to suggest a predisposition of police officers toward domestic violence (Aamodt et al., 1998). Another researcher (Ryan, 1998), however, connected police work to domestic violence through his findings that the incidence of preemployment violence among officers is generally lower than that reported after time on the job.

Notwithstanding this ambiguity in the literature, something *is* going on. Statistics indicate a heavily disproportionate rate of battering in police families in relation to the rest of the population. Ideally, police officers should be able to manage and maximize those personality traits that serve them well on the job without adversely affecting their coping mechanisms at home or in their personal lives. Unfortunately, aggressive personalities, many of which can be found in law enforcement, are resistant to change or alternative approaches and suggestions; they are also frequently afflicted by alcoholism, which increases disinhibition and the likelihood of violence, suicide, or homicide-suicide. Although police work often requires the use of interpersonal aggression, family conflicts are better resolved by dialogue, empathy and compromise. Aggressive coping styles, so valued in police culture, should be left at the station house, not transplanted to the family home.

CONCLUSION

Because of job-related variables and personality factors, police officers appear to be disproportionately at risk for suicide and its subset, homicide-suicide, compared to other occupational groups. They have access to guns, which some use as instruments of violence against others or themselves, usually with lethal results. Domestic violence appears to be heavily implicated in police murder-suicide, a situation that the Lautenberg Amendment seeks to address by permanently barring any officer ever convicted of the misdemeanor of domestic violence from possessing a firearm. There does, however, continue to be institutional denial about the role of police stress and frequency of abuse in police families, the latter variously estimated at 25-40%. Officers who do not separate the streets from the home employ interpersonal traits, skills and coping mechanisms rewarded on the job but inappropriate to interpersonal relationships. Moreover, police culture and training encourage control, aggression, authoritarianism, domination, a strong sense of entitlement and other conduct that correlates with batterer behavior.

The synergy of a murder-suicide combination makes it distinguishable from individual homicide or suicide, although each behavior shares some common risks and potentiating factors, especially aggression/impulsivity, stress, access to weapons and if concurrent, alcohol/substance abuse. While it is impossible to conclusively predict suicide or homicide-suicide, there are clues and indicators that make interventions possible. In all events, law enforcement supervisors should be vigilant in order to circumvent behaviors by police officers that harm others as well as themselves.

Antecedent (Predeath) Behaviors As Indicators of Imminent Violence

Barry Perrou

Abstract: *Without the ability to predict the exact moment of lethal action, crisis interveners frequently and unknowingly sacrifice personal safety in their efforts to abort a suicide. Case studies suggest when specific behaviors are present, individually or collectively, an act of self-termination is imminent. These behaviors include change in respiratory rate, hyper vigilance and counting down/up either verbally or with stereotyped movement. Suicidal individuals exhibiting these behaviors have subsequently attempted or completed suicide or aimed weapons at police officers. Certain behaviors may predict impending violence.*

Key words: antecedent behaviors, suicide investigation, law enforcement, suicide indication, behavioral cues

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Antecedent (Predeath) Behaviors As Indicators of Imminent Violence

INTRODUCTION

Increasingly recognized as a police emergency, suicide has become a more widely acknowledged and accepted practice of coping with a myriad of real or perceived personal problems. According to the National Institutes of Mental Health, 775,000 people attempt suicides annually. Certainly not all of these are "in-progress" attempts, but there seems to be an increase of "public view" suicide incidents.

With the advent of the emergency 911 telephone system, law enforcement officers have become a 24-hour emergency mental health outreach element. Other government service providers, including mental health professionals, usually maintain a routine Monday through Friday schedule. Even when a suicidal individual is part of a designated mental health treatment population, police officers are often the first on the scene. But in cases where first responders or crisis interveners are the first on the scene, these non-tactically trained individuals may pose a greater danger than a police officer would.

The shift in responsibility from the mental health outreach system to law enforcement crisis response has occurred gradually and undetectably. Law enforcement and public safety agencies and personnel now take the majority of responsibility for suicide response. Consequently, these agencies have also assumed the danger inherent in these situations.

Law enforcement personnel as first responders usually are not trained or prepared to deal with the suicidal individual. Officers typically make efforts to engage individuals verbally. An inverse relationship develops between the effectiveness of the officers' efforts and their safety as officers successfully engage with suicidal persons. This dynamic, perceived by officers as a product of the "last-resort" nature of their efforts, exerts greater pressure on officers not to "fail" in their rescue efforts.

The author, a full-time Crisis Negotiation Team commander, has made observations of suicide-in-progress situations, suggesting that over the course of the incident, first-responder/crisis-intervener police officers will over time typically shift from a police perspective, which emphasizes tactics, to a less guarded mind-set concerning their own safety. The officers often will become secretly thankful to the patient for not committing suicide during their effort to rescue. This tends to suggest a form of Stockholm syndrome. For the officer who verbally engages the patient, sometimes jeopardizing personal safety, the question of "when do I fail and cause the death?" always looms in the officer's mind.

The experience of the author, in handling hundreds of suicides in progress, suggests suicide interventions that conclude successfully are usually preceded by the following indicators: less interactive tension; lowered voice; less anger; less profanity; diminished aggressive body language; increased nonaggressive body language; diminished threats of violence; less hopelessness and helplessness; greater willingness to listen to the officer's suggestions; solicitation of situation outcome promises and safeguards, such as "No handcuffs, no press and if I surrender you will ..." and eventually, compliance with surrender.

However, for the patient who is not connecting with the intervening officer, the officer's verbal intervention may be annoying. Often, as in "jumper" situations or voice-to-voice (non-telephonic) communication, the patient cannot escape the officer's presence—absent death. The patient who cannot be rescued may sometimes exhibit physical predeath indicators/behaviors momentarily before the violent terminal act. The officer who tries extremely hard to get the patient to surrender but cannot make the connection is typically perceived by the suicidal patient as annoying. Absent failure (death), the officer will try even harder—which translates into greater annoyance to the patient. The issue of disengaging with the patient and the implication of tacit approval by the rescuer for the suicide to occur remains unresolved.

Indicators of an imminent violent act (predeath behaviors) consist of those behaviors that enable the patient to develop a psychological momentum, a cadence, in order to commit a self-terminating act. No known research specifically defines or explains this phenomenon, but video documentation has captured the behaviors of individuals instantly before their self-terminating or attempted self-terminating acts.

METHODOLOGY

Twenty open-ended interviews with crisis interveners, police officers and crisis negotiators who have responded to suicides in progress provided the data. Additionally, I reviewed 12 videotapes made by witnesses to suicides or attempted suicides in progress.

OBSERVATIONS

Specific behaviors seen or heard during suicides in progress portending imminent life-threatening action are as follows:

Hypervigilance

At the conclusion of a crisis intervention, the ground-level patient who cannot be diverted from an actual suicide attempt exhibits symptoms of hyper vigilance. Visually scanning (usually from shoulder to shoulder) is a very common example. At that moment, the patient seems to calculate circumstances negatively, remaining hopeless in perspective. Rather than acknowledging

the presence of caring intervention rescuers, the patient maintains a "glass-half-empty" attitude. The presence of emergency personnel, rescue equipment and life-support systems does not change the patient's self-destructive intent.

Change in Respiratory Rate

This is usually detectable (visually, audibly, or both) as the last act before death. However, the breathing pattern is not always pronounced; sometimes, it is so subtle that it can be seen only by an observer looking for such behavior. Typically unaddressed, this behavior is beyond reconciliation; the death act will instantly occur if it is not interrupted. I have observed this behavior with individuals shooting themselves in the head.

Counting Down/Up (Stereotyped Behavior)

Jumpers poised to self-terminate have demonstrated the behavior of counting down or counting up or of beginning and relying on a cadence to take them to the point of release and fall. The "cadence" seems to be a rocking motion that develops momentum to the point of release. Patterns learned in childhood and adolescence are quite prevalent in the form of "On your mark, get set, go" or "On the count of 3: 1, 2, 3 . . ." Such preparatory efforts are also observable by those taking pictures of others waiting to be photographed ("Say cheese").

CASE EXAMPLES

Case #1: Police Officer Suicide: Hyperventilation, Scanning

A police officer murdered his estranged wife and continued to hold a loaded and cocked semiautomatic handgun. Subsequent crisis negotiations failed. Hyperventilation and scanning were detected 2 minutes prior to his fatal shot to the head. It became more pronounced, just moments before the terminal act.

Case #2: Armed Suicidal Man: Scanning, Hyperventilation

After firing his .22-caliber semiautomatic handgun into the air while sitting in the middle of a vacant lot, a man made 2 separate attempts (approximately 15 minutes apart) to shoot himself through the mouth into the brain. In both instances, the man performed scanning motions. After placing the weapon into his mouth, he began hyperventilating. The behavior was repeated in both attempts. The man was rushed after the weapon misfired on the second attempt.

Case #3: Bridge Jumper: Stereotyped Countdown

A woman climbed onto a freeway overpass outside the 9-foot fence restricting pedestrian traffic. After protracted negotiations with police negotiators, the woman subtly rocked her head three times and then jumped to the freeway below.

Case #4: Stalker Suicide: Hyperventilation

After stalking a woman for a prolonged period of time, a man sent her a bomb through the mail, intending to kill her. He planned to meet her in the afterlife. He videotaped his own suicide. Just prior to shooting himself in the head, he hyperventilated, taking 24 deep breaths immediately before pulling the trigger.

CASE EXAMPLES: POLICE OFFICERS AS CRISIS NEGOTIATORS

In actual crisis situations, the identification and subsequent interruption of the antecedent behaviors has successfully diverted the individual away from the violent act and the individual has ultimately surrendered. Police officers, as crisis negotiators, have reported both visually and audibly observing antecedent behaviors and, where possible, have changed their tactic from one of calmly soliciting cooperation to one of loudly making demands, thus diverting the person's attention and momentum away from the violent act.

On two occasions during a male jumper situation, the negotiator, who was in close proximity to the man, could observe him hyperventilating in preparation to jump. The intervener twice raised her voice, ordering him to stop his behavior and the man surrendered. In another case, by using a specialized police telephone system, police crisis negotiators were negotiating with a suicidal woman who was inside her vehicle. During the incident, negotiators could hear her begin to hyperventilate and they interjected demands to the woman to stop. After negotiators broke the momentum that would have led to a violent act, she eventually surrendered.

DISCUSSION

The suicide and attempted-suicide processes must be of specific concern to police officers, law enforcement crisis negotiators, firefighters and mental health crisis interveners as first responders. It also must have importance to incident commanders tasked with the safety of all parties involved in the rescue. The exact point in the suicide process in which the intervener engages the suicidal patient is generally unknown and concern for the rescuer must be the paramount issue.

Recognizing predeath behaviors, crisis interveners can evaluate danger either before engagement with the patient, at the point of approaching the patient, or during the process of the intervention. Application of this knowledge can suggest to the intervener a change of tactics that will

break the momentum of the patient and prevent the death act. Crisis negotiators from numerous police departments have reported that when they could hear the suicidal patient start hyperventilating during the intervention, they would respond by yelling at the patient, thus breaking the intensity of concentration moving toward the death act.

Further applications of the information are situations where crisis interveners have placed themselves too close to the patient and there is a potential for injury to that rescuer if the patient should fire a fatal shot into and through the head, leaving the projectile still traveling possibly in a deadly path. This misfortune has previously occurred to one police officer, who did not suspect that the patient was about to commit suicide. The negotiator's injury was not fatal.

Law enforcement officers assigned as "long rifle" and "long-rifle spotters" in hostage-taking situations also have reported behavior that suggests the person is about to commit a violent act against the hostage. Recognizing this behavior as a previolent behavior directed toward another lends justification for the consideration of deadly force to save the life of the hostage. Arguably, knowingly harming another in the presence of a SWAT team or police containment team would indicate a willingness to realize certain consequences and thus would be a form of Suicide by Cop.

In certain critical situations, incident commanders may assign "designated shooters," specifically identified individuals who will use deadly force if necessary. These individuals are placed to have maximum observational positioning and avoid the possibility of cross-fire injuries. For these personnel, recognizing predeath behaviors and acknowledging them as warning signs should raise their state of alertness to the highest degree and make them even more prepared to use deadly force if necessary.

RECOMMENDATIONS

Individuals poised to commit violent acts are dangerous to themselves and others. Knowing when to safeguard themselves and others (hostages, bystanders) is one of the many responsibilities assigned to police because of the element of danger. Crisis interveners and crisis managers of all employments should be familiar with this information so they can knowingly act on the cues provided by the dangerous party and better manage a safe resolution of the incident without added injury to others.

Application of this information should assist in deciding when to retreat or abort a rescue operation and for police long-rifle personnel, in deciding when to use deadly force to save the life of a hostage. This information may further assist in the legal arena by articulating the points leading to the decision to use deadly force.

CONCLUSION

This research provides an overview of different indicators people use when about to commit violent acts. Just as cocking the hammer of a loaded revolver indicates the weapon may soon be fired, these antecedent (predeath) behaviors indicate people may harm themselves. Whether intentionally or accidentally, these actions also may harm others. Noticing these behaviors can help interveners in close proximity become more vigilant about their own safety.

BEHAVIORAL APPROACHES

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SECTION FOUR

QUANTITATIVE APPROACHES

INTRODUCTION

Each year, too many law enforcement officers kill themselves. The preceding sentence contains two alarming elements. The fact many of us voluntarily elect to end our lives constitutes one facet of the problem. The other troubling aspect has to do with the ambiguity of the word "too". We do not know with any degree of certainty how many suicides occur in the law enforcement community. A number of confounding factors interfere with an accurate accounting of these most unacceptable deaths.

Proper classification presents the first impediment to an accurate accounting. Determining whether a particular death results from suicide or an accident does not always occur in a straightforward manner. How many well-intentioned first responders have decided to shield suffering coworkers from additional pain by simply destroying a suicide note? How many officials have considered the surviving family's financial/insurance situation in making a decision to classify a death? Nobody knows for sure. We do know the ambiguous death of a police officer does present an additional set of challenges to the normally objective process of death classification. The last article in this section presents a viable solution to this classification problem in the form of civil law occupational death procedures.

The insufficiency of recorded information about suicides comprises the second obstacle to a full accounting. Suicide means a malfunction occurred. Did the breakdown concern only the victim or did it include a failure of the family, friends and organizations normally supporting them as well? Nobody likes to contemplate failure. It involves painful recollections and self-questioning. Ignoring it sometimes seems simpler. Unfortunately, a suicide, in a certain department, within a given city of a particular state, seems like an extraordinary event. To the involved parties, it is. Too often, the formal ceremony memorializing the individual, symbolizes the end of the matter. Those of us studying police suicide from national and international perspectives know it is not an extraordinary occurrence. It happens almost every day. Recording suicides will always be an unpleasant reminder of failure; however, we must do it to acquire a full knowledge of the scope of the problem confronting us.

Reporting the problem constitutes a third factor interfering with an accurate assessment of the number of suicides. We have approximately 18,000 autonomous law enforcement agencies in America. They are under no obligation to report to other agencies, even those representing a larger political entity in their region of the country. We must find a way to gather this information without interfering with the prerogatives of the concerned parties.

In spite of the confounding factors discussed above, the articles in this section attempt to quantify the number/rate of police suicides and ensure uniform reporting. The articles about police suicide in Germany, Norway and other countries provide an international perspective. Appendix A contains a proposed mail form for recording and reporting law enforcement suicides. It attempts to protect the privacy of the deceased and respect the autonomy of the involved law enforcement agency while gathering much needed data. The next logical step will involve getting a national entity to gather this information in a systematic, confidential way.

Even if we determine with certainty police suicide rates are not significantly higher than the civilian population when adjusted for age, race and sex; we are proceeding with one, major supposition. One police suicide is one police suicide too many.

Police Officer Suicide: Frequency and Officer Profiles

Michael G. Aamodt
Nicole A. Stalnaker

Abstract: *Law enforcement suicide rates were computed and compared to suicide rates in the general population. The best estimate of suicide in the law enforcement profession is 18.1 per 100,000. This figure is 52% greater than that of the general population, but 26% lower than that of the appropriate comparison group (Caucasian men between the ages of 25 and 55). Thus, the notion that suicide rates are abnormally high in law enforcement was not supported by the data.*

Key words: suicide rates, police suicide, law enforcement, suicide, general population

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Police Officer Suicide: Frequency and Officer Profiles

INTRODUCTION

Data from the Centers for Disease Control and Prevention (CDC) indicate that Americans commit suicide at a rate of about 12 per 100,000 residents (Fields and Jones, 1999). This rate makes suicide the ninth leading cause of death in the United States. Recently, the law enforcement community has taken a close look at suicide following a rash of well-publicized suicides in the New York City Police Department in 1994 and heavy media coverage of police suicides. This article examines suicide rates in law enforcement to determine if police officers have higher suicide rates than the general population and if there is a common profile of officers who commit suicide.

DO POLICE OFFICERS HAVE HIGHER SUICIDE RATES THAN THE GENERAL POPULATION?

At first glance, the answer to this question would appear to be yes. The statistics commonly cited in the media suggest that the suicide rate for law enforcement personnel is 22 deaths per 100,000 officers compared to 12 deaths per 100,000 in the general population. This estimate of police suicide is based on a 1995 Fraternal Order of Police (FOP) study of insurance claims by 92 local chapters in 24 states (Langston, 1995). Furthermore, "experts" quoted in newspaper articles consistently state that there are about 300 suicides each year by law enforcement personnel or that the police suicide rate is at least double that of the general population (D'Aurizio, 1997; Gold, 1999; Loh, 1994).

To get an idea if this commonly cited suicide rate for law enforcement personnel is accurate, we looked at the data published in the June 1, 1999, issue of *USA Today,* in which the paper listed the suicide rates for the New York, Chicago, Los Angeles, San Diego, Phoenix, Dallas, Houston and San Antonio Police Departments, as well as for the FBI. The annual suicide rate for officers in these agencies is a combined 16.34 per 100,000. This is well below the 22 reported in the FOP study (see Table A).

In September 1999, one of the researchers (Aamodt) phoned the 22 law enforcement agencies in the Roanoke and New River Valleys in Virginia to investigate the local law enforcement suicide rate. From the period 1990-1998, there was only 1 law enforcement suicide—a rate of 10 per 100,000, also well below the FOP rate.

To get further data, we used such sources as InfoTrac, Lexis-Nexis and Dow Jones Interactive to conduct an extensive search of media articles reporting on suicides by law enforcement personnel prior to October 1, 1999. The suicide rate for the nine agencies is 37.05. Caution must be taken in interpreting this figure, as the articles only covered agencies reporting a recent suicide (see Table B).

Finally, we combined the data provided in published studies of law enforcement suicide. This analysis was limited to "more recent years," which we defined as being from 1950 to the present. To use some of these studies, it was necessary to obtain additional information. For example, Danto (1978) reported that 12 Detroit police officers committed suicide in the 8 years from 1968 through 1975. To compute a suicide rate for this study, we used the *Uniform Crime Report* to determine the number of sworn personnel in the Detroit Police Department for each of those 8 years and then computed an average number of sworn personnel for those 8 years. The Detroit suicide rate of 28.45 was then calculated by dividing the number of suicides (12) by the average number of sworn personnel (5,272), multiplying this quotient by 100,000 and then dividing by the number of years in the study (8). Similar calculations were conducted for any study with incomplete data.

Because the suicide rate of 203.66 reported by Nelson and Smith (1970) appears to be abnormally high, we used the *Uniform Crime Report* to obtain the number of law enforcement personnel in Wyoming for the relevant years and then recomputed the suicide rate. The rate of 117.6 we computed is still very high, but more reasonable than the 203.66 originally reported.

The annual law enforcement suicide rate across these 30 studies is 17.83 per 100,000 (see Table C). In computing the average suicide rate across studies, each study was weighted by the size of the department and the number of years included in the study. Though the international studies are included in the table, they were not included in the analysis.

When all of our sources are combined, our best estimate of the annual law enforcement suicide rate is 18.1 per 100,000 (see Table D).

COMPARISON TO POPULATION FIGURES

Now that we have an estimate of the law enforcement suicide rate (18.1 per 100,000), the next task is to determine how this rate compares to the national rate. In the media, the law enforcement suicide rate has been compared to the national suicide rate of about 12 per 100,000 people (Fields and Jones, 1999). However, such a comparison is not proper, as suicide rates vary greatly across sexes, races and age groups. The suicide rate for Caucasian men, which is what most police officers are, is 20.2 per 100,000 (see Table E). Comparing the law enforcement rate of 18.1 per 100,000 to the 20.2 per 100,000 paints a very different picture than comparing the law enforcement rate to the 11.4 per 100,000 in the general population (Hoyert et al., 1999). Furthermore, the suicide rate for Caucasian men between the ages of 25 and 55 for 1997 is 25.5 (Hoyert et al., 1999).

If we adjust these figures to take into account the fact that as of 1997, 72.1% of law enforcement personnel were Caucasian men, 8.9% were Caucasian women, 16.9% were non-Caucasian men and 2.1% were non-Caucasian women (*Sourcebook of Criminal Justice Statistics*,

1997), the expected suicide rate for law enforcement would be 21.89 per 100,000. Thus, if we compare the law enforcement suicide rate to the appropriate population rates rather than the general population rate, it is clear the suicide rate for law enforcement personnel is actually lower than the appropriate comparison group.

A second way to compare suicide rates is the Proportionate Mortality Ratio (PMR) (see Table F). The PMRs were computed by dividing the law enforcement suicide rate by both the rate for the general population and the rate for Caucasian men between the ages 25-54 for the years in which the study was conducted. These rates were obtained from the *Federal Statistical Abstracts* for each of the past 40 years. A PMR below 100 indicates that the law enforcement suicide rate is lower than the age-adjusted comparison group. Likewise, a PMR above 100 indicates that the law enforcement suicide rate is higher than the age-adjusted comparison group. The average PMR across the studies is 152 when compared to the age-adjusted general population rate and 73 when compared to the rate for Caucasian men between the ages of 25 and 54. Thus, law enforcement personnel have a 52% higher suicide rate than the general population and a 27% lower rate when compared to Caucasian men between the ages of 25 and 54. If we adjust for the percentage of women and non-Caucasians in law enforcement, law enforcement personnel have a PMR of 82.69 compared to the appropriate population rate.

DISCUSSION

On the basis of the data mentioned in this article, the differences in suicide rates between law enforcement agencies and the general public can be explained by the fact that the vast majority of police officers are Caucasian (81%) men (89%) between the ages of 21 and 55 (Uniform Crime Reports for the United States, 1997)—characteristics associated with higher suicide rates. After accounting for sex, race and age, differences between law enforcement personnel and the general public are not only reduced, but change direction, indicating that law enforcement personnel are 26% less likely to commit suicide than their same sex, race and age counterparts not working in law enforcement. Thus, attempts to attribute suicides by law enforcement personnel to unique characteristics of the job are not supported by the data in this paper.

IS THERE A COMMON PROFILE OF OFFICERS WHO COMMIT SUICIDE?

We used 2 strategies to answer this question. The first strategy was to review published literature providing information about law enforcement personnel who committed suicide. This review yielded data on 396 law enforcement suicides from 12 articles: Ivanoff (1994); Aussant (1984); Heiman (1975); Friedman (1968); Cronin (1982); Violanti et al., (1998); Danto (1978); Loo (1986); Josephson and Reiser (1990); Dash and Reiser (1978); Cantor et al., (1996) and the FOP study (Langston, 1995).

The second strategy was to use such sources as Infotrac, Lexis-Nexis and Dow Jones Interactive to locate media stories about police suicide. This strategy yielded data on 299 law enforcement suicides. The "typical" officer who committed suicide was a Caucasian, 36.9-year-old married man with 12.2 years of law enforcement experience (see Table G). The typical suicide was committed off duty (86.3%), with a gun (90.7%), at home (54.8%) (see Table H).

The reason the officers committed suicide is decidedly more difficult to determine. Each study used different categories to code the reason for the suicide and thus comparison among studies is difficult. For example, in our national media study, legal problems were a major reason for the law enforcement suicides, yet no other study separately coded legal problems. The relationship problems accounted for the highest percentage of suicides at 26.6% (relationship problems plus murder/suicide), followed by legal problems at 14.8% (see Table I). In nearly a third of the suicides, no reason was known.

CONCLUSION

The data in this article suggest that although the suicide rate of 18.1 for law enforcement personnel is higher than the 11.4 in the general population, it is not higher than would be expected for people of similar age, race and sex. Thus any difference between law enforcement rates and rates in the general population can be completely explained by the race, sex and age of people who enter the law enforcement field. This is an important point because it suggests that speculation about such factors as job stress and the availability of weapons are not factors that are exclusively associated with law enforcement suicide. Although even one suicide is too many, allocating mental health resources to law enforcement personnel at the expense of other professions does not appear justified. Furthermore, the reasons officers commit suicide are similar to those of the general population, with the possible exception of legal problems.

LAW ENFORCEMENT SUICIDE RATES FROM THE *USA TODAY* ARTICLE

Department	Dates	Years	Size	Suicides	Rate per 100,000
San Diego PD	1992-1998	7	2,000	5	35.7
FBI	1993-1998	6	11,500	18	26.1
Los Angeles PD	1990-1998	9	9,668	20	20.7
Chicago PD	1990-1998	9	13,500	22	18.1
New York PD	1985-1998	14	40,000	87	15.5
San Antonio PD	1994-1998	5	1,871	0	0.0
Houston PD	1994-1998	5	5,441	0	0.0
Dallas PD	1994-1998	5	2,845	0	0.0
Phoenix PD	1994-1998	5	2,500	0	0.0
TOTAL				152	16.3

Table A

LAW ENFORCEMENT SUICIDE RATES FROM OTHER MEDIA SOURCES

Department	Dates	Years	Size	Suicides	Rate	Source
San Francisco PD	1988-1997	10	2,185	7	32.0	S. & W. (1997)
Boston PD	1987-1998	10	1,977	12	50.6	Armstrong (1998)
Brevard Co. SO (FL)	1986-1999	14	780	2	18.3	Tamman (1999)
Noblesville PD (IN)	1949-1999	51	59	1	33.9	Frederick (1999)
Newark PD (NJ)	1997-1999	3	1,500	2	44.4	Gold (1999)
Newark PD (NJ)	1978-1988	11	1,500	3	18.2	Assoc. Press (1988)
Henrico Co PD (VA)	1968-1990	13	353	2	25.8	Johnson (1990)
Lehigh Valley (PA)	1983-1997	5	1,064	3	18.8	Boyle (1997)
Kansas City PD	1988-1993	6	1,143	4	58.3	Dillon (1993)
TOTAL			10,561	36	37.1	

Table B

LAW ENFORCEMENT SUICIDE RATES FROM PUBLISHED RESEARCH

Department	Years	Size	Suicides	Rate	Source
Local Rates					
Buffalo, NY	1950-1990	2,611	24	22.9	Violanti et al. (1998)
Chicago PD	1977-1979	13,314	20	43.8	W. and B. (1983)
Chicago PD	1970-1978	13,150	39	29.5	Cronin (1982)
Chicago PD	1934-1939	N/A	N/A	48.0	Heiman (1975)
Albuquerque	1960-1977	491	0	0.0	Heiman (1977)
Albuquerque	1988-1998	900	1	10.1	Deutsch (1999)
Atlanta	1960-1977	1,225	0	0.0	Heiman (1977)
Austin	1988-1998	1,100	2	28.5	Deutsch (1999)
Boston	1960-1977	2,166	4	10.3	Heiman (1977)
Dallas	1960-1977	2,004	0	0.0	Heiman (1977)
Denver PD	1934-1939	N/A	0	0.0	Heiman (1975)
Detroit	1968-1975	5,272	12	28.5	Danto (1978)
Honolulu	1960-1977	1,471	5	18.9	Heiman (1977)
Little Rock	1960-1977	262	0	0.0	Heiman (1977)
Los Angeles PD	1970-1976	7,136	4	8.1	D. and R. (1978)
Los Angeles PD	1977-1978	6,972	10	12.0	J. and R. (1990)
Miami Beach	1960-1977	210	2	52.9	Heiman (1977)
Newark	1960-1977	1,463	5	19.0	Heiman (1977)
NYPD	1928-1933	18,096	51	46.9	Friedman (1968)
NYPD	1934-1939	18,346	93	84.5	Friedman (1968)
NYPD	1950-1965	N/A	N/A	22.7	T. and V. (1981)
NYPD	1960-1973	27,597	74	19.1	Heiman (1975)
Philadelphia	1960-1977	8,188	1	0.1	Heiman (1977)
Phoenix	1960-1977	1,533	2	7.2	Heiman (1977)
Portland	1960-1977	693	1	8.0	Heiman (1977)
Rochester	1960-1977	645	1	8.6	Heiman (1977)
Salt Lake City	1960-1977	370	0	0.0	Heiman (1977)

Table C

San Diego	1960-1977	1,082	2	10.3	Heiman (1977)
San Francisco PD	1934-1939	N/A	N/A	51.8	Heiman (1975)
Seattle	1960-1977	1,036	5	26.8	Heiman (1977)
St. Louis PD	1934-1939	N/A	N/A	17.9	Heiman (1975)
Topeka	1960-1977	215	0	0.0	Heiman (1977)

State Rates

Vermont	1986-1998	1,000	5	38.5	Deutsch (1999)
IL, IN, MN	1980-1999	3,736	9	12.7	Campion (1999)
Tennessee	1972-1974	2,319	5	72.0	Fell et al. (1980)
Wyoming	1960-1968	667	7	117.6	N. and S. (1970)
Washington	1950-1971	N/A	40	N/A	H. and C. (1988)
16 states	1985	128,738	N/A	26.6	S. and K. (1994)

International Rates

RCMP, Canada	1984-1985	N/A	N/A	16.0	Andrews (1996)
RCMP, Canada	1960-1983	20,000	35	14.1	Loo (1986)
Germany	1992-1996	136,684	159	23.5	F. and L. (1999)
London	1960-1973	19,634	16	5.8	Heiman (1975)

Table C (continued)

COMBINED SUICIDE RATE FOR ALL SOURCES

	# Agencies	Total Sworn	Suicide Rate
USA Today Study	9	89,325	16.3
FOP Study	92	38,800	22.0
Roanoke/New River Valley	22	1,105	10.0
Published Research	30	237,566	17.8
Media Articles	9	10,561	37.1
TOTAL		377,357	18.1

GENERAL U.S. POPULATION SUICIDE RATES 1997
(SOURCE: NATIONAL VITAL STATISTICS REPORTS)

Race	Sex		Total
	Male	Female	
Caucasian	20.2	4.9	12.4
Black	10.9	1.9	6.2
TOTAL	18.7	4.2	11.4

Tables D and E

PROPORTIONATE MORTALITY RATIOS FOR LAW ENFORCEMENT SUICIDE

	Rate	General Population		Caucasian Men, 25-54	
		Rate	PMR	Rate	PMR
USA Today Study					
San Diego	35.7	11.8	303	25.3	141
FBI	26.1	12.0	217	25.3	103
LAPD	22.9	12.0	192	25.3	91
Chicago	18.1	12.0	151	25.3	72
NYPD	15.5	11.8	132	25.1	62
San Antonio	0.0	12.0	0	25.6	0
Houston	0.0	12.0	0	25.6	0
Dallas	0.0	12.0	0	25.6	0
Phoenix	0.0	12.0	0	25.6	0
FOP Study	22.0	11.9	185	26.1	84
SW Virginia Study	10.0	12.1	83	25.4	43
Published Research					
Buffalo	22.9	11.9	192	24.8	92
Chicago	43.8	12.2	359	24.9	176
Chicago	29.5	12.1	244	24.8	119
Detroit	28.5	12.0	238	24.7	115
Albuquerque	0.0	12.1	0	24.9	0
Albuquerque	10.1	11.8	86	25.1	40
Atlanta	0.0	12.1	0	24.9	0
Austin	28.5	11.8	242	25.1	114
Boston	10.3	12.1	85	24.9	41
Dallas	0.0	12.1	0	24.9	0
Honolulu	18.9	12.1	156	24.9	76

Table F

Little Rock	0.0	12.1	0	24.9	0
Miami Beach	52.9	12.1	437	24.9	212
Newark	19.0	12.1	157	24.9	76
Philadelphia	0.1	12.1	1	24.9	1
Phoenix	7.2	12.1	60	24.9	29
Portland	8.0	12.1	66	24.9	32
Rochester	8.6	12.1	71	24.9	35
Salt Lake City	0.0	12.1	0	24.9	0
San Diego	10.3	12.1	85	24.9	41
Seattle	26.8	12.1	221	24.9	108
Topeka	0.0	12.1	0	24.9	0
Tennessee	72.0	12.0	600	24.6	293
Wyoming	118.0	11.1	1059	23.8	494
New Jersey	N/A	N/A	N/A	N/A	73
IL, IN, MN	12.7	11.7	108	25.0	51
Washington	N/A	N/A	113	N/A	N/A
Vermont	38.5	11.8	326	25.1	153
16 states	26.6	11.5	231	24.7	108
LAPD	8.1	12.0	68	24.7	33
LAPD	12.0	11.8	102	24.9	48
NYPD	19.1	11.9	161	24.2	79

Media Articles

SFPD	32.0	12.0	267	25.2	127
Boston	55.2	11.9	464	25.2	219
Brevard Co., FL	18.3	11.9	154	25.2	73
Noblesville, IN	33.2	11.9	279	24.8	134
Newark	44.4	10.8	412	26.1	170
Newark	18.2	11.7	155	24.8	73
Henrico Co., VA	43.6	11.9	366	24.8	176
Lehigh Valley, PA	18.8	11.8	159	25.1	75
Kansas City, MO	58.3	12.0	486	24.9	234
TOTAL			**152**		**73**

Table F (Continued)

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THE OFFICERS WHO COMMIT SUICIDE

	Literature Review		Our National Media Search		Combined	
	N	%	N	%	N	%
Sex						
Male	265	95.7	273	91.3	538	93.4
Female	12	4.3	26	8.7	38	6.5
Race						
Caucasian	149	81.0	N/A	N/A	149	81.0
Black	27	14.7	N/A	N/A	27	14.7
Hispanic	7	3.8	N/A	N/A	7	3.8
Asian	1	0.5	N/A	N/A	1	0.5
Marital Status						
Married	231	62.7	68	55.7	299	59.6
Divorced	34	7.4	12	9.8	46	9.2
Separated	19	5.4	27	22.1	46	9.2
Single	89	22.5	15	12.3	104	20.6
Widowed	7	2.0	0	0.0	7	1.4
Rank						
Officer/Deputy	196	72.8	189	70.0	385	71.4
Sergeant	43	16.0	21	7.8	64	11.9
Lieutenant	5	1.9	11	4.1	16	2.9
Captain	3	1.1	7	2.6	10	1.9
Detective	22	8.2	20	7.4	42	7.7
Chief/Sheriff	0	0.0	8	3.0	8	1.5
Dispatcher	0	0.0	3	1.1	3	0.6
State trooper	0	0.0	8	3.0	8	1.5
Federal agent	0	0.0	3	1.1	3	0.6

Table G

CHARACTERISTICS OF THE SUICIDE

	Literature Review		Our National Media Search		Combined	
	N	%	N	%	N	%
When						
On duty	16	21.6	28	11.3	44	13.7
Off duty	58	78.4	220	88.7	278	86.3
Where						
Home	115	67.6	100	45.0	215	54.8
Another's home	3	1.8	18	8.1	21	5.4
Station house	17	10.0	24	10.8	41	10.5
Shooting range	0	0.0	3	1.4	3	0.8
Jail	0	0.0	4	1.8	4	1.0
Court house	0	0.0	1	0.5	1	0.3
Police academy	0	0.0	1	0.5	1	0.3
Personal car	3	1.8	19	8.6	22	5.6
Police cruiser	3	1.8	8	3.6	11	2.8
Street	0	0.0	9	4.1	9	2.3
Motel	3	1.8	4	1.8	7	1.8
Wife's workplace	0	0.0	2	0.9	2	0.5
Hospital	2	1.2	2	0.9	4	1.0
Cemetery	0	0.0	6	2.7	6	1.5
Desolate area (such as park)	0	0.0	10	4.5	10	2.6
Store/restaurant	0	0.0	3	1.4	3	0.8
Parking lot	0	0.0	4	1.8	4	1.0
Other	24	14.1	4	1.8	28	7.1
Method						
Shooting	**334**	**88.4**	**244**	**94.2**	**578**	**90.7**
Service weapon	176	46.6	96	37.1	272	42.7
Off-duty weapon	0	0.0	10	3.9	10	1.6
Personal handgun	7	1.9	19	7.3	26	4.1

Table H

Unspecified handgun	17	4.5	93	35.9	110	17.2
Rifle	1	0.2	2	0.8	3	0.5
Shotgun	2	0.5	6	2.3	8	1.3
Unspecified gun	131	34.7	18	6.9	149	23.3
Nonshooting	**44**	**11.6**	**15**	**5.8**	**59**	**9.3**
Overdosing	6	1.6	3	1.2	9	1.4
Hanging	13	3.4	5	1.9	18	2.8
Jumping	3	0.8	1	0.4	4	0.6
Cutting	3	0.8	2	0.8	5	0.8
Crashing	2	0.5	1	0.4	3	0.5
Carbon monoxide	8	2.1	3	1.2	11	1.8
Other nonshooting	9	2.4	0	0.0	9	1.4

Table H (continued)

REASON FOR THE SUICIDE

	Literature Review		Our National Media Search		Combined	
	N	%	N	%	N	%
Legal trouble	0	0.0	59	21.2	59	14.8
Committed murder-suicide	4	3.1	33	12.3	37	9.3
Relationship problems	41	31.8	28	10.4	69	17.3
General personal problems	0	0.0	18	6.7	18	4.5
Work-related stress	13	10.2	14	5.3	27	6.8
Death of a fellow officer	0	0.0	5	1.9	5	1.3
Death of a loved one	0	0.0	5	1.9	5	1.3
Critical incident	7	5.4	0	0.0	7	1.8
Physical pain/illness	3	2.3	4	1.5	7	1.8
Shame over work problem	0	0.0	4	1.5	4	1.0
Financial problems	9	7.0	2	0.7	11	2.8
Psychological problems	16	12.4	0	0.0	16	4.0
Alcohol abuse	6	4.7	0	0.0	6	1.5
Unknown	30	23.4	97	36.1	127	31.9

Table I

Suicide in the Norwegian Police in the Period 1972-1996

Anne Marie Berg
Roald A. Bjorklund

Abstract: *This article presents the results of a study conducted to determine the number of suicides among Norwegian police officers in the period 1972-1996. The results were obtained by questionnaires and structured in-depth interviews and were controlled by individual telephone calls. During the 25-year period, a total of 41 police officers, 38 male and 3 female, committed suicide. When this period is distributed into five 5-year periods, it becomes clear that the rate of suicide has increased from 13.8 to 20.5 per 100,000 in the male part of the Norwegian population. For male Norwegian police officers, the increase is from 10.0 to 34.3 per 100,000. It is difficult to explain this increase in the rate of suicide, because police officers in Norway are carefully selected, educated and trained; also, Norwegian police departments provide a great deal of training and use peer consulting teams. This is the first study of police officers in a Scandinavian country; further studies are needed to explore the steep rise in the rate of suicide.*

Key words: Norway, law enforcement, suicide, police suicide, Norwegian police suicide

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Suicide in the Norwegian Police in the Period 1972-1996

INTRODUCTION

Suicide rates, causes and prevention strategies have begun to receive more attention in the last few decades. Several papers from the United States have reported an overall increase in the rate of suicide among police officers. Friedman (1967) examined the surprisingly high suicide rates for New York police officers and found that the figures were not unique to New York. Vena et al., (1986) performed a retrospective study of Caucasian male police officers employed in the years between 1950 and 1979, reporting a significantly higher suicide mortality rate than that for any other municipal employee. In a study covering the period from 1950 to 1990, Violanti et al., (1998) reported that the rate of suicide for police officers in New York was significantly higher than that of the general population.

So far, no studies have been conducted in Northern Europe to estimate the rate of suicide among police officers. The rate of suicide for the general population is higher in Finland than it is in Denmark, Sweden, Iceland and Norway. In Finland, the rate is about 45 per 100,000, while in these other Scandinavian countries, it is about 22 per 100,000 (Retterstøl, 1995). Based upon this difference, it could be hypothesized that there would be a similar difference in the rates of suicide for police officers in Scandinavian countries.

In Norway, 5 factors may affect the suicide rate among police officers. First, the rate of suicide in the general population was relatively small in the 1970s (10 per 100,000 in 1975) and increased slowly until the 1990s (15 per 100,00 in 1991). A correspondingly low and slow increase in the rate of suicide among police officers in Norway could be expected. Second, in 1977, the Norwegian government passed a working environment law to ensure that employees are afforded reasonable opportunity for professional and personal development at work. Because of this law, Norwegian police departments have undertaken to increase the safety of police officers both in the regular mandatory education at the National Police Academy and in postqualifying education programs. Health hazards related to police work have been especially focused on. Third, police officers have a high status in Norway. At the present time, the education of police officers in Norway lasts for 3 years. Both recruitment and training procedures are designed to ensure that police officers are in good physical and mental health. Candidates to the police academy are screened according to physical, psychological, social and legal criteria and all candidates go through personal interviews. These efforts surely exclude some of the people with premorbid personalities or personality disorders. Investigations of personality indicate that the candidates are less nervous, more extroverted and have stronger egos than the general population (Bjorklund, 1997). Fourth, the number of police officers in Norway is relatively small. Of a total number of about 4.2 million citizens, about 7,500 are police officers. The officers are distributed into 54 departments situated all over the country. This allows for small divisions with close personal relationships among the police officers. These relationships give rise to teamwork and cooperation that may prevent the mental

disturbance arising from isolation. Fifth, weapons are absent from the Norwegian police force. In regular duty, the police officers do not wear any weapons. In sum, we hypothesize that these factors all contribute to a low rate of suicide in the Norwegian police.

The objective of this article is to gather information about the number of suicides in the Norwegian police. Unfortunately, no official statistics or records exist concerning the mortality of police officers. Violanti (1995) argued that considerable difficulty exists in studying police suicide in any country; researchers may find either that information on police officer suicides is not collected or that departments are reluctant to allow access to the suicide data. Violanti also stated that police officers belong to a subculture that strongly believes in taking care of its own, which can lead to officers' shielding victims, their families and the department from the stigma of a suicide investigation. Even though the number of police officers in Norway is fewer than 7,500 for each of the years since 1972, there are no records of the number of suicides in police departments. We have not found any better method than to ask police officers what they remember about suicides among their colleagues during the last 25 years. All of the 54 police departments in Norway were contacted by telephone and asked about the suicide during the last 25 years. The questionnaire included information about sex, age, family and method of suicide. Afterward, one of the authors (A.M.B.) traveled to a sample of the departments and performed structured and in-depth interviews with police officers. Suicides that were mentioned twice were corrected.

Based upon the above-mentioned factors and informal discussions with police officers, we hypothesized a lower risk of suicide among the police officers compared to a commensurate Norwegian general population.

METHODS

During the summer of 1997, prior to receiving the questionnaire, all heads of the 54 police departments in Norway were contacted by telephone and given information about the purpose of the investigation. Subsequently, they received the questionnaire. After about 1 month, a reminder was given to the departments that had not answered the questionnaire. In this way, we ensured that 100% of the police departments answered the questionnaire.

The questionnaires were based upon those described in Retterstøl (1995) and Violanti (1996) and included questions on age, sex, years on duty, position, general health, family structure, working conditions and suicide method. The respondents were experienced police officers with extensive knowledge of the department. Structured and in-depth qualitative interviews were performed in 12 cases of suicide after the questionnaires were processed. In addition, supplementary information was collected when necessary. In order to remove any double registration of suicides, all cases were compared with respect to objective information: age, sex, years on duty and position. Care was taken to follow the ethical recommendations given by the Helsinki Declaration at every level of the study.

RESULTS

The number of reported suicides included only completed suicides. Accidents and incidents of suspicious behavior were excluded from the analysis. The total number of reported suicides in the years from 1972 to 1996 was 41 police officers, 38 male and 3 female. The total number of suicides was divided into periods of 5 years. In addition, the rate of suicide was calculated in relation to a population of 100,000 per year. The calculation is based upon the total number of police officers in regular service within each period. The calculation does not include the 3 women or the 10 retired police officers and the calculations are adjusted for age and sex. The rate of suicide among police officers (filled circles) within the different 5-year periods was calculated (see Figure A).

Open circles in the figure indicate the rate of suicide in the Norwegian community in the same periods, adjusted for age and sex. The figure shows that the rate of suicide in the Norwegian community has increased from 13.8 per 100,000 in 1972-1976 to 22.9 per 100,000 in 1987-1991. According to Norwegian official statistics, the rate of suicide in the male population decreased over the next 5 years (Retterstøl, 1995). The rate of suicide in the Norwegian police follows another pattern. In the four 5-year periods from 1972 to 1991, the police officers had a smaller suicide rate than that of the Norwegian community. However, in the period from 1992 to 1996, the incident rate of police officers surpassed the incident rate of the community. The increase in the suicide rate in the male population and among police officers in Norway during the 25 years is calculated to a factor of 1.5 and 3.4, respectively. Further, the likelihood that a police officer committed suicide in the period 1972-1976 compared to the male population was 0.7, while the ratio increased to 1.7 in the period 1992-1996.

Most of the suicides in the police (58%) occurred at an age of between 41 and 65 years. Seventy percent had been in the force for more than 10 years. In contrast, all three women in the study ended their lives very young, when they were under 35 years old. Twenty-four percent of the deceased were retired at the time of death. From 1987 there is a decrease in suicide incidents among retired officers and an increase among officers in regular service.

Using a gun is the preferred way to end life for police officers in Norway. Guns were used by 51% and of those, 67% used service-related weapons. Service-related weapons are defined as weapons used in service and acquired through service either by purchase or confiscation. Hanging is the second most frequent method for suicide among police officers (39%).

Eighteen police officers who were close colleagues of the deceased were interviewed about 12 officers who committed suicide. The results from these interviews revealed that 66% of the suicides came as a total surprise to colleagues. The others had in some way communicated thoughts about taking their lives. Two-thirds of the 12 officers committed suicide off duty. Colleagues indicated that all of the deceased had had work-related difficulties as a result of such problems as

unrealistic role expectations, high-pressure work, alcohol abuse, or impaired health. Since the information was collected from colleagues, we did not try to get information about the quality of family relations.

DISCUSSION

This study is the first investigation of the rate of police suicide in any of the Scandinavian countries. The study identified 42 suicides among Norwegian police officers during the 25-year period from 1972 to 1996. Divided into 5-year periods, the study reveals an increase in the rate of suicide, especially from 1987 to1991 and 1992 to1996, with 9.2 and 34.3 per 100,000, respectively. Compared to the rate of suicide for the general Norwegian population, the rate of suicide for the police was smaller until 1991. After 1992, the rate of suicide among police officers is almost 1.7 times higher than the rate for the adjusted male Norwegian population.

The lower rate of suicide in the police from 1972 until 1991 could be explained by 3 factors. First, we might hypothesize that as a result of efforts in recruitment, selection and education of Norwegian police officers, police officers are in better physical and mental health than the general population. Second, all police officers in Norway have guaranteed employment. According to Retterstøl (1995), employment may reduce the likelihood of suicide. Third, the increased focus on worker protection and the working environment seems to have changed the police environment from a rather tough subculture to a more open-minded and talkative subculture that emphasizes care for life and health. These factors may contribute to the reduced risk of suicide for healthy police officers until 1992.

The dramatic increase in the rate of suicide among Norwegian police officers in the period 1992-1996 is opposite to our initial hypothesis and could not be explained by the above-mentioned factors. The increase in the likelihood of suicide took place at a time when much effort was invested in training officers to cope better with work-related and personal problems. In the same period, a program in training supervisors to identify and recognize the warning signs of Posttraumatic Stress Disorder also started. Thus, the increase in police suicide since 1992 is almost paradoxical; a higher incidence of suicide among police officers develops at the same time as the police invest more effort in enhancing health and working conditions.

Several factors may contribute to this paradoxical situation. Methodological difficulties may account for a higher number of suicides in the last years. The study was based upon interviews with colleagues; it may be that they had forgotten suicides that were committed long ago. Norwegian society, especially in police departments, has become more open in the last year and now it is more acceptable to talk about suicide. This may have contributed to more correct classifications of suicide as a death cause in the 1990s. It is therefore possible that the present study has recorded a smaller number of suicide cases for the earlier years than the actual number.

Even if the numbers are accurate, however, several factors may have contributed to the considerably increased number of suicides among police officers in the last few years. More information about suicide among police officers might increase the likelihood for suicide as a coping behavior. However, this is contrary to the theories of different stress- management training courses stating that verbalization and mental training may result in preparedness and prevent suicides (Meichenbaum, 1994). In several cases in Norway, a kind of mutual influence among youngsters who have committed suicide has been observed, but we have not been able to observe that the police officers have affected and infected one another with suicidal thoughts in this way. Janik and Kravitz (1994) reported that officers reporting marital problems were 4.8 times more likely to have attempted suicide and 6.7 times more likely if they had been suspended. In the present study, these factors have not been studied thoroughly. McCafferty et al., (1992) concluded that a police officer who is subject to extraordinary stress has an increased potential for developing different kinds of mental disorders that are associated with a higher-than-average risk of suicide. Our interviews indicate that deceased police officers suffered from work-related stress symptoms, but the results are not precise and could not explain the increased number of suicides in recent years.

Unfortunately, there is no valid research in Norway related to stress symptoms among police officers in the period covered in the present study. Hence, we have no documentation that might indicate that the increased number of suicides in the Norwegian police in recent years is a result of more work-related stress. As stated, the police officers in Norway undergo considerable screening and training; we have mentioned several such factors that we expected should decrease the susceptibility of suicide in the police.

CONCLUSION

Because this is the first study of the incidence of police suicide in a Scandinavian country, we cannot exclude the possibility that methodological factors have resulted in a lower registration of suicides in the earlier years compared to the later years covered in the present study. The increased number of reported suicides among Norwegian police officers developed at the same time that a great deal of effort was expended on different police training programs. We have noted that this development is paradoxical. Further research is needed to explain the dramatic increase in suicide among Norwegian police officers.

SUICIDE IN THE NORWEGIAN POLICE FOR THE PERIOD 1972 – 1996
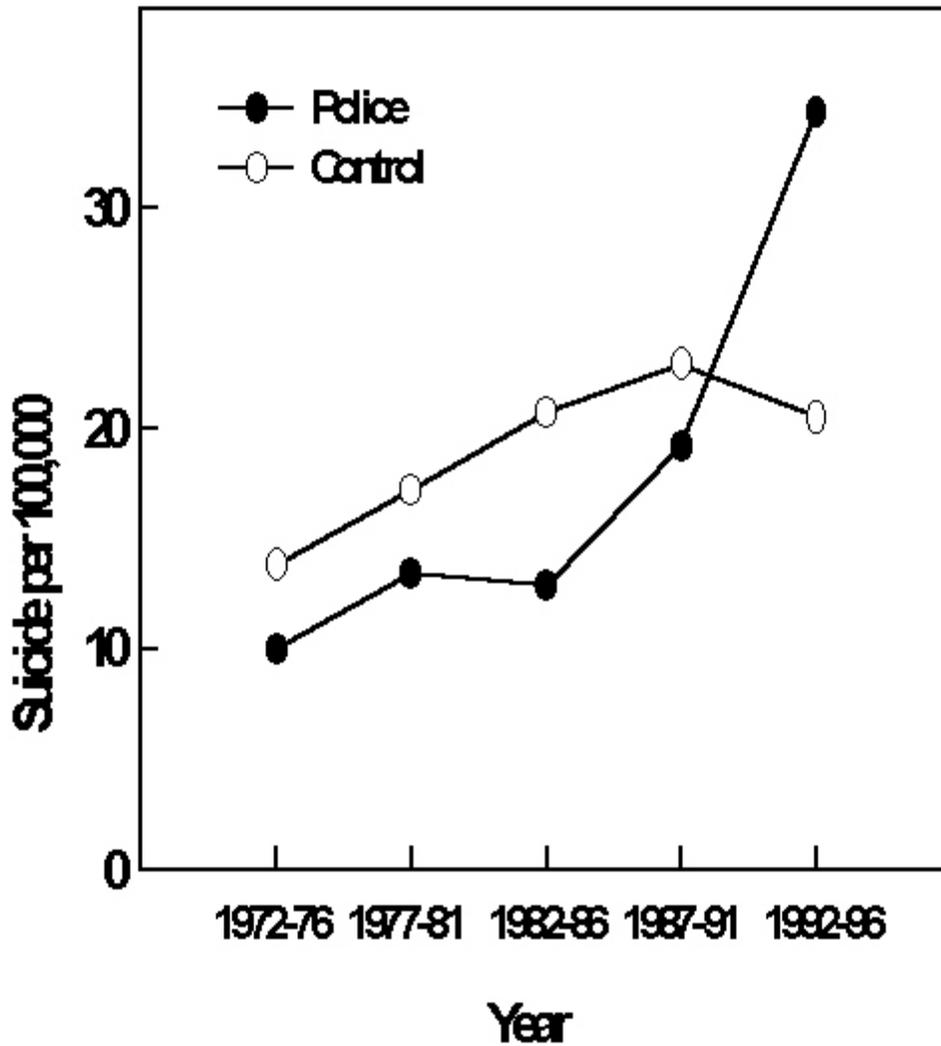
The rate of suicide per 100,000 among the male population (Control) and police officers (Police) in Norway for the period 1972 to1996 distributed into five subsequent 5-year intervals.

Figure A

Police Suicide: Why Are the Rates in Some Places So Low?

G. Terry Bergen
Alecia Deutch
Sarah Best

Abstract: The foundation of social science, like all science, is accurate measurement. The published police suicide literature contains serious measurement problems that undermine understanding. These include the unreliability of small samples, lack of statistical-significance testing, comparison of different time periods, use of different sources of data (such as death certificates vs. department records), use of different summary measures (such as rates per 100,000 vs. Proportional Mortality Ratios), comparison to inappropriate norms (such as all U.S. citizens) and misclassification of police suicide deaths as accidents. We suggest solutions for these problems in the interest of improved understanding and subsequent reduction of police suicide. Low police suicide rates appear to be associated with effective selection, training, supervision and support.

Key words: low police suicide rates, statistics, police suicide, law enforcement, suicide

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Police Suicide: Why Are the Rates in Some Places So Low?

INTRODUCTION

Two perspectives clash for psychologists studying police suicide. The social scientist decries the published literature, the best of which provides small support for a suicide crisis in the police community. The clinician is outraged that so many devoted public servants die unnecessarily. These perspectives must be accommodated. The weak scientific evidence for a police suicide crisis reduces our ability to understand and address it. Failure to acknowledge the existence of police suicide renders social science useless to the police community.

Information in the police suicide literature varies alarmingly, characterized by inconsistency and fragmentation. Estimated police suicide incidence ranges from 0 to 203 per 100,000 (Heiman, 1977; Nelson and Smith, 1970). Variations appear in the reporting methods and formulas used to calculate suicide rates, as well as in the locations and time periods for which these rates are reported.

The foundation of social science, like all science, is accurate measurement. Much of the published police suicide literature, as well as media accounts, contain serious measurement problems that undermine understanding. These include the unreliability of small samples, lack of statistical-significance testing, direct comparison of disparate time periods, use of different sources of data (such as death certificates vs. department records), use of different summary measures (such as rates per 100,000 vs. Proportional Mortality Ratios (PMRs), comparison to inappropriate norms (such as all U.S. citizens vs. working-age men) and misclassification of police suicide deaths as accidents. We suggest solutions for these problems in the interest of improved understanding and subsequent reduction of police suicide.

MEASUREMENT PROBLEMS

Law of Large Numbers

Suicide rates are extremely difficult to calculate. Suicides are rare events statistically and consequently need to be observed in large populations over substantial time periods. Failure to observe these large samples results in a common statistical problem: the problem of small numbers (Vogt, 1999). This is the well-established phenomenon that small sample values deviate drastically from real population values. Generalization from values in small samples is at the root of much misunderstanding in social science. Scientists refer to the problem as reliability of measurement. Reliability is a cornerstone of valid scientific knowledge. The police suicide literature is fraught with this problem. The number of suicides per 100,000 individuals is a common measure of suicide rates. Meaningful estimates of the incidence of any uncommon phenomenon can not be calculated until large numbers of people are observed. When only small numbers are available, they have to be multiplied to raise them to a level comparable to rates per 100,000. Any anomalies in the small

sample and there certainly will be some, are then exaggerated in the expanded sample. In Vermont, for example, there have been 5 police suicides since 1986 among approximately 1,000 police officers (Braner, personal communication, April 29, 1999). Comparison to national rates requires multiplying by 100. This leads us to expect 500 police suicides among the projected 100,000 Vermont police officers for an annual suicide rate of about 38 per 100,000. It is almost certain that our small sample of 5 suicides over 13 years contains substantial inaccuracy, which has now been vastly inflated. Unfortunately, we do not know whether our value is an over- or an underestimation of the actual Vermont police suicide rate. No U.S. police force has 100,000 officers, so all single-department reports of police suicide rates per 100,000 contain some of the problems associated with error inflation. New York City has one of the largest U.S. police departments with approximately 40,000 officers (First safety, then civility, 1999). Many police suicides occur there—over 80 in the last 10 years. The department is so large that its suicide rate need only be multiplied by 2.5 to become comparable to the standard comparison figure of 100,000 individuals. Consequently, their estimated rate per 100,000 may be the most accurate of all estimates for individual police departments. The suicide rate per 100,000 for NYPD is about 20. Is this a low rate or a high one?

Use of Appropriate Norms

Several different national suicide figures have been used to place the police suicide rate in context. A common rate to report is 12 per 100,000, the rate for all Americans (Dash and Reiser, 1978; Josephson and Reiser, 1990). This group includes both sexes, many racial and ethnic groups and most ages (Stack and Kelley, 1994). Since the police group is 90% men, mostly Caucasian and in possession of handguns, a more appropriate comparison group might be working-age Caucasian men with guns in the home. The suicide rate in the group of working-age Caucasian men is about 25 per 100,000, but this needs to be adjusted down about 25% to account for the healthy worker effect (McMichael, 1976). This adjustment yields a rate of about 18 per 100,000. Some evidence suggests that when there is a gun in the home, suicide risk needs to be adjusted up by about 30% (Brent, 1998). Making this adjustment to the rate for healthy, working-age Caucasian men raises it to about 24 per 100,000. Choice of one of these comparison groups over the other determines whether the police suicide rate in New York appears high or low. We think the higher rate a more appropriate context in which to view police suicide. Loo (1986) and Stack and Kelley (1994) argue that the working-age Caucasian male group is the appropriate comparison group for police officers. Neither paper considers the influence of having a gun in the home, but it seems to us an issue clearly relevant to the police problem. The vast majority of police suicides are committed with the officer's own gun (Loo, 1986; Violanti, 1996; Friedman, 1968). In addition, much evidence suggests that suicide is often an impulsive act (Sloan et al., 1990). The combination of the suicidal impulse and the loaded gun is an unhappy one (Kellermann, 1992).

Use of Different Summary Measures

Suicides are reported in many forms. These include, raw numbers, rates per 100,000, standardized mortality ratios (SMRs) and PMRs. Guralnick (1963) described the PMR, which addresses the problem of the comparability of different rates. This ratio compares the incidence of suicide in the police occupation to the incidence of suicide for individuals outside the police occupation but within the same geographic area and time period: PMR = (Deaths from suicide for police officers)/(Percent of all deaths due to suicide)(Deaths from all causes for police officers). Because the PMR calculation builds in the appropriate comparison group, it is more readily interpreted than the more common rate per 100,000. A PMR of 1 indicates that the rate of suicide in the police group is the same as the suicide rate in the comparison group. The raw number of suicides is the least useful description of suicide incidence. It is impossible to interpret without knowledge of the department size. New York City has had about 80 suicides in the last 10 years. This is a huge number. However, their rate per 100,000 is only about 20, a rate comparable to what might be expected for healthy, working-age Caucasian men with guns in their homes in New York City. The PMR would tell us if this number of suicides was above or below what we would expect in a group of working-age Caucasian men from New York City.

Statistical Significance Testing

The PMR for Vermont is 1.88, showing that the police suicide rate approaches twice that for Caucasian working-age men in the state. This PMR seems quite high. However, it is not statistically significant. Significance testing is a basic and crucial step in the analysis of these suicide data. We are working with very small and therefore unreliable numbers. A statistic may appear to be quite high out of context, such as the 1.88 PMR for Vermont police officers or the PMR of 1.99 reported by Milham (1997) for retired Washington state law enforcers from 1950 to 1989 between the ages of 65 and 69. However, neither of these statistics is outside of what might reasonably be expected by chance. Reporting the numbers alone without appropriate statistical tests does not provide an accurate description of the data. The value of the PMR of the Vermont data is immediately apparent. We know that our police suicide rate is not unusually high, something we did not know from the 38 per 100,000 estimate. It is essential that police suicide data begin to be reported in PMRs or some comparable measure amenable to significance testing, so that accurate comparisons among locations can be made.

Comparison of Disparate Time Periods

Frequently, data from one time period are compared to data from another time. Department comparisons suffer from this problem. Data from comparable time periods are infrequently published. Differences in department suicide rates may result from differences in those departments or from differences in the time periods during which data were collected. It is difficult to tell which.

Most police department suicide statistics would look good when compared to the 84 per 100,000 rate in New York City between 1934 and 1940 (Friedman, 1968) and most would look considerably less favorable when compared to the 8.1 per 100,000 rate in Los Angeles between 1970 and 1976 (Josephson and Reiser, 1990).

Different Data Sources

Police suicide data come from different sources. Some studies rely on death certificates or data from retirement records, others on reports from department personnel. Each source has both advantages and shortcomings. Death certificates and retirement records are compiled by a standardized process and so are relatively comparable from place to place. Unfortunately, the identification of a true suicide by the death-certification process is less than perfect and some police suicides are probably misclassified (Violanti et al., 1996). Department personnel can be poor sources of information about police suicide. Such individuals ought to be well informed about department news and might be thought to know better than anyone when a suicide occurred. However, these individuals may also be motivated to cover an occurrence deemed shameful and to deceive an interviewer. Also, personnel change over time and memories for particular incidents change and fade.

For example, we called the Vermont Police Academy and were told that in the last 30 years there had been 2 or 3 suicides in Vermont. Death certificates recorded five since 1986. The 2 sources are obviously not comparable. *Accurate recording and reporting of police suicides is the most critical current research issue. Departments must provide accurate data if meaningful changes are to be implemented.*

Misclassification

Police suicide data are suspect because police officers are often the ones to discover the bodies of their dead colleagues. They may attempt to change or reinterpret the death scene in order to suggest that the cause of death was other than suicide. Violanti et al., (1996) have looked directly at this problem in death certificate data from Buffalo, New York. They obtained "vital status and death classification . . . for all municipal employees and police officers who worked a minimum of 5 years in their specific occupational group between the years 1950 and 1990" (p. 80). Their analysis demonstrated that official records underestimated police suicides. For instance, four cases originally classified as having an undetermined cause of death were reclassified as suicides. Each involved a gunshot wound to the head, suggesting that these cases represent a fairly blatant attempt to avoid the suicide category. Violanti and his colleagues suggested correcting police suicide estimates by about 20% in future studies of death certificates.

Low Rates: Research Literature

Despite reports of high rates in some police suicide studies, a number of studies report minimal incidence of police suicide. One of the soundest studies reporting low rates is Stack and Kelley (1994). They reported a regression analysis of 33 police suicides, based on death-certificate data, in 16 states in 1985, which showed no significant impact of the police occupation on whether or not death resulted from suicide. In addition, they reported a rate of 25.6 per 100,000 and a nonsignificant PMR of 1.08. Loo (1986) also has reported low suicide rates in the Royal Canadian Mounted Police (RCMP). He analyzed 35 suicides and concluded that the RCMP rate was considerably lower than that for Caucasian men in the larger Canadian community.

Reiser and his colleagues at the Los Angles Police Department (LAPD) have reported very low suicide rates for their officers through 1990 (Josephson and Reiser, 1990). Since 1991, these rates appear to have risen somewhat from the remarkably low levels of the previous 20 years. Between 1970 and 1990, the suicide rate in the LAPD had been between 12 and 14 per 100,000. This is a remarkably low number for a large metropolitan police department. Since 1990, the rate has risen to about 19 per 100,000 (Watson, 1997). This current rate appears comparable to that in New York City and, as previously discussed, still may represent a low rate compared to the appropriate controls.

Suicide can be a serious problem in police departments. Rates in some places at some times may rise above even the rates for adult Caucasian men with guns in their homes. At the same time, the studies described above demonstrate that there are times and places where police suicide is quite low. Our study focuses on identifying the circumstances surrounding these minimal rates and developing methods for lowering elevated rates of police suicide occurring in other places.

The situation is comparable to that involving the AIDS virus. Frighteningly high rates of HIV infection exist in some places in the world. These places tend to be poor, undeveloped countries without the knowledge or resources to address the problem effectively. Police departments with high suicide rates resemble these countries. They manifest high rates of a problem for which effective treatments exist. However, for reasons of local history, politics and economics, they resist implementing these preventive measures. A huge advance in understanding AIDS was achieved when it was realized that some HIV-positive people were surviving for a long time. Not everyone was dying. These people were studied intensely and positive features of their immune systems were identified, which led to more effective treatments. Something similar can be done with police suicide. We need to study intensely the places where the rates are low and find out what we need to do in places where the rates are high.

THE TEXAS MODEL

Suicide is a particular problem of working-age Caucasian men with guns in their homes. Some of these men lack effective coping strategies to deal with perceived stressful events. Consequently, they employ poor strategies that lead them in the direction of reduced coping and eventual desperation. Police organizations can address these problems with the same commonsense solutions used to address other difficulties endemic in law enforcement: selection, training and supervision.

In addition, it is time to add a fourth activity to this triumvirate of good law enforcement managerial practice: support. These carefully selected, well-trained and professionally supervised officers need support. Police work can be very difficult and the coping strategies available to average young officers may be inadequate for addressing every problem they encounter. A well-developed and proactive psychological services unit can provide support for officers' natural coping strategies. Such support can reduce dramatically the number of officers who reach the point of desperation resulting in suicide. Several Texas departments, Houston, Dallas, San Antonio and Austin, all report low levels of police suicide in the last 10 years (see Table A). These low rates are, in part, directly attributable to the effective delivery of psychological services in these departments. This "Texas Model" of support delivery has five features: respect, independence, broad and proactive focus, officer acceptance and vertical integration.

Respect

Police work provides more opportunities for stress than many other occupations and yet many police officers complete successful careers without negative stress outcomes. Further, many departments demonstrate low levels of stress symptoms such as suicide. Coping mechanisms at the individual officer level and at the agency level, distinguish between officers who successfully adapt and those who do not. Police officers deserve and need the respect of their departments. This respect is best expressed in the acknowledgment that department support may be occasionally necessary to help officers and their families through difficult times, even after retirement. When needed, this support is provided free through confidential psychological services units within the department or with contracted outside providers.

Independence

Psychological services in the Texas departments enjoy considerable independence within the department. The department does not know who is seeking help or what an officer's precipitating problem might be. Members of the psychological services units in the Texas departments often mention independence from the police department as the critical feature of their services, a feature accounting for much of their success.

The psychological services units in the four Texas departments have been housed in separate facilities from the rest of the department. Directors of the programs are adamant that such physical separation is essential to the confidentiality of their services. However, 2 years ago, over the protest of the director of the unit, Houston's psychological services unit moved into the same building as the rest of the department. Previously they had been in separate facilities where an officer was less likely to be observed seeking help. The director of psychological services in Houston suspects a possible link between the relocation of the unit and 2 recent suicides.

This concern for independence is echoed by Horvitz (1994), who described the situation in New York City: "the psychological services unit is located within the department. By contrast, the more widely utilized alcohol-treatment unit is on the campus of John Jay College; there, officers are able to blend in with the student population" (p. 9). Independent counseling services readily available to officers is a major feature of reforms suggested by many authors (such as Ivanoff, 1994; Violanti, 1996).

Broad and Proactive Focus

Problems that stress officers are much like those stressing other people: marital and family problems, substance abuse problems, work-related disciplinary problems and illnesses, such as cancer or depression. In the Texas Model, they begin addressing these problems during the selection process and continue working on them during academy training and in-service classes. They attempt to anticipate problems officers may face, such as having school-related problems with their children. They are as likely to offer training and support for learning disabilities as for post-shooting trauma. They argue that anything stressing officers reduces their ability to deal with job-related stress. When they reduce stress from any source they make officers more likely to be able to endure the periodic, severe stress incidents that inevitably occur in police work. Consistent with much of the police suicide literature, they report that the majority of their work with officers involves family problems.

Officer Acceptance

Psychological services in these places are seen by the officers as friendly and helpful. Houston and Austin officers have been described as standing up in training classes and describing to fellow officers their successful experiences in psychological services. There seems to be little of the negative stigma sometimes associated with the use of counseling and psychotherapy. In order to protect this trust, the Houston and Austin psychological services units decline to perform fitness-for-duty evaluations, arguing that such evaluations constitute a conflict of interest with their more important support function. A basic feature of the successful psychological services units in the Texas departments is their ability to gain the trust of the officers in their departments. They begin to develop this trusting relationship at the police academy, where they teach courses in communication skills, in dealing with individuals with mental illness and in identifying and addressing stress symptoms in the officers themselves.

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Vertical Integration

Psychological services are seen as an essential unit of the department. The psychologists' concerns are seriously considered by the chief and other command personnel. They have input into the operation of the department. In San Antonio, the director of psychological services sits in on a weekly briefing with the highest-ranking officers in the department to comment on officer morale. In Houston and Austin, the directors of the psychological services units feel that their input is considered carefully by individuals at all levels of the department hierarchy from the chief down.

CONCLUSION

Low police suicide rates appear to be associated with effective selection, training and supervision and particularly with effective support. Many police agencies could do much more than they currently do to increase effectiveness in these areas, especially in the area of support. The Texas Model of supporting police officers seems promising because low rates of suicide appear in Houston, Dallas, San Antonio and Austin. The psychological services units in these cities share similar values and create similar environments in their departments. Departments with high rates of suicide may benefit from adopting some of their Texas colleagues' practices.

POLICE SUICIDE RATES IN SELECTED LOW-RATE DEPARTMENTS, 1989-1998

Location	Officers	Dept. Psych.	Suicides	Rate per 100,000	State Rate
Houston	5,373	7	1	1.9	13
Dallas	2,900	2	3	10.4	13
Phoenix	2,530	2	0	0.0	18.7
San Antonio	2,000	4	1	5.0	13
Austin	1,100	2	2	18.2	13
Albuquerque	900	1	1	11.5	18.7

Data provided in telephonic interviews with the senior author by directors of psychological services units or by psychological services contractors. Recorded suicides include retired police officers and officers who had been fired. State rates describe the year 1992.

Table A

Police Suicide and Small Departments: A Survey

Michael A. Campion

Abstract: Police suicide data has previously come from large police departments. However, 75-80% of the departments in the United States are small. The study reviewed data from 89 sheriff and police departments in Illinois, Indiana and Minnesota. Six questions arising from the results of the data were discussed. Nine suicides were reported in the 89 departments, representing 3,736 officers from 1980 to 1998. There was a 0.0004% yearly average difference between the police suicides and the general population. The study revealed that 99.9874% of the officers did not commit suicide over the last 19 years.

Key words: small police and sheriff departments, suicide rates, police suicide, law enforcement, suicide

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Police Suicide and Small Departments: A Survey

INTRODUCTION

The tragedy of a police officer suicide has been overshadowed by research that is not meaningful and is, in many cases, tainted by researchers who are in search of a problem in order to receive funding to find a solution. Many times there is no stated goal. Is the goal 0 suicides, or is it a certain percentage below the national suicide rate?

The research goal of this study was to collect data from small departments and address 6 basic questions regarding police suicide. The issue of the significance of the suicide data is also discussed.

The media promote victimization and cover-up, "the code of silence," to dismiss evidence that demonstrates, as in this study, that the vast majority of police officers are healthy, adjusted individuals who retire with only the emotional struggles common to society.

Rather than focusing on the successful police officer and dealing with the families of police officer suicide with compassion, most publications appear to be more interested in printing such shocking headlines as "Suicide on the Force: Code of Silence Doesn't Help" (Fields and Jones, 1999), which project a negative image of law enforcement personnel as potentially violent authority figures who carry guns and eventually may die by their own hands using their own weapons. Much of the literature reviewed used shocking titles when reporting police suicide.

- *Police Suicide: Epidemic in Blue* (Violanti, 1996);
- "Suicide Epidemic Spreads Through Police Ranks" (Armstrong, 1998);
- "Officer on the Edge: A Rate of Suicide Has U.S. Police Reviewing How to Help Cops Cope with Pressure On and Off the Job" (Gibbs et al., 1994);
- "Suicide on the Force: Code of Silence Doesn't Help" (Fields and Jones, 1999) and
- "Preventing Officers from Aiming Guns at Themselves" (Fields and Jones, 1999).

The minority point of view was expressed by André Ivanoff (Fields and Jones, 1999), who is a professor of social work and specializes in suicidal behavior. He reported that the majority of the police officers do not kill themselves. Police, in fact, rank fourth behind dentists, doctors and entrepreneurs, all of whom deal with the public and none of whom carry guns.

SUICIDE RATES

In addition, most research focuses on larger departments such as those in New York City, Los Angeles and Chicago. The suicide rates of some of the larger law enforcement agencies, as well as the general public, are as follows:

New York Police Department
-     15.5 per 100,000 from 1990-98
-     Total officers committing suicide: 87
-     Department size: 40,000
  (Fields and Jones, 1999)

San Diego Police Department
-     35.7 per 100,000 from 1990-98
-     Total officers committing suicide: 2,000
-     Department size: 2,000
  (Fields and Jones, 1999)

Chicago Police Department
-     18.1 per 100,000 from 1990-98
-     Total officers committing suicide: 22
-     Department size: 13,500
  (Fields and Jones, 1999)

U.S. Customs Service
-     45.6 per 100,000 from 1998-99
-     Total officers committing suicide: 7
-     Department size: 10,820
  (Fields and Jones, 1999)

Los Angeles
-     20.7 per 100,000 from 1992-98
-     Total officers committing suicide: 20
-     Department size: 9,668
  (Fields and Jones, 1999)

FBI
-     26.1 per 100,000 from 1993-98
-     Total agents committing suicide: 20
-     Third largest in United States
  (Fields and Jones, 1999)

Buffalo
-     Same as general public from 1950-90
-     Department size: 2,611
  (Violanti, 1996)

U.S. General Public
-     11.7 per 100,000 in 1992
-     11.8 per 100,000 from 1995-96
-     Caucasian men 20-60 years; 15 to 25 per 100,000
  (U.S. Census Bureau, 1996)

Arranging data to give the most accurate picture presented some challenges. The police suicide data are reported in suicides per 100,000. The period covered by police suicide data may cover many years, but the national suicides are reported on an annual basis. In addition, the general population includes a large part of the population not within the police average age range of 21-62 years of age, who are mostly Caucasian men. The average rate of a similar population should be calculated when comparing rates with the police population. It also may be more appropriate to compare ranges as well as averages of police suicide (Loo, 1986) with the general population. For example, one department in this study had 1 suicide in an 85-year history. The suicide rate for that department would be very high for the year in which the suicide occurred, but very low if a yearly average was calculated.

Yet, no matter how careful we are, the conspiracy theory of a massive cover-up of police suicide is widely held: "moreover, many police suicides are purposefully misclassified on death certificates as accidents or undetermined cause of death" (Violanti, 1996). So, even if the data on police suicide were lower than the national average, it could be dismissed as deliberate, dishonest reporting by police officials.

There are some legitimate reasons to decide against "suicide" in cases that are unclear. The departments would prefer to protect the families from the embarrassment of a suicide. Also, benefits may change significantly, depending on whether or not a death is labeled a suicide.

The police reporting, however, may actually be remarkably accurate because of the close scrutiny of the media and the police union. Together, they make it much more difficult to cover up suicides on a police force as compared to the general population.

Behind the prevalent belief that police have a high suicide rate, there are several issues. First, people believe that the wide availability of and familiarity with firearms should lead to a higher suicide rate. "Trends in the general population indicate that the presence of firearms increases the probability of suicide" (Violanti, 1996). Violanti pointed out that all police officers carry guns and that this may, therefore, account for the alleged higher suicide rate.

Furthermore, when police commit suicide with firearms, they generally are off duty. According to Violanti, it naturally follows that "some suicides may be prevented by limiting access to firearms" (Violanti, 1996). The logical conclusion, according to Violanti, would be to prevent officers from taking their weapons home.

If the possession of a firearm is a cause of increased suicide, how is it that such countries as Canada (1995, 12.9 per 100,000), Sweden (1990, 17.2 per 100,000) and Japan (which has a 70% higher suicide rate), all have higher rates than the United States, when all have stricter gun control laws (U.N. Demographic Yearbook, Amfire, 1997)?

Second, it is believed by some that emotional factors also may contribute to police suicide: stress, traumatic incidents, alcohol, retirement, investigation of misconduct, failure to be promoted, lack of public support, drugs, psychological difficulties, disrupted relationships, financial concerns, discrimination, carrying a gun, or dealing with lawbreakers. All of these situations must, however, be processed and responded to by the individual involved (stimulus organism response). But many of the police stresses are similar to those of the general public and are not unique to police work. In addition, the vast majority of police officers and the general population do not commit suicide as a result of these stressors.

Daily vicissitudes often are not palatable. Police do have a challenging and sometimes dangerous job, but they also are carefully screened and trained for the profession. They have access to professional help, if they choose to use it. Promoting victimization rather than responsibility is degrading and actually may aggravate the problem. The fact that almost all police officers face the same challenges and do not commit suicide may suggest that suicide is not so much a function of the job but of personal issues and choices.

Third, the difficulty of killing anyone, let alone oneself, (Grossman, 1995) puts suicide into a special category of personal choice. When it does occur, it is remembered. It may be imprinted as a traumatic memory. That ever-present memory also may lead to a sense of the pervasiveness of suicide in police ranks. In any case, we, as departments and individuals, always want to be sensitive to the needs of fellow human beings. This includes providing support for the victim's family.

METHODOLOGY

Questionnaires were distributed to 150 police and sheriff departments in Illinois, Indiana and Minnesota. The chief or sheriff of the department completed one questionnaire; the other questionnaire went to the union president or another officer. The departments were small, with under 292 officers, which represents about 80% of the departments in the United States. A telephone follow-up call was made to the departments reporting a suicide in order to clarify responses. Four research assistants assisted in this effort: Andrew M. Ward, Campion, Barrow and Associates, Team Leader; Eddie Adair, Chief of Police, Urbana, Illinois; Charles Ogle, President, Fraternal Order of Police, Champaign County Sheriff's Office and Gary Turner, Chief Deputy, Champaign County Sheriff's Office.

RESULTS

The total number of departments responding to the 150 questionnaires was 89; responses came from departments in Indiana, Illinois and Minnesota. There were 89 chiefs or sheriffs who responded and 36 union or officer responses. Ninety-seven percent of the respondents were men and 3% were women. Ninety-one percent of the respondents were Caucasian and 6% were African American. The total was 3,736 officers. The size of the departments ranged from 3 to 292. The

average-size department was 39. The departments surveyed kept records on suicide from 1900 to the present. The sample, for the purpose of our study, was from 1900 to 1998. The average length of service of the current chief or sheriff responding to the data was 15 years. The average length of total police service was 23 years. The total number of departments reporting suicides was 9 for the period sampled; 80 departments did not report any suicides. The average number of years where suicide records were kept was 31 years.

One hundred percent of the suicides were committed off duty with a gun. Sixty-four percent of the victims showed no notable indication that they intended to commit suicide. One hundred percent were men and Caucasian. The mean age was 34 years old. Forty-five percent were patrol officers, 18% were field officers and 9% were investigators. Of the 9 suicides, 4 were unknown as to cause, 2 had mental problems, such as depression and 3 had marital problems.

In our research, we focused on the most discussed concerns regarding police suicide with the following 6 questions.

Is the Suicide Rate Higher Among Police Officers Than the General Population?

The suicide rate is based on 100,000 individuals. The general population suicide rate is about 11 per 100,000. But the general population may not be the best figure to compare against because typically police officers are men and between the ages of 21 and roughly 60. For example, the suicide rate for 1994 for the general population, adjusted to the police age range and sex, was between 18 and 24 per 100,000 (U.S. Census Bureau, 1996; Sourcebook of Criminal Justice, 1996).

The suicide rate of 18.1 per 100,000 was proposed for law enforcement after an extensive review of the literature (Aamodt and Werlick, 1999). When the police suicide rate was compared to the general population rate after it was adjusted for race, sex and age, it was found to be lower. The general population was 20.2 per 100,000 in 1997. The general population suicide rate was 27% higher than the police suicide rate.

When comparing police suicides with the general population, however, it may be more appropriate to use a per-year average percentage over a stated period of years. For example, in the case of the current study, the national suicide rate was 0.0122% average per year (see Table A). In the police sample, the average percentage per year was 0.0126% or a difference between the 19-year samples of 0.0004% (not adjusted between the two samples for race, sex, or age). It is very encouraging that 99.98% of the police officers did not commit suicide.

When yearly averages of police suicides were calculated as a ratio (9 years/3,736 x 100,000/19 years), it equaled 18.1 per 100,000. The ratio in this study was the same as in Aamodt's research.

In the current study, 80 departments reported no suicides. Only 9 departments reported suicides of active-duty officers in the last 19 years. Of course, it is tragic when any life is lost needlessly.

Finally, regarding department policies on suicide, it will be important whether or not the individual department considers the statistics high and what goal is deemed appropriate; having fewer suicides than the general population or having none at all. Departments have the challenge of proportioning their resources over many critical areas. Resources will be distributed over those areas prioritized according to the perceived needs of each department. Of course, no matter what statistic is considered correct, any suicide is tragic and all indications of suicidal intent should be taken seriously.

Does Ready Access to Firearms Influence Police Suicide?

Four percent of the respondents strongly agreed that carrying or having ready access to weapons had an effect on suicide. Thirty-three percent agreed and 26% somewhat agreed. Four percent of respondents strongly disagreed, while 34% somewhat disagreed or disagreed that carrying a weapon influenced suicide (see Table B). In this survey, the majority (63%) had some belief that carrying a weapon or having ready access to a weapon influences suicide among police officers.

There was a mixed response to the correlation of carrying a weapon and police suicide. In the current study, 99.98% of police officers who carried weapons did not kill themselves. It is also of interest that dentists, doctors and entrepreneurs, none of whom carry guns, have higher suicide rates.

What Are the Contributing Factors of Police Suicide?

One hundred percent of the respondents strongly agreed, somewhat agreed and agreed that personal stress is a major contributor to suicide. Eighty-five percent stated that traumatic job stress is a contributor and 88% indicated that alcohol abuse is a contributor. Surprisingly, critical incidents received mixed reviews, while the violent nature of the job was a contributing factor for 72% of the respondents (see Table B).

Personal mental illness was believed to be a remarkable problem contributing to police suicide in 87% of the responses. Relational conflicts on the job were believed by 63% of the respondents to be a contributing factor to police suicide. Ninety-six percent, however, believed that relational conflicts were a major contributing factor. Depression on the job was a factor for 88%, while depression off the job contributed to police suicide for 100%. Shift work has little influence, according to 63%, while dealing with misery and death was about 50/50 as a contributing factor to police suicide. A critical incident was not a major contributing factor, with only 59% reporting that they agreed it affected suicide. Sixty-five percent believed that the person who committed suicide never should have been a police officer (see Table B).

All of our respondents believed that personal stress and depression off the job contribute to suicide. There was no significant difference between the chief administrators and the union on the importance of personal stress [t (73) ' 1.13, p < .02] or depression off the job [t (74) ' .66, p < .02].

Over 85% believed relational conflicts off the job, traumatic job stress, alcohol abuse and personal and mental problems were contributing factors. Sixty-five percent of the respondents believed that the suicide victims never should have been police officers. This research found, then, that the personal problems and emotional conflicts of the individual, not the job, were the causes of police officer suicide.

Are Departments Denying or Trying to Cover up Data Concerning Police Officer Suicide?

The respondents agreed unanimously that their departments would not cover up a police officer suicide (see Table C). Ninety-nine percent stated that their departments would not try to make a suicide appear to be an accident. Ninety-nine percent stated that their departments would not purposely misclassify a police suicide as an accident or undetermined death. Ninety-one percent stated that their departments would not reclassify or keep a suicide quiet in order to maintain maximum pension or life insurance benefits. Ninety-eight percent would not try to make a suicide appear accidental.

Two questionnaires were sent to each department: one to the chief or sheriff and the other to the union president or an officer. Thirty-six questionnaires were returned from the union member or designated officer. Only two questionnaires differed as to the number of suicides. The union or designated officer did not report it as a suicide. There was 95% agreement. This may suggest that there is not a cover-up by the administration or the department.

An independent sample test was used to compare the mean of the responses from the sheriff or police chief and the union or designated officer. Question #2 was found to have a significant difference [t (74) ' 2.86, p < .02]. "Suicide is kept quiet because it is considered a result of problems on the job and it would reflect poorly on the department" (see Table C). Although the chiefs' responses were "disagrees somewhat" and the union responses were "disagrees," they both agreed that suicides would not be kept quiet.

There was no significant difference [t (64) ' 20.15, p < .02] between the responses of the chief or sheriff and the union to certain statements. "I have heard that other departments purposefully misclassify police suicide as an accident or undetermined death." "A suicide would be kept quiet or reclassified for financial reasons to maintain maximum pension and life insurance, etc." The chief or sheriff and the union responded "disagree" to the above statements, further indicating how their departments deal with suicide.

When asked if they had heard of other departments that had purposely misclassified police suicide as an accidental or undetermined death, 24% did not respond to the statement. Of the officers who responded, 90% disagreed that this would not happen (see Table C).

The majority of departments reported a rather balanced approach to the issue of officer-stressed suicide (see Table C). Eighty-one percent of the officers stated that their departments recognize that stress does exist and they do not consider stress as deviant behavior. Eighty-three percent stated that they were basically unconcerned about how the suicide would affect the department, with a strong implication that they were concerned about the officer. Eighty-nine percent did not believe that their departments consider suicide a cowardly act. Eighty-seven percent did not consider suicide a black mark against their departments (see Table C). It appears that departments were not in denial about the issue of suicide, nor were they interested in protecting the image of the department at the expense of the officer.

Which Has the Greatest Influence on Police Suicide: The Occupation or the Officer's Personality?

Personal stress influenced 100%. Depression off the job, personal off-the-job relationship problems, traumatic job stress, alcohol abuse and personal mental problems accounted for over 85%. Sixty-five percent believed that the affected officers never should have been hired (see Table B). The respondents believed that it was the officer's personality that caused the suicide, rather than the job. There was some indication, however, that the depressive nature of the work, traumatic job stress and depression from the job contributed to suicide. But the current data would suggest that the officer's personality and personal choices are the major contributing factors in police officer suicide.

What Are the Most Effective Prevention Strategies?

It appeared that training for early recognition of the symptoms of suicidal intent is important. Fifty-three percent stated that they have had no training, were unable to recognize signs of suicidal intent, or both. Thirty-seven percent did have training and could recognize suicidal intent, while 10% did not respond.

Seventy-three percent of the respondents indicated that they had no policy with regard to how to handle police suicide. An adequate policy should at least provide for follow-up and support for the officer's family in the event of a suicide.

It appeared, however, that the departments surveyed were dealing rather effectively with the problem because in 80 departments of the 89, there had been no suicides in the last 19 years. The rate was also less than that of the general population. The lower police suicide rate may lie in the police selection process, which includes psychological tests and probation throughout the police academy and field training. Continued training, employee assistance programs and critical incident debriefing also enhance officer stress resistance.

The issue of proportionality must be addressed in prevention. How does the low frequency of police suicide position the issue in the allocation of funds? And how does the department decide how much duty time to allow for such training?

RECOMMENDATIONS

Guidelines need to be set forth to sort through the sometimes contradictory data. Statistical decisions need to be made as to how to report and compare data on the general population and on police departments; decisions also need to be made as to how to report the statistical significance and meaningfulness of data.

Police agencies should inform their police officers and the public of the positive aspects of police work, emphasizing that 99.98% do not commit suicide and that the suicide rate for police officers is lower than that of the general public due to appropriate psychological screening and training.

Developing policies on what to do in case of a police officer suicide is recommended, along with continued training in early identification of potentially suicidal officers. Promoting a well-trained chaplaincy corps may be cost-effective and also may have a positive effect on reducing police officer stress and potential suicide. Chaplains would affect the spiritual as well as the emotional needs of the officer. The chaplain also could serve the family and department if a suicide did occur.

Is it possible to establish a goal with regard to acceptable limits of police suicide? Are we successful if the police suicide rate is below the comparable general population? Are we only successful if the suicide rate is 0? We need to balance that with the fact that every human life is valuable and one suicide is too many. The problem, then, is this: how do you eradicate something involved with personal choice, something that is, unfortunately, a part of human life? Two thousand years ago, even Jesus Christ's team—a well-documented organization of 13 men—had a suicide.

CONCLUSION

Police suicide is a rather infrequently occurring event, when one considers that 99.98% of the officers included in this study have not committed suicide. Police suicide, when compared as a yearly average over 19 years, is slightly higher (by 0.0004%) than the rate of the general population (not adjusted for race, sex, or age). The police suicide rate in this study was the same as the results of Aamodt's, or 18.1 per 100,000. When adjusted for race, sex and age, the national suicide rate is higher at 20.2 per 100,000. Law enforcement is doing a good job in police suicide prevention. If data are reported fairly, policing is shown to be a good profession from which the vast majority retire.

**REPORTED POLICE SUICIDE FOR 19-YEAR PERIOD
IN AVERAGE SUICIDE PERCENTAGE YEARS
WHEN COMPARED TO US POPULATION SUICIDE**

Year	Number of Suicides	Percent (Police Officers of Study)	U.S. Average Suicide #	Avg. U.S. Population
1980	0	0.00%	30214	247,586,000
1981	1	0.0267%	30214	247,586,000
1982	0	0.00%	30214	247,586,000
1983	0	0.00%	30214	247,586,000
1984	1	0.0267%	30214	247,586,000
1985	0	0.00%	30214	247,586,000
1986	0	0.00%	30214	247,586,000
1987	0	0.00%	30214	247,586,000
1988	1	0.0267%	30214	247,586,000
1989	1	0.0267%	30214	247,586,000
1990	0	0.00%	30214	247,586,000
1991	0	0.00%	30214	247,586,000
1992	1	0.0267%	30214	247,586,000
1993	2	0.0534%	30214	247,586,000
1994	0	0.00%	30214	247,586,000
1995	1	0.0267%	30214	247,586,000
1996	0	0.00%	30214	247,586,000
1997	0	0.00%	30214	247,586,000
1998	1	0.0267%	30214	247,586,000
Total:	**9**	**.0126%**	**.0122%**	**.0004%**
		Avg. suicide % per year in current study	Avg. suicide % per year in general population	% difference between sample and general population average suicides per year

Table A

POLICE SUICIDE SUMMARY

("x"Responses-those who report an aspect of a suicide of which they are familiar)

		Strongly Agree	Somewhat Agree	Agree	Disagree	Somewhat Disagree	Strongly Disagree
1)	Personal Stress	39%	6%	55%	0%	0%	0%
2)	Traumatic job stress	19%	22%	44%	11%	4%	0%
3)	Alcohol abuse	33%	22%	33%	8%	0%	4%
4)	Depression nature of work	12%	36%	20%	16%	8%	8%
5)	Frustration with department politics	8%	44%	12%	28%	0%	8%
6)	Carrying a weapon and accessibility	4%	33%	26%	26%	7%	4%
7)	Family problems (divorce, financial, not job-related)	39%	8%	53%	18%	9%	9%
8)	Need to clean weapon	17%	0%	22%	33%	6%	22%
9)	Terminal Illness	33%	14%	19%	14%	10%	10%
10)	Violent nature of job	5%	33%	28%	6%	17%	11%
11)	Aggressive nature of police work	0%	33%	20%	13%	27%	7%
12)	Lack of advancement or promotion	5%	19%	10%	33%	5%	28%
13)	Mental problems other than depression	33%	21%	33%	5%	4%	4%
14)	Shattered illusion of invulnerability	0%	29%	12%	35%	18%	6%
15)	Retirement	6%	18%	23%	35%	0%	18%
16)	Relationship conflicts on the job	5%	32%	26%	26%	0%	11%
17)	Relationship conflicts off the job	21%	33%	42%	0%	0%	4%
18)	Involvement in corruption investigation	6%	27%	20%	27%	0%	20%
19)	Depression from the job	4%	52%	32%	8%	0%	4%
20)	Depression off the job	33%	30%	37%	0%	0%	0%
21)	Criminal justice system	6%	28%	6%	22%	11%	28%
22)	Organizational practices	5%	11%	0%	47%	11%	26%
23)	Shift work	5%	27%	5%	37%	0%	26%
24)	Dealing with misery and death	6%	35%	17%	18%	12%	12%
25)	Department corruption	6%	6%	16%	44%	6%	22%
26)	Critical incidents	12%	29%	18%	23%	6%	12%
27)	Never should have been a police officer	35%	20%	10%	15%	15%	5%
28)	If police suicide is higher than other occupations, it is because police departments have better and more accurate statistics	9%	14%	0%	27%	23%	27%

Table B

POLICE SUICIDE QUESTIONNAIRE - SUMMARY

	Strongly Agree	Agree Somewhat	Agree	Disagree	Disagree Somewhat	Strongly Disagree	Did not Respond
1) My department states or implies to the officer that stress does not exist. If an officer is stressed, this would be considered a deviant behavior of my department.	3%	6%	3%	26%	15%	47%	0%
2) Suicide is kept quiet because it is considered a result of problems on the job and it would reflect poorly on the department.	2%	6%	9%	27%	17%	39%	0%
3) My department thinks suicide is a cowardly act.	1%	3%	7%	39%	15%	31%	0%
4) My department considers an officer suicide as a black mark on the honor of the department.	1%	1%	11%	38%	15%	33%	1%
5) If at all possible, my department would try to make a suicide appear "accidental"	0%	1%	1%	16%	4%	78%	0%
6) My department would purposefully mis-classify a police suicide as an accident or undetermined death.	0%	1%	0%	14%	7%	78%	0%

Table C

	Strongly Agree	Agree Somewhat	Agree	Disagree	Disagree Somewhat	Strongly Disagree	Did not Respond
7) I have heard that other departments purposefully mis-classify police suicide as an accident or mis-classify police suicide as an accident or undetermined death.	0%	3%	7%	25%	8%	41%	16%
8) A police suicide destroys the morale of the entire agency and leaves individual officers with an intense feeling of guilt, remorse, disillusionment and feeling like they should have done something to prevent the incident.	9%	23%	32%	16%	8%	12%	0%
9) A suicide would be kept quiet or reclassified for financial reasons to maintain maximum pension and life insurance.	1%	4%	4%	25%	11%	55%	0%
10) In my opinion, the officer who commits suicide would have done it no matter what job it is.	5%	16%	13%	31%	16%	19%	0%
11) The only reason police suicide is higher than other occupations is because police departments have better and more accurate reporting of suicides. This is due to the public pressure and the ethics of the department.	2%	11%	9%	28%	21%	29%	0%
12) My department recognizes stress on the job and takes steps to help the officer.	26%	23%	32%	10%	4%	5%	0%

Table C (continued)

Suicidal Behavior Among German Police Officers

Armin Schmidtke
Susanne Fricke
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Abstract: The majority of studies on police suicide show a higher suicide risk for police officers than for the general population. Most studies concerning police suicides have, however, been carried out in the United States, where the organization of law enforcement agencies is highly varied. This variable organization of law enforcement agencies also makes the task of collecting nationwide U.S. data very difficult. When comparisons are made between U.S. and European police officers, the results of the studies are often contradictory (Schmidtke et al., 1999). This article describes and discusses a study of police suicides in Germany in order to provide a baseline of comparison.

Key words: Germany, police suicide rates, law enforcement, suicide, European police suicide

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Suicidal Behavior Among German Police Officers

INTRODUCTION

The majority of studies on police suicide show a higher suicide risk for police officers than for the general population. Most studies concerning police suicides have, however, been carried out in the United States, where the organization of law enforcement agencies is highly varied. This variable organization of law enforcement agencies also makes the task of collecting nationwide U.S. data very difficult. When comparisons are made between U.S. and European police officers, the results of the studies are often contradictory (Schmidtke et al., 1999).

Up until now, there has been no nationwide study on police suicide in Germany. Following the reunification of East and West Germany, it would be interesting to compare the old (former German Democratic Republic) and new (Federal Republic of Germany) German states and, furthermore, to compare these data with the U.S. studies.

Studies of police suicides have many methodological problems. One difficulty is the reliability and validity of the data, caused by the main method of police suicides (firearms). Therefore, it is not surprising that a study by Violanti et al., (1996) found that the sensitivity of the certification of police officer suicides is lower than that of other professions.

METHODOLOGY

In the Federal Republic of Germany, the police organization consists of the Federal Customs, 16 state organizations and 2 federal police organizations. The 2 federal police organizations are the *Bundesgrenzschutz* (BGS), which is mainly responsible for immigration control and security in airports and railways but also has militaristic units and the *Bundeskriminalamt* (BKA), which is comparable to the FBI. There are no local police organizations in Germany.

A mail survey was conducted involving all ministries responsible for police organizations. The survey asked for the latest available figures on suicides of police officers and for the average number of active police officers. Reasons for the suicides were also requested. All ministries replied to the questionnaire. The data on suicides and suicide attempts, as well as the reasons for them, were collected by the responsible departments of the individual ministries themselves and reported anonymously. Not all ministries were able to collect data, or no data were available. The Federal Police, Federal Customs and eight states were able to provide figures. One state was not allowed to collect figures on a local or a state level because of data protection laws. Two states had no special statistics because of "small" numbers. The Federal Police (Bundesgrenzschutz) and one state (Baden-Württemberg) were also able to provide material about "reasons" for the police suicides.

Suicide figures for the states that provided information were calculated for the last available year. In order to increase the reliability of the estimation of the suicide risk (because of the small denominator numbers for some states), a "mean" suicide rate was calculated for all states based on the data from the last available year, as well as data from the last 5 years (Rate = Sum of suicides/sum of police officers/100,000). The comparisons between police suicide rates and general male suicide rates are conservative (because of the low percentage of women in the police forces, the generally lower suicide rates of women in the general population are not taken into account).

RESULTS

The results for the different law enforcement agencies were varied. The suicide rate for the Federal Police (Bundesgrenzschutz; BGS) for 1996 was 21 per100,000 per year, the average figure for the most recent 5-year period was 22 per 100,000 per year. In comparison with the rate of the corresponding male age group (17-60 years old, 24 per 100,000 per year), this rate is lower. The BGS itself calculated a rate of 30 per 100,000 per year for the age group 15-39 years and in comparison with the comparable age group of the general male population (18 per 100,000 per year) this rate is significantly higher. The age of admission for the BGS is, however, 16 years old.

The suicide rate of the Federal Customs officers for the period 1991-1995 was 20 per 100,000 per year. This rate is lower than that of men in the general population ages 17-60 years (24 per 100,000 per year). For 5 of the 8 states, the suicide rate of police officers for the last available year is higher than that of the comparable general male rate (see Table A).

The mean rate for the last available year for active police officers 17-60 years old (the retirement age for police officers in Germany is 60 years old) is 26.4 per 100,000 per year. The general rate for the male population of the same age group is 24 per 100,000 per year. In comparison with the male/female rate, higher suicide rates were also to be found in 6 of the 8 states.

In the last 5 available years for each state, from an average total of 134,233 police officers in eight German states, 168 police officers committed suicide. This is a mean suicide rate of 25 per 100,000 per year. The rate is only slightly higher than the rate of the corresponding male age group (17-60 years) 24 per 100.00 and significantly higher than the total suicide rate (16 per 100,000 per year).

In the states that provided data, the use of firearms (service weapons) was found to be the most common suicide method among police officers (in 66-71% of all cases).

One state wrote that it did not have data about possible reasons but that it is aware of the psychological stress of the profession. The state Baden-Württemberg had collected data on 42 suicides and 17 suicide attempts of police officers. Seven of the suicides were connected to crimes committed by police officers, one in direct connection with police work. In 21 cases, the reasons

were classified as "personal" or "private." Of these 21 cases, 9 were connected to "alcoholism" and 5 to "excessive debt."

DISCUSSION

The nationwide survey of police suicides in Germany shows different results for individual law enforcement agencies. In general, only slightly increased suicide rates in comparison with the rate for the general male population of the same age group could be found. In 5 of the 8 states that were able to provide data, the suicide rates of police officers for the last available year are higher than that of the comparable general male rate. Also, the mean rate for the last available year for active police officers 17-60 years old in 8 states is 26.4 per 100,000 per year. The general rate for the male population of the same age group is 24 per 100,000 per year. Furthermore, the calculated mean rate of 25 per 100,000 per year for the last 5 available years for each state, from an average total of 134,233 police officers in eight German states, is only slightly higher than the rate of the corresponding male age group (17-60 years), which is 24 per 100.00.

The reasons for the different rates of the BGS are unclear. The BGS is a combination of border police (responsible for border control and the German railways and airports) and militaristic organized police units (such as for riot control). Until now, there has been no indication that differences in selection, intrinsic job elements, or occupational stress levels exist.

Data are only available for one of the new eastern states (Mecklenburg-Western Pomerania). Most ministries had no statistics. In contrast to former times, when no suicide data were provided to the World Health Organization (WHO) by the German Democratic Republic (GDR), the fact that this state has cooperated seems to contradict a specific attitude toward suicide in these states (such as to hide suicide). There are some reports that stress levels may be higher in some professions in the new federal states (Trimpop and Kirkcaldy, 1998); however, there is no indication of a higher stress level among police forces in these new states (Kirkcaldy and Cooper, 1992). In addition, in all new states, despite economic problems, the general suicide rate is decreasing (Schmidtke et al., 1999).

The results are not consistent with the results of the French study and various American studies, which, on a more local basis, reported significantly higher suicide rates for law enforcement personnel in comparison with the rate for the general population or rates for other professions. One reason for this may be that perhaps police duty in the United States is different from the service in Europe and especially Germany, where the job of a police officer still belongs to a group of attractive jobs because of its social security benefits.

The results, however, do confirm the specificity of police suicide by means of firearms in states where police personnel have easy access to firearms (Violanti et al., 1986; Violanti, 1995). The rates of 66-71% are similar to the rates that are reported in the literature and show that up to

over 80% of the suicides of police officers are committed with firearms (Loo, 1986). A police officer's easy access to firearms is often hypothesized to explain these findings (Violanti et al., 1986; Violanti, 1995). In countries where police access to firearms is restricted, as in the United Kingdom, other suicide methods are also prevalent among police officers (Heiman, 1977). In the United States, police officers also sometimes use cars to commit suicide—mainly the car exhaust method—because almost all police officers in the United States patrol in cars. The "car" suicide method also allows "accidental deaths" to be possible, for example, single-car crashes in which suicide is suspected but not recorded as the cause of death. In Europe, however, in the WHO/EURO Multicentre Study on Parasuicide, no policemen were among the "car method" suicide attempters in Germany and the 13 other participating European countries, although the method is mainly a method of young men. However, scholars differ as to whether the availability of the method can explain the higher suicide rate itself or not (Clarke and Lester, 1989; Nelson and Smith, 1970).

CONCLUSION

It is difficult to evaluate whether the motives for the suicides derive from the police work itself (as often implied in the U.S. studies) or whether, for example, they are due to stress or organizational problems or are induced more by the personal sphere. Of 59 suicidal acts of police officers in one state, only one case was directly connected with a crime during police duty. Seventeen percent of the suicides were connected with other crimes. In 50% of the cases, motives other than crimes could be found among police suicides, motives similar to those of the general population. However, it remains unclear whether these "personal" motives are caused particularly by the police work. Thus, the best model to explain the motives would perhaps be a model that hypothesizes an interaction between work stress/job satisfaction and personal problems/motives (Schmidtke et al., 1999).

SUICIDES AND SUICIDE RATES OF SEVERAL NATIONAL AND STATE POLICE FORCES IN GERMANY 1992-1996

	Number of Suicides in the Last Available Year	Number of Police Officers in the Last Available Year	Suicide Rate (per 100,000) in the Last Available Year	Total Suicides in the Last 5 years	Average Suicide Rate for the Last 5 Years	Average Suicide Rate for the General Population (males) for the Last 5 Years	Age-Adjusted Suicide Rate for the General Population (males) for the Last 5 Years
FEDERAL POLICE (BUNDESGRENZSCHUTZ)	7	33819	20.7	34	21.78	23.7	23.22
FEDERAL CUSTOMS*	10.7	32221	33.21	37.9	22.83	23.7	23.22
POLICE - STATES (LÄÄNDER)				STATES			
BADEN-WÜÜRTTEMBERG	3	26400	11.36	18	14.32	24.89	25.39
BAVARIA	11	32600	33.74	43	26.42	24.52	24.62
BERLIN				NO STATISTICS RECORDED			
BRANDENBURG				NO STATISTICS RECORDED			
BREMEN	0	3255	0	7	43	26.34	25.99
HAMBURG				NO STATISTICS RECORDED			
HESSE			NO STATISTICS RECORDED BECAUSE OF DATA PROTECTION REASONS				
MECKLENBURG-WESTERN POMERANIA	1	5497	18.19	6	21.66	28.45	29.35
LOWER SAXONY			NO STATISTICS RECORDED (Too Few Numbers Until Now)				
NORTH-RHINE/WESTPHALIA	6	44526	13.48	43	19.53	17.38	17.57
RHINELAND-PALATINATE	4	9400	42.55	16	34.04	23.23	23.27
SAARLAND	2	3016	66.31	2	12.71	19.34	19.38
SAXONY	3	12000	25	24	40	31.34	31.47
SAXONY-ANHALT				NO STATISTICS RECORDED			
SCHLESWIG-HOLSTEIN			NO STATISTICS RECORDED (Too Few Numbers Until Now)				
THURINGIA				NO STATISTICS RECORDED			
STATES (LÄÄNDER) POLICE - TOTAL	30	136684	21.95	159	23.54	23.7	23.22

Table A

Police Suicide: Current Perspectives and Future Considerations

John M. Violanti

Abstract: Police officers are exposed to danger every day in their work, yet an even more precarious enemy lurks within their own ranks: suicide. This article pulls together current perspectives on police suicide and offers suggestions for prevention and future research. Issues of discussion are theories, present research and its limitations, validity of police suicide rates, suicide prevention and future studies utilizing a psychological autopsy protocol.

Key words: psychological autopsy, police suicide, law enforcement, suicide, suicide prevention

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Police Suicide: Current Perspectives and Future Considerations

INTRODUCTION

This paper pulls together current information on police suicide and offers suggestions for prevention and future research. I hope to clarify some police suicide issues and provide a source of information for police officers, administrators and academic researchers.

THEORIES OF POLICE SUICIDE

Freud's concept of aggression and self-destruction served as the basis for early theories of police suicide (Freud, 1954). According to Freud, societal limitation of aggression undermined the psychic health of individual members and threatened each of them with suicide (Litman, 1970). Freud's concept was first applied to the police by Friedman (1967) in his analysis of 93 New York City police suicides in 1934. At that time in history, police officers worked under an edict of "social license" and often committed acts of aggression without penalty. When the government controlled such police behavior, some officers could not adjust and committed suicide.

Henry and Short (1954) added a social dimension to Freud's model by relating aggression to societal as well as individual frustration. Suicide, as an act of aggression, could not be differentiated from the source of the frustration that generates the aggression (society). Heiman (1977) viewed social factors as covariates of aggression and police suicide. Demands on police officers often were beyond their ability to respond, which led to extreme frustration, sometimes followed by suicide.

Social isolation explanations of police suicide also have been suggested. Nelson and Smith (1970) hypothesized that officers are continuously disintegrated from society by their jobs and that such isolation increases the potential for suicide. Heiman (1977) concluded that London bobbies are more socially accepted than American police officers and, therefore, have more stable social relationships and fewer suicides. Loo (1986), in his study of Royal Canadian Mounted Police (RCMP), conceptualized police suicide as an act of a person trying to resolve life problems. RCMP officers committed suicide in response to life situations that were intolerable.

Bonafacio (1991) proposed a psychodynamic approach to police suicide. Exposure to crime, human misery and death may exacerbate feelings of inadequacy already present in the officer's personality, causing overwhelming feelings of self-loathing. Suicide is the police officer's attempt to restore the self-concept as moral and decent.

Violanti (1997) proposed a psychosocial model to clarify the impact of the police role on suicide. The model was based on the premise that socialization processes strongly influence officers to adopt the police role as a principal mode for dealing with psychological strain. Dominant use or

perhaps over learning of the police role constricts cognitive coping style and impacts the use of other roles to deal with life strain, increasing the potential for suicide.

RESEARCH ON POLICE SUICIDE

Epidemiological Studies

Guralnick (1963) compared death ratios of police 20-64 years of age with 130 other occupations in the United States. The author found the suicide ratio of police to be 1.8 times that of the general population. Suicides accounted for 13.8% of police deaths and 3% of deaths in all other occupations. In addition, more officers killed themselves than were killed by others. Milham (1979) found Washington State police officers and detectives from 1950-1971 to have a suicide ratio higher than all other occupations. Vena et al., (1986) and Violanti et al., (1996) found police to have a ratio for suicide of approximately three times that of all other municipal workers. Violanti et al., (1998) found a 53% higher risk for suicide among police officers compared to the general population. The risk increased most during the decades 1980-1990. A mortality study of police officers in Rome, Italy (Forastiere et al., 1994) found the suicide ratio among police to be approximately twice as high as the general Italian population.

Suicide Rate Studies

Suicide rate studies are somewhat different than epidemiological studies in that they compare the rate per 100,000 of police suicides with the population. Also, rate studies do not follow a specific cohort (group of police officers and workers) through a period of time. They simply compare present suicide rates to population rates.

Nelson and Smith (1970) reported a very high suicide rate among police officers (203 per 100,000) according to state of Wyoming death certificate analysis. Labovitz and Hagedorn (1971) found that police ranked second highest in suicide among 36 occupations (47.6 per 100,000). Heiman (1977) reported that from 1934-1939, the average Chicago police suicide rate was 48 per 100,000, the San Francisco rate was 51.8 per 100,000, the St. Louis rate was 17.9 per 100,000 and no suicides occurred in the Denver Police Department. Richard and Fell (1975), in a review of occupational health and mortality data in Tennessee, found police officers to be third highest in suicide among 130 occupations.

Lester (1992) surveyed police suicide in 26 countries for the period of 1980-1989 and found the suicide rate to be at least as high as the general male population of each country. Several countries had police suicide rates above the general population: Bermuda (20.75 compared to 6.9 per 100,000), Luxembourg (75.3 compared to 21.9 per 100,000), Malta (7.3 compared to 1.2 per 100,000), Peru (65.5 compared to 0.7 per 100,000), Poland (31.5 compared to 22.6 per 100,000), Puerto Rico (28.6 compared to 13.9 per 100,000) and Turkey (17 compared to 0.3 per 100,000). In

those countries where police carried firearms regularly, firearms were the most common method of suicide. Curran et al., (1988) found police suicide rates in Northern Ireland to be very high in recent years.

Lower Police Suicide Rates

Some studies have found a police suicide rate lower or not significantly different from the general population. Dash and Reiser (1978) found that Los Angeles police officers had a 7-year average suicide rate of 8.1 per 100,00 compared to a 12.6 per 100,00 rate nationally. A 12-year follow-up study of the same department by Josephson and Reiser (1990) found an average suicide rate of 12 per 100,000 among police compared to 13.4 per 100,000 in Los Angeles and 14.8 per 100,000 in the state of California. Although police suicides were lower than other geographic rates, these authors also found that the incidence of suicide in the Los Angeles Police Department increased from 8.1 per 100,000 in 1976 to 12 per 100,000 in 1988.

Stack and Kelley (1994) completed an analysis of police suicide data from the 1985 National Mortality Detail File. Statistically controlling for age, sex and race, these authors found that the police suicide proportional mortality ratio (PMR) rate exceeded the rate of matched controls by 8%. This rate was not significantly higher than the rate among Caucasian men in the general population.

Burnett et al., (1992) conducted a case-control study on suicide death certificate data from 26 states. After adjusting for age and marital and socioeconomic status, they found that police officers did have an increased risk of suicide (1.3-fold risk) over population controls but not a higher risk than other professions. Examples included pharmacists (3.3-fold risk), physicians (2.8-fold risk), lawyers (2.1-fold risk) and dentists (1.8-fold risk).

POLICE SUICIDE RATES: FACT OR FICTION?

The validity of police suicide rates is questionable, as such suicides may be routinely misclassified as accidents or undetermined deaths (Monk, 1987; O'Carroll, 1989; Pescosolido and Mendelsohn, 1986; Barraclough, 1972). The police officer's "working personality" (Skolnick, 1972) includes a perception of invulnerability that views suicide as disgraceful to the victim officer and profession. Police investigators at the scene of a fellow officer's suicide can readily control information to protect the victim officer and family from the stigma of suicide. In effect, the initial police investigator is the gatekeeper of information at the scene and medical examiners may have only secondary-level discretion in the classification process.

If the police successfully hide a large number of suicides, artificially low rates may yield inaccurate research and discourage policy toward mental health assistance for officers. In an attempt to clarify this situation, this author conducted a study to test how well "officially" reported police suicide rates represented the actual police suicide rate. Specifically, the study addressed how

sensitive official rates are in detecting true police suicides. In addition, the study compared the accuracy of police suicide rates with rates of other municipal workers (Violanti et al., 1996).

Deaths listed in the database as suicides, accidents, or undetermined causes were collected. One hundred and thirty-eight complete cases resulted: 49 police officers and 89 municipal workers. Information on each of these persons was compiled from death certificates, medical examiner reports, autopsies, police investigative reports, newspaper accounts and obituaries and given to a panel of experts to make independent reevaluations of official death classifications. The panel consisted of 1 chief and 2 associate county-level medical examiners, all of whom had M.D. degrees. Police and municipal worker suicide rates were compared for sensitivity. Approximately 17% of police suicides, as opposed to 8% of suicides in other occupations, were misclassified. Expressed as a proportion, there may be 117 police suicides for every 100 officially reported.

IS POLICE SUICIDE A GREATER RISK THAN OTHER DANGERS?

There is little empirical evidence that can answer this important question and there are no studies comparing such risk between policing and other occupations. The National Association of Chiefs of Police recently reported that police suicides occur at a ratio of 2:1 over police homicides, but data were based on a "general estimate" of police suicides in the United States (Posner, 1995).

The present author assessed the risk of suicide, homicide and accidental deaths among 2,611 police officers and compared that risk to municipal workers (Violanti et al., 1996). Interesting were ratios between suicides, homicides and accidents within police and municipal worker categories. Within the police occupation, officers had a suicide rate of 8.3 times that of police homicide and a suicide rate of 3.1 times that of police accidents. Within other municipal occupations, the suicide-homicide ratio was 3.25 and the suicide-accident ratio, 0.20. When compared to municipal workers, police officers had a 53% increased risk of suicide over homicide, a 310% risk of suicide over accidents and a 265% risk of suicide over homicide and accidents combined. Overall, police officers had an increased relative risk for suicide over all types of death in comparison to municipal workers.

LIMITATIONS OF POLICE SUICIDE RESEARCH

Loo (1986) pointed out that the variation in police suicide rates across departments may cause inaccurate statistical results. For example, a department may have no suicides in 1 year and perhaps 1 or 2 the next, leading to a substantial increase in suicides per 100,000 calculations. Loo suggested that researchers report modes and ranges of police suicides, as well as averages.

A second problem concerns comparisons. Most findings on police suicide rates are obtained from comparisons with the general population and not working populations. Such comparisons may be misleading, as the general population base includes individuals who are unemployed, as well as those who are institutionalized for mental illness (Kramer et al., 1972). In addition, the working

population is physically and psychologically healthier than the general population, which can lead to a "healthy worker effect" bias (McMichael, 1976).

Obtaining unbiased information on suicide from police sources is difficult. Suicide is not openly discussed by police personnel; officers tend to view suicide as dishonorable to the officer and profession (Wagner and Brzeczek, 1983; Kroes, 1985; Violanti, 1984). Department statistics on police suicide are rare and police agencies sometimes are reluctant to allow researchers access to existing data. Heiman (1977) attempted to collect data on police suicide from 23 major U.S. cities and met with discouraging results. Police departments either did not collect or were reluctant to provide information on suicide. Even the Federal Bureau of Investigation's *Uniform Crime Reports* did not provide such data. One statistic in this publication, however, noted that eight police officers died from 1981 to1990 as a result of "accidental shootings, self-inflicted" (U.S. Department of Justice, 1990).

Another problem with studying police suicides is the lack of research across geographical and departmental variables. Most studies focus on one department and are conducted in large cities and very little is known about suicides in small or rural departments. While epidemiological data indicate that police officers have a higher risk for suicide than the general population, such results may not be generalizable to the entire country.

SUICIDE PREVENTION ISSUES

A Police Suicide Prevention Model

Because suicide is likely the result of a complex interaction of many factors, all major components of the work environment must necessarily be involved in its prevention. Loo (1986) and Silverman and Felner (1995) comment that a suicide prevention approach should focus on suicide, as well as building a person's work and life competencies, thereby enhancing their resilience to stressors. The following is a proposal for a suicide prevention model:

Psychological Assessment

Although recruit screening in most major police departments involves psychological testing, quite often other personal and social factors are not considered. Loo (1995), for example, stated that predisposing personality factors or precipitating family history (family violence, substance abuse) should be noted for tracking high-risk officers in the future.

Tracking High-Risk Officers

Loo (1995) has suggested that police departments develop criteria to identify and track high-risk officers (such as officers with marital difficulties, substance abuse, work problems and other life

problems) so that timely support can be provided prior to suicide. A behavioral profile based on these indicators should be established for each officer and should be reviewed every 6 months to determine which officers are possibly at risk for suicide.

Access to Firearms

Certainly, the risk of suicide increases in police officers because they have access to firearms. This author's data revealed that 95% of police suicides were by firearm (Violanti et al., 1996). The practice of some departments of requiring police to carry firearms off duty may be an important target for police organizational policy change because such immediate access can facilitate impulsive suicidal tendencies in high-risk officers.

Family Involvement

Seminars should be given to police recruits and their families so they understand the effects of police work. Ivanoff (1994), for example, found that 58% of police suicides in New York City were the result of relationship problems with family or significant others. Counseling services should be made available to families and officers.

Training

Training can help officers recognize and avoid psychological factors leading to suicide. Ivanoff (1994) suggested that police suicide training programs include recognition of psychological depression, communication skills, conflict resolution and intimate-relationship maintenance.

Stress Awareness

Stress awareness is a psychologically sound method to help individuals cope with stress. A well-rounded stress-education program should include identification of stress, the value and techniques of physical exercise, benefits of proper nutrition, interpersonal communication methods and coping styles.

Professional Intervention

Not only can an effective intervention effort save police officers' lives, but it also can safeguard agencies from the devastating effects of suicide. To help officers take the first difficult step to intervention, the police organization should develop and increase accessibility to confidential psychological services. Essentially, officers need a safe place out of administrative view to go for help. It is necessary to establish a professional network of psychologists or psychiatrists who are familiar with police problems. When troubled members are in need of such services, they can be referred easily.

Retirement Counseling

Retirement is not an easy transition for most people and it is even more difficult for police officers. Gaska (1980) calculated a 10-fold risk of suicide among Detroit police retirees over the general population. The cohesiveness of police officers and the "protection" that being part of the police culture provides are lost upon separation from police service (Violanti, 1992).

FUTURE RESEARCH CONSIDERATIONS

Most previous studies on police suicide provide evidence of high risk but fall short in explaining precipitant individual and social factors involved in police suicide. This lack of information impedes efforts at suicide prevention among the police, other similar occupations and specific age groups. In future work, we propose to employ a widely used, controlled psychological autopsy format that will help clarify police suicide precipitants. The psychological autopsy is well established as the means for obtaining comprehensive retrospective information about victims of completed suicide (Beskow et al., 1990; Robins et al., 1959). This design will allow us to examine risk factors reportedly associated with police suicide and compare them to a police control group. Brent et al., (1988) showed that the psychiatric disorders reported in suicides tended to aggregate in their families. This finding was interpreted as "a strong argument that the diagnostic data obtained by the psychological autopsy procedure are valid." Perhaps the best indicator of the reliability and validity of the psychological autopsy method can be inferred from the consistency of findings across psychological autopsy studies (Brent et al., 1988).

Psychological autopsies will be performed in the context of the widely accepted epidemiological case-control design. Case-control designs are generally used to determine particular personal characteristics or behaviors related to outcome occurrence. Such designs select and compare attributes of "case" groups with known outcomes (suicide) with "control" groups matched on some specific criteria (Friedman, 1994). Our goal is to assess the impact of specific independent variables on suicide status (suicide vs. nonsuicide) and compare police officers with the control group on such impact. Interaction effects between independent risk factors and suicide status also can be tested.

Police Suicide Psychological Autopsy Measures

- *Psychopathology*—structured interviews of survivors for evidence of pathology and personality factors in officers who committed suicide;
- *Suicide intent*—standardized measures of the spectrum of suicidal behavior;
- *Physical health*—the presence or absence of categorical medical diagnoses;
- *Life circumstances*—a life events profile and social support evaluation of the officer;
- *Mental health care utilization*—use of Employee Assistance Program (EAP) or mental health facilities by the officer;
- *Violence*—aggression measures;

- *Traumatic stress exposure*—exposure of the officers to traumatic work events (shootings, witnessing death, abused children);
- *Alcohol dependency*—the extent of alcohol use or abuse;
- *Availability of firearms*—the use of firearms to complete suicide;
- *Police work demographics*—age, sex, race, religion, living situation, marital status, education, years of police service, rank, disciplinary actions, type of duty, shift work and work exposures and
- *Focus Groups*—police survivors, sophisticated about the police culture, can offer additional guidance about further modifications to the content of measures and methodology for future studies improving the quality of the data.

Psychological Autopsy Hypotheses

- In comparison to controls, police officers who commit suicide will more often have suffered from current active and lifetime diagnoses of major affective disorders, substance abuse disorders and their comorbidity.
- Compared to controls, police suicide victims 1) will be more likely to engage in severe violence in their lifetime and 2) will be violent in a greater range of relationships.
- Police officers who commit suicide will 1) have experienced more life-event stressors in the last year of life than did controls in the year before the study and 2) have smaller social networks, with which they interact less frequently and from which they derive less instrumental support.
- Police officers who have a history of alcohol abuse are more likely to complete suicide than controls.
- Police officers have instant access to firearms that they use in work. We hypothesize that police officers will be more likely to complete suicide with a firearm than other methods.
- Police officers are hesitant and untrusting when it comes to visiting health care professionals (Violanti, 1996). No study to date has included a control sample in order to determine whether police officers who go on to commit suicide in the ensuing months are, in fact, more or less likely to have asked for help from an EAP or mental health professional than officers who are not suicidal.
- Police officers who commit suicide will be more likely to have been exposed to or involved in stressful traumatic events in their work.

CONCLUSION

The issues highlighted in this article deserve consideration in order to advance studies in police suicide. A long-term goal of any work in this area should be to develop and test police suicide prevention measures. A number of medical, psychological and social influences appear to

be associated with police suicide and knowledge of these influences is necessary in order to reach that goal. Unfortunately, we presently know very little about police suicide precipitants and research thus far has been impeded by various constraints.

Coupled with research completed thus far, carefully controlled psychological autopsy research on the risk factors for suicide in police officers is needed. Such research will help to refine measures, further our understanding of the associations of suicide with occupational and personal variables, aid in the design of occupation-specific preventive measures and provide a basis for future studies. To the extent that police suicide results from immersion in a work culture, understanding the nature of that association may provide insight into the etiology of suicide and possible means for its prevention in the police and possibly other populations as well.

Death by Their Own Hands: Have We Failed to Protect Our Protectors?

Elizabeth K. White
Audrey L. Honig

Abstract*: Twice as many peace officers reportedly die by their own hands as are killed in the line of duty. Has suicide among law enforcement become an epidemic? If so, what is the cause? More important, what is the cure? Many obstacles interfere with research on law enforcement suicide, including the natural reticence of families and law enforcement agencies to discuss the issue and their reluctance to classify a particular death as resulting from suicide. It is also difficult to find appropriate comparison groups and it is often unclear exactly who is being identified as a "peace officer."*

Key words: peace officers, police suicide, law enforcement, suicide, Law Enforcement Suicide Incident Report (LESIR)

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Death by Their Own Hands: Have We Failed to Protect Our Protectors?

INTRODUCTION

A total of 174 new names were added to the National Law Enforcement Officers Memorial in Washington, DC, in 1999. Approximately 300 law enforcement suicides occurred during that same time period, according to the National P.O.L.I.C.E. Suicide Foundation. Do these statistics in fact support what has been stated from time to time in the literature: that twice as many peace officers die by their own hands as are killed in the line of duty? Many obstacles interfere with research on law enforcement suicide, including the natural reticence of families and law enforcement agencies to discuss the issue and their reluctance to classify a particular death as resulting from suicide. It is also difficult to find appropriate comparison groups and it is often unclear exactly who is being identified as a "peace officer". In addition, both alcohol and ready access to firearms might play important roles in law enforcement suicides, but these issues have not been addressed clearly. There is a strong need for additional research to examine these and other factors and to address issues of causation and effective primary and secondary intervention. This article first reviews the literature, then discusses a proposed research study. Findings from that study might lead to improved data concerning incidence rates, provide a means of evaluating existing interventions and assist in developing new strategies for prevention and intervention.

ORIGIN OF THE PROJECT

Law enforcement suicide: is it an epidemic? What is the cause? More important, what is the cure? These were the questions asked by the members of the Psychological Services Section of the International Association of Chiefs of Police (IACP) at the annual conference. A comparison of law enforcement personnel to other professions indicates that peace officers commit suicide at a rate that is significantly higher than the rate for most other professions and that the rate is climbing.

There have been what appear to be several recent "suicide epidemics" among law enforcement personnel, including 12 New York City peace officers who committed suicide in 1994. Yet, there have also been large urban law enforcement agencies that have not reported a single suicide during these same years. A review of the literature offers little in the way of clarity. Overall, there is a paucity of well-controlled research in this area. In the end, the IACP Psychological Services Section formed a committee to examine the issue.

PROJECT GOALS

The committee focused on increasing understanding of the phenomenon of law enforcement suicide with the intent of developing guidelines to assist law enforcement executives, managers and supervisors in their efforts at prevention and intervention. A comprehensive review of the literature, including assessment of methodological deficiencies, was the committee's first task. Based on that review, future research was proposed.

CONFOUNDING VARIABLES

In attempting to better understand the incidence and dynamics of law enforcement suicide, certain obstacles immediately became apparent. The first of these was the existence of a "blue curtain" or "code of silence." A 1977 survey by Heiman of 34 major cities found that 44% of the cities queried would not or could not provide data related to the incidence of suicide among their law enforcement personnel. Armstrong (1999) quoted results from a project sponsored by the national group Concerns of Police Survivors (COPS). COPS sent requests to 14,000 agencies, asking them for information regarding surviving family members of peace officers who had committed suicide. They received four responses. In an article by Fields and Jones (1999), the authors maintained that San Antonio, Houston, Dallas and Phoenix reported 0 suicides in the last 5 years.

This protectiveness also occurs farther down the chain of command. Most peace officers live in or near the city (county, etc.) that they patrol. Thus, death investigations often will be handled by a colleague from the same agency or one from a nearby agency. Several researchers have described situations where an obvious suicide was listed as "undetermined" or "accidental". For example, a self-inflicted gunshot wound to the stomach was listed as death due to kidney failure. A person who put his gun in his mouth and fired (and who was found in that position with his finger still on the trigger) was listed as an accidental death (Kroes, 1976). There are a variety of circumstances, such as traffic collisions and accidental discharges, that raise the specter of suicide, even if no note or other direct indicator is found. There are anecdotes concerning peace officers who have self-reported incidents where they have gone into potentially lethal situations intentionally neglecting their own safety. Some have even articulated a hope that God or fate would "do the job". Peace officers may want to hide their suicidal motivations. This may be done to lessen the impact on family, for financial reasons, or for honor. In contrast to suicide, dying in the line of duty is an "honorable death" that leaves family members well cared for.

Violanti et al., (1996) assessed sensitivity and predictive value of official police suicide rates. They believed a correction factor should be calculated and added to the number of reported suicides to account for under reporting. The authors argued for multiplying the known rate by 1.2 to obtain a more accurate estimate. Violanti (1996) estimated that for every 100 police suicides reported, there are actually 117 and gauged that this rate is far above the error rate in suicide reporting for other municipal workers (108 for every 100).

A second problem involves the issue of variability of suicide rates. Stack and Kelly (1994), Violanti (1996) and Loo (1986) all pointed out the problems caused by the small number of reported suicides. Suicide is a "low frequency phenomenon". Consequently, chance fluctuations can have significant impact. No suicides one year and one or two the next can result in a 100 to 200% increase. Violanti (1995) also noted fluctuations in suicide rates over time within a given agency. Researchers attempting to combat the problem of low incidence rates by gathering data over time may find valuable data hidden or lost. Additional problems stem from the fact that the majority of

data come from large, urban agencies, raising the question of what the extent of the problem is in more rural jurisdictions. There appear to be significant fluctuations across regions within the United States as well as around the world. Lester (1992) found that several countries reported no suicides, yet Peru reported a rate of 65.53 per 100,000 and Luxembourg reported 75.28 per 100,000 from 1980-89. Failure to define a variety of personal and organizational descriptors and dynamics likewise confounds our ability to develop improved programs aimed at prevention and intervention.

A third obstacle is the presence or absence of preemployment psychological screening. Dash and Reiser (1978) noted that 74 of the 81 suicides occurring in the Caracas, Venezuela, Police Department involved individuals who had not been screened. Violanti (1997) reported that as of 1990, 51% of law enforcement agencies in the United States did not use preemployment psychological screening.

A fourth problem is identifying appropriate comparison groups against which to evaluate the rate of suicide among law enforcement personnel. Law enforcement populations are by definition employed and in possession of firearms. In addition, they are predominantly high school educated, Caucasian men between 21 and 65 years of age. Many have undergone preemployment psychological examinations and were found "free from psychopathology." General comparisons to the populace as a whole may be inappropriate. Kellermann et al., (1992) found that the typical suicide among the general populace in their study was more likely to have lived alone, taken psycho tropic medications, been arrested, abused drugs or alcohol and dropped out of high school.

A fifth problem is whom to include in "the law enforcement population." At various times, peace officers, custody officers, private security officers, reserves and retired personnel have been included in the count. Many researchers simply do not define whom they have included in their identified law enforcement group.

Last is the issue of evaluator consistency and reliability. Who decides that a death is the result of suicide? Using what methods? The criteria have ranged from researcher determination to death certificate or coroner's findings.

LITERATURE REVIEW

Current Statistics for the General U.S. Population

The National Center for Health Statistics (1996) provides comprehensive data on suicides on a national level. In 1996, 30,903 individuals committed suicide. While the number of suicides has fluctuated over the last ten years (from a low of 30,232 in 1989 to a high of 31,284 in 1995), the most recent year's rate (1996) is almost identical to 10 years ago. Suicide rates often are expressed in rate per 100,000 individuals for ease of comparison. The national suicide rate for 1996 is 11.6 per 100, 000 (see Table A).

Men commit suicide 4.2 times more often than women. Women, however, attempt suicide at a rate 3 times the rate of their male counterparts. The difference in terms of lethality of method used appears to be the primary factor accounting for the higher success rates among men. In terms of race, Caucasians are twice as likely to commit suicide as non-Caucasians. There are also significant regional differences. The number of suicides in 1996 across the nation ranged from Washington DC, with a rate of 6.4, to Nevada at 20.9. Suicide rates also increases across age ranges: 12 per 100,000 for ages 15-24 up to 17.3 per 100,000 for 65 and older.

Current Statistics for Law Enforcement Personnel

The data on law enforcement suicide span many years and have yielded widely varying results. Some of the variability may be due to such factors as differences in the degree of openness of the agencies involved, comparison groups used, the definition of who should be included in the study and rater reliability. Spurious results also may arise from small sample sizes and random variations. In addition, such issues as regional variations, the size of the agency and how long ago the study was conducted may contribute additional variability.

We summarized 25 studies related to law enforcement suicides (see Table B). The data presented include author, publication date, population studied, number of suicides, rate per 100,000, Proportional Mortality Rate (PMR) and ratio of suicide to homicide risk, if provided. The latter is provided to evaluate the statistics that maintain that twice (or more) as many peace officers commit suicide as are killed in the line of duty.

Current Statistics for Retired Personnel

Few studies have specifically examined suicide among retired law enforcement personnel. Violanti (1996) found that "suicide rates for retired officers were similar to other occupations but were significantly higher in officers just prior to retirement". Gaska (1980) examined a group of 4,000 retired police officers of the City of Detroit Police Department, finding that retired officers (1944-1978) were 10 times more likely to commit suicide (334.7 per 100,000) than a comparison group of the general population of Caucasian men in the same age group (33.5 per 100,000). The difference was even more striking for individuals who retired due to disability. Those individuals committed suicide at a rate of 2,616 per 100,000 during the same time period.

Military Comparison Group

Law enforcement organizations are frequently described as paramilitary. They share many of the attributes of a military environment, including predominantly male personnel and access to firearms. Bedeian (1982) researched suicide involving military personnel during the time period of 1965-72. The suicide rate per 100,000 individuals for each branch of the military was Navy 8.9, Air Force 11.9, Army 14.8 and 14-16 for the Marine Corps. This was in contrast to the national rate for men in that same age range of 16.3 per 100,000.

Alcohol and Suicide

Alcohol (see Table C) has links to increased suicide risk. Its use and abuse also is identified as a common problem among law enforcement populations. Beutler et al., (1988) found that at time of entry into law enforcement, no peace officer in their sample of 25 exceeded a MacAndrews Scale score of 27, indicating little in the way of risk of developing an alcohol problem. Of the 11 officers who were retained, 6 scored over 27, i.e.,"highly supportive" of the presence of an alcohol problem, at a 4-year follow-up assessment.

Methods

The method of choice for suicide has also been examined. Possession of a firearm in the home has been found to increase the risk for suicide by a factor of 4.8 (Kellermann et al., 1992). Interestingly, it is unusual for a firearm to be purchased solely for the purpose of committing suicide. Table 4 depicts NCHS data from 1995, the most recent year data were compiled, on the choice of method in 31,284 suicides.

Law enforcement personnel have an even stronger preference than the general population for firearms as the method of choice by which to commit suicide. In examining the 9 studies, the lowest percentage of law enforcement suicides involving firearms was 7%, with the majority over 90% (see Table D). The average percentage of personnel using firearms across all 9 studies was 86% (see Table E). Various researchers have postulated that the peace officer's firearm is a popular choice because it is both familiar and easily accessible.

Law Enforcement Reasons for Suicide

In a survey of Los Angeles peace officers, Ivanoff (1994) found that the top contributors to law enforcement suicide included depression, relationship problems, access to firearms, substance abuse, financial problems, alcohol abuse, involvement in corruption and frustration with agency policies and procedures. Janik and Kravitz (1994) examined 134 peace officers and found that 55% of the officers referred for a fitness-for-duty examination reported having attempted suicide at one time in their lives. Although race, age and years on duty did not seem to relate to the likelihood of a prior suicide attempt, marital problems increased the probability 4.8 times. Suspension increased the risk 6.7 times and the presence of both increased the risk 21.7 times. Overall, however, few studies have looked at the precursors to suicide (see Table F).

Hill and Clawson (1988) reported interesting findings while examining mortality figures for Washington state from 1950-71. After making the usual comparison of law enforcement to all other professions, Hill and Clawson also compared law enforcement personnel to physically dangerous

occupations and occupations involving shift work. For both comparison groups, the rate of suicide yielded a PMR that was significantly less than the 113 PMR found for police officers (100 and 101, respectively).

Use of Mental Health Assistance

Peace officers are notorious for their refusal to seek psychological assistance. However, it does appear that many individuals who commit suicide have either brought themselves or been brought to the attention of the mental health community at one time or another. Both Danto (1978) and Loo (1986) reported a significant portion of their law enforcement suicides had either a history of psychological treatment or had been referred for treatment. Aussant (1984) reported that 48% of his sample had "lengthy psychiatric or psychological files."

Meta-Analysis

Finally, Aamodt and Werlick (1999), after conducting a meta-analysis of suicide rates presented in media and published research, concluded that a realistic estimate of law enforcement suicides is 18.1 per 100,000. The authors then compared these results to the 1993-95 national rate of 25.3 per 100,000 for Caucasian men between the ages of 25 and 55. Their analysis led to their conclusion that law enforcement personnel are less likely to commit suicide than others. The authors also calculated PMRs and found that while law enforcement personnel have a PMR of 152 when compared to the general populace (age-adjusted), they have a PMR of 74 when compared to Caucasian men between the ages of 25 and 54.

Aamodt and Werlick concluded that law enforcement personnel, who are predominantly Caucasian men between the ages of 21 and 55, have a suicide rate that is below average once sex, race and age are controlled. It should be noted that the authors included all published data regardless of the adequacy of a study's controls, which potentially affects the validity of their findings. They also used a comparison group including the individuals who were unemployed and others with mental illness.

PROPOSED FUTURE RESEARCH

In order to increase understanding of the phenomenon of law enforcement suicide and to provide guidelines to assist law enforcement agencies, it is essential that additional research be done. The proposed research would address many of the obstacles identified earlier by creating a national database regarding law enforcement suicides. This database could then be examined further and the resulting conclusions used to help agencies with this crucial issue.

Law enforcement executives throughout the United States would be contacted and their involvement solicited. Each participating agency would be asked to complete a basic demographic

sheet and to identify a mental health professional who would serve as a liaison between the agency and the project manager. If no mental health professional is available, the participating chief would be asked to identify an on-site contact who would be tasked with gathering pertinent data in conjunction with a project mental health professional. The agency contact must have the ability to access personnel folders, investigative reports and all other pertinent material. Following all deaths by other than natural causes, a specially designed information sheet would be completed. All information obtained would be coded and held in the strictest confidence.

For each participating agency, the mental health professional who would serve as the contact for the agency would complete and return an identification form. The form would establish basic credentials and include a more detailed description of the procedural process of the project. Minimum requirements would include a master's or doctoral degree in psychology or a related field and a license to practice psychology in the agency home state (such as a licensed psychologist; licensed clinical social worker; or licensed marriage, family, or child counselor). Each mental health professional then would receive an orientation video, written instructions and samples for completing the Law Enforcement Suicide Incident Report (LESIR), a questionnaire specifically designed for this purpose. For agencies who do not have a mental health professional available, the designated agency contact would receive a list of information that needs to be collected in the event of a death by other-than-natural causes. An interview then would be arranged with a project mental health professional in order to complete the LESIR.

A LESIR would be completed for all deaths by other-than-verifiable natural causes involving a sworn person. A sworn person would be defined as a person possessing peace officer powers. Individuals who are sworn but have been temporarily relieved of duty would be considered sworn for the purpose of the project. Reserves who possess police powers also meet the criteria. Individuals who have retired within the last year would be included in the project and identified as retired personnel.

The agency contact would make an incident notification within 48 hours to the project coordinator to identify a death as meeting the criteria for inclusion in the project. This notice would be by telephone, fax, or e-mail. Within 1 week, the agency contact would complete the LESIR and forward it to the project coordinator for review. For agencies without a mental health professional, the agency contact would gather the necessary materials and then contact the project coordinator to indicate readiness to complete the LESIR. The project coordinator would assign a project mental health professional to assist the agency contact with completing the LESIR.

At the conclusion of this project, a summary of all pertinent data, as well as any recommendations for prevention and intervention that become evident from data analysis, would be sent to participating agencies. No agency identifiers would be released at any time and participants would remain confidential. The proposed research would, at a minimum, cover a 2-year time period and focus on collecting data as soon after the death as possible. This would serve to minimize the problems inherent in existing research studies and protocols, which all focus on retrospective review.

INTERVENTIONS

While we might argue that preventive interventions—such as critical incident debriefings, outreach and follow-up assistance for impaired personnel, training of supervisors and line personnel in early warning signs and intervention and availability and acceptance of employee assistance services—would lead to a reduction in the rate of suicide among law enforcement personnel, only future research of the kind described will provide the necessary opportunity to put our biases and hypotheses to the test.

The following recommendations culled from the current literature will be evaluated in terms of their effectiveness as preventive interventions as part of the proposed research:

- psychological preemployment screening;
- reassessment for individuals seeking high-risk job assignments (undercover, special weapons teams, etc.);
- line-staff education on depression, suicide, stress management, conflict resolution and available referral resources. This is particularly important because McCafferty et al., (1992) maintained that 80% of people who commit suicide "have communicated their intent to commit the act by talking of 'not being around,' giving away their possessions and putting their affairs in order." Ivanoff (1994) found that 29% of her survey sample of New York police officers admitted to knowing a fellow officer who was in crisis or had contemplated suicide;
- middle-management education on depression, signs and symptoms of suicide and appropriate policy and procedures should an employee be identified as possibly suicidal;
- awareness, by personnel, of available resources;.
- availability of resources, including chaplains, peer support, 24-hour hotlines and mental health personnel;
- tracking of individuals who meet specific "at-risk" criteria either because of life events (e.g., divorce, under investigation) or via signs and symptoms (sudden drop in performance, increase in complaints, etc.);
- psychological debriefing after high-stress incidents. Violanti and Aron (1994) surveyed peace officers as to what they considered the top 10 most stressful incidents and found: shooting fatality, fellow officer fatality, physical attack, battered child, high-speed chases, shift work, use of force, inadequate department support, incompatible partner and accident in patrol car.

Intervention should target these types of incidents:

- reexamination of the policy of some agencies that sworn personnel must carry a firearm off duty;

- • retirement seminars to better prepare individuals for the emotional/social changes associated with retirement.

CONCLUSION

An examination of the research yields results that are at best, inconclusive and, at worse, contradictory. Additional research that properly addresses the confounding variables identified is needed. Finally, regardless of whether or not the incidence rate for suicide among law enforcement personnel is significantly higher than appropriate comparison groups, it is still problematic enough to demand action on the part of law enforcement agencies. It is essential that issues of causation be addressed with recommendations made for effective primary and secondary interventions in order to prevent both loss of life and secondary trauma to affected personnel.

1996 NATIONAL STATISTICS

Group	Number in Group	Rate per 100,000 People
Nation	30,903	11.6
Men	24,998	19.3
Women	5,905	4.4
Caucasian	27,856	12.7
Non-Caucasian	3,047	6.7
Caucasian Men	22,547	20.9

Table A

25 STUDIES RELATED TO LAW ENFORCEMENT SUICIDES

Author	Year(s) Covered	Population Studied * L.E. = Law Enforcement	Number of L.E. Suicides and Rate per 100,000 People	Comparison Group and Rate per 100,000 People	PMR	Suicide to Homicide Ratio
Armour (1996)	1989-93	104 firearm-related suicides among Irish security forces (police officers, armed forces, reserves, prison officers) vs. civilians	45 "security forces" suicides	59 civilian suicides	-------	-----------
Aussant (1984)	1973-83	Quebec law enforcement suicides	27 L.E. suicides	------------------	-------	11:2
Cantor, Tyman, & Slater (1995)	1843-1992	Queensland Police Service suicide rates vs. employed men (1994)	59 L.E. suicides 16.2/100k	20.6/100k (employed men)	-------	-----------
Cronin (1982)	1970-79	Chicago police officer suicide rates vs. general population vs. physicians	39 L.E. suicides 29.7/100k	24.7/100k (gen pop.) 33/100k (physicians)	-------	-----------
Curran, Finlay, & McGarry (1988)	1960-86	18-65-year-old Northern Ireland law enforcement men suicide rate vs. 15-64-year-old general population men	32.9 L.E. suicides	13.3/100k (general male pop.)	-------	-----------

Table B

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Author	Year(s) Covered	Population Studied * L.E. = Law Enforcement	Number of L.E. Suicides and Rate per 100,000 People	Comparison Group and Rate per 100,000 People	PMR	Suicide to Homicide Ratio
Dash & Reiser (1978)	1970-76	LAPD police officer suicide rates vs. 20-69-year-old LA County men and women vs. national rates	4 L.E. suicides 1972: 14.0/100k 1973: 0 1975: 13.3/100k 1970-78: 8.1/100k	L.A. 1972: 16.7/100k 1973: 15.3/100k U.S. 1973: 12.3/100k 1975: 12.6/100k	-------	--------------
Fell, Richard, & Wallace (1980)	1972-74	18-64-year-old Tennessee L.E. suicide rates vs.18-64-year-old employed men	5 L.E. suicides 72/100k	22 employed men suicides	-------	--------------
Fields & Jones (1999)	1990-98 1990-98 1985-89 1993-98 1998	Los Angeles Police Chicago Police New York Police FBI U.S. Customs	20 L.E. 20.7/100k 22 L.E. 18.1/100k 87 L.E. 15.5/100k 18 L.E. 26.1/100k 07 L.E. 45.1 per 100k	------------------	-------	1.8:1 1.8:1 2.4:1 4.5:1
Fraternal Order of Police Study	1995	38,800 members in 24 states suicide rates vs. national population (CDC figures)	22/100k	12/100k general pop.	-------	1.4:1
Friedman (1968)	1934-40	New York City police officer suicide rates	93 L.E. suicides 80/100k	------------------	-------	--------------
Heiman (1975)	1960-73	New York City police L.E. rates vs. Caucasian men urban population vs. London bobbies	74 L.E. suicides 19.1/100k	~8.5/100k (Caucasian men urban) 5.8/100k (16 London)	-------	--------------

Table B (continued)

Author	Year(s) Covered	Population Studied * L.E. = Law Enforcement	Number of L.E. Suicides and Rate per 100,000 People	Comparison Group and Rate per 100,000 People	PMR	Suicide to Homicide Ratio
Heiman (1977)	1934-39	New York City Police Officer vs. San Francisco, Chicago, Denver and St. Louis police officer suicide rates	91 N.Y. suicides 82.6/100k	51.8/100k: SF 48.0/100k: Chi 0.0: Den 17.9/100k: St.L	-------	--------------
Hill & Clawson (1988)	1951-71	1,586 Washington police officer deaths vs. 300,000 Washington employed deaths	40 L.E. suicides	------------------	113	--------------
Ivanoff (1994)	1985-95	New York City Police	66 L.E. suicides (* Rate given as 4x general populace)	------------------	-------	--------------
Josephson & Reiser (1990)	1977-88	Los Angeles Police Dept. suicide rates vs. LA County and California state adults	10 L.E. suicides 12/100k	L.A. 1980 14.3/100k 1987 13.4/100k CA 1985 15.2/100k 1986 14.8/100k	-------	--------------
Labovitz & Hagehorn (1971)	1950	National Office of Vital Statistics: suicide rates of all 20-64-year-old men by occupation vs. L.E.	47.6/100k (*ranked #2 of 36 occupations)	28.5/100k	-------	--------------

Table B (continued)

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Author	Year(s) Covered	Population Studied * L.E. = Law Enforcement	Number of L.E. Suicides and Rate per 100,000 People	Comparison Group and Rate per 100,000 People	PMR	Suicide to Homicide Ratio
Loo (1986)	1960-83	Royal Canadian Mounted Police suicide rates vs. Canadian men of comparable age	35 L.E. suicides 14.1/100k	28 Canadian men suicides	-------	-----------
Milham (1976, 83)	1950-79	Occupational Mortality in Washington State by occupation: all 300,000 employed men vs. 1,586 deaths of L.E.	56 L.E. suicides		115	2.4:1
Nelson & Smith (1970)	1960-69	Wyoming suicide by occupation: law enforcement vs. physicians	7 L.E. suicides 203.66/100k (*ranked #1)	132.53 suicides of physicians	-------	-----------
Richard & Fell (1975)	1970	Tennessee state: 6,720 deaths by occupation all occupations vs. law enforcement	5 L.E. suicides 69.1/100k	20.6/100k	-------	-----------
Stack & Kelly (1994)	1985	National Mortality Detail File: U.S. Public Health Service from 16 states: police, detectives, sheriffs and other law enforcement vs. age-matched men	33 L.E. suicides 25.6/100k	23.8/100k (age-matched men) 19.9/100k (all men)	108	-----------
Vena, Violanti, Marshall, & Fiedler (1986)	1950-79	City of Buffalo mortality by occupation: Caucasian male police officers (2,377) vs. all other male municipal employees (7,751)	11 L.E. suicides (* Ratio of 2.91 L.E. to 1 municipal suicides)	----------------	106	-----------

Table B (continued)

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Author	Year(s) Covered	Population Studied * L.E. = Law Enforcement	Number of L.E. Suicides and Rate per 100,000 People	Comparison Group and Rate per 100,000 People	PMR	Suicide to Homicide Ratio
Violanti, Vena, & Petralia (1998)	1950-90	City of Buffalo mortality by occupation: 2,593 Caucasian, male L.E. vs. all other male municipal employees	26 L.E. suicides	------------------	153	---------------
Wagner & Brzeczek (1993)	1977-79	13,000 Chicago police officers vs. 3 million Chicago populace	20 L.E. suicides (*Rate of 5 L.E. to 1 Chicago resident)	------------------	-------	---------------

Table B (continued)

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ALCOHOL-RELATED SUICIDES

Research	Year(s) Covered	Population Studied	Number and % of Alcohol- Involved Suicides
Aussant (1984)	1973-83	27 Quebec L.E. suicides	21: 78% alc. involved
Armour (1996)	1989-93	45 Ireland (police officers, reserves, prison officers and armed forces)	51% (vs. 31% civilian comparison group)
Cantor, Tyman, & Slater	1871-	56 Queensland Police Service	23: 50% alc. involved
Danto (1978)	1968-76	12 Detroit police officers	05: 42% alc involved
Friedman (1968)	1934-40	93 New York City police officers	20: 22% alc involved
Ivanoff (1994)	1985-95	66 New York City police	10.6: 16% alc. involved
Josephson & Reiser	1977-88	10 Los Angeles Police Department	06: 60% alc. involved
Loo (1986)	1960-83	35 Royal Canadian Mounted Police	06: 17% alc. involved
Violanti, Vena, & Petralia (1998)	1950-90	City of Buffalo mortality by occupation: 26 Caucasian male L.E.	Peace officers had increased mortality from cirrhosis of the liver:
Wagner & Brzeczek	1977-79	20 Chicago police officers	12: 60% alc. involved

SUICIDE BY METHOD

National: General Populace	Men		Women		Total	
Method	Percent	Number	Percent	Number	Percent	Number
Firearms	63.3%	16,060	41.3%	2,443	59.1%	18,503
Hanging, strangulation,	17.2%	4,373	14.3%	844	16.7%	5,217
Gas poisons	6.5%	1,638	7.7%	457	9.8%	3,052
Solid and liquid poisons	5.9%	1,501	26.2%	1,551	6.7%	2,095
All other	7.1%	1,797	10.5%	620	7.7%	2,417

Tables C and D

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FIREARM SUICIDES

Research	Year(s) Covered	Population Studied	Number and % Using Firearms
Cantor, Tyman, & Slater	1871-1992	59 Queensland Police Service suicides	45: 79%
Cronin (1982)	1970-79	39 Chicago Police Officers	37: 95%
Curran, Finlay, & McGarry	1978-86	33 Northern Ireland L.E. men, 18-65 years	31: 94%
Danto (1978)	1968-76	12 Detroit police officers	08: 67%
Friedman (1968)	1934-40	93 New York City police officers	84: 90%
Ivanoff (1994)	1985-95	66 New York City police	62: 93.9%
Loo (1986)	1960-83	35 Royal Canadian Mounted Police	29: 77%
Nelson & Smith (1970)	1960-69	7 Wyoming suicide by occupation: L.E.	07: 100%
Wagner & Brzeczek (1993)	1977-79	20 Chicago police officers	16: 80%

PRECIPITATING FACTORS

Research	Year(s) Covered	Population Studied	Precipitant
Aussant (1984)	1973-83	Quebec law enforcement suicides	44% professional failure 37% adapting to a transfer 33% dissatisfied with job
Armour (1996)	1989-93	Security force personnel of Ireland (police officers, reserves, prison officers and armed forces	Marital problems (vs. mental illness for civilians)
Cantor, Tyman, & Slater (1995)	1871-1992	59 Queensland Police Service suicides	34.6% relationship 48.1% psychiatric 13.5% serious physical 50% service problem
Danto (1978)	1968-76	12 Detroit police officers	50% relationship
Loo (1986)	1960-83	Royal Canadian Mounted Police	46% psychological 34% job-related concerns 31% marital problems

Tables E and F

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Using Civil Law Occupational Death Procedures in Police Suicide Reporting

Lynzy A. Wright

Abstract: *Both state and federal civil law require mandatory procedures in the event of occupational death. Any deviation from these procedures can result in civil monetary penalties and criminal charges. Statutory law and recent case law provide the legal foundation for development of mandatory police suicide reporting procedures. Using the occupational death reporting procedures outlined by civil law to improve police suicide reporting clearly provides possible solutions in determining the cause of death, guarding survivor and department privacy and providing accurate death records.*

Key words: civil law, police suicide rates, law enforcement, suicide, reporting procedures

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Using Civil Law Occupational Death Procedures in Police Suicide Reporting

INTRODUCTION

Death, no matter what the cause, remains tragic. Add a situation involving a possible suicide to the equation and you have an event that is even more tragic. Those who commit suicide often indulge in premeditated thoughts for days, weeks, or even months, including whether to lock the door, what gun to use, what pills to take, where, when; all of these types of issues might bear consideration. For those with religious convictions, suicide ensures eternal damnation of the soul. Actions such as pulling the trigger of a gun, taking 200 Valium, or slitting one's wrists seem unbearable, but they represent the most easy way out for the suicide planner.

Suicide may run in families and communities. A group of teenagers commit suicide in a satanic ritual, Romeo and Juliet commit suicide for love, an attorney because he abuses drugs and alcohol, or a mother because she is grieving over the loss of her son. Margaux Hemingway, granddaughter of the writer Ernest Hemingway, was the fifth Hemingway family member to commit suicide.

Jack Boland, a well-known inspirational speaker, categorizes suicide as an insanity of the mind and the ultimate act of selfishness. Anger and selfishness tend to escalate suicidal thoughts, such as a spouse who commits suicide to spite a wife's remarriage or a boy who commits suicide based on unrequited love. Pretty selfish and self-centered thoughts, it would seem. Suicide, even more than death itself, catches the unsuspecting family member or friend completely off guard, leaving each to bear the tragedy without explanation from the deceased (Wright, 1997).

POLICE SUICIDE

Police suicide first became real to me on an unsuspecting day when the police department reveled in the arrest of a suspect in 17 bank robberies. I eagerly snagged the handout as I settled into the intake desk on the second floor. Instead of focusing on the left side of the published newspaper article that named one of our investigators who had caught the suspect, I gasped in alarm at the obituary of an officer I had worked with in a noted yearly community event. All anyone would say was "suicide" and absolutely nothing more. I felt this heartfelt pain again about 2 years later when another police officer put the gun to his right temple and fired.

While both suicides broke my heart, the latter suicide brought to light the methodological problems of police suicide studies. In a confidential case study, the medical examiner ruled the death a suicide, not an accident, as police at first suggested: "He was a policeman and knew about guns. He placed the barrel of the gun directly up against his head. He knew what would happen. It would be unscientific of me to rule anything other than suicide. What he did fits the definition of suicide in forensic books, no matter how impulsive it might have been."

I personally and professionally commend the above medical examiner. Studies of police suicides, however, have many methodological problems, as Fricke and Lester (1999) suggested:

> One problem is the reliability and validity of the death records. The use of firearms as the primary means of committing suicide may often lead to the suicides being reported as "accidents." In addition, departments with high suicide rates often do not want this to become public. Therefore, it is not surprising that a study by Violanti et al., (1996) reported that the accuracy (sensitivity) of the death certification of police officer suicides is lower than in other professions (municipal workers).

As more and more police departments implement new, direct suicide intervention methodology for law enforcement suicide such as QPR (**Q**uestioning the real meaning of possible suicidal communications, **P**ersuading the person in crisis to accept help and **R**eferring the person to the appropriate resource; Quinnett, 1998), the number of police suicides may decrease.

DETERMINATION OF DEATH

Both the Occupational Safety and Health Act of 1970 and Part 1904 of the Code of Federal Regulations (29 CFR Part 1904) require the recording of all work-related fatalities as follows:

> 1904.8(a) Within 8 hours after the death of any employee from a work-related incident or the inpatient hospitalization of three or more employees so affected shall orally report the fatality/multiple hospitalization by telephone or in person to the Area Office of the Occupational Safety and Health Administration (OSHA), (U.S. Department of Labor, 1970) that is nearest to the site of the incident or by using the OSHA toll-free telephone number.

Adapting this to law enforcement, notification could be made to the U.S. Department of Justice within 8 hours of a police suicide. The Department of Justice would be charged with the duty of investigating deaths, compiling statistics and implementing programs to reduce police suicides.

RIGHT OF PRIVACY

Right of privacy and confidentiality issues affect not only the families of the deceased but also the departments where the police officers are employed. Both federal and state statutory and case law involving such factors as "investigative discovery," "anticipation of litigation," "attorney-client privilege," "control-group tests" and "subject-matter tests" address the issue of confidential communications in civil law. Any postdeath investigation done by the Department of Justice or the

local police department could therefore be protected under both federal Freedom of Information regulations or state regulations, if they were made more stringent.

ACCURATE DEATH RECORDS

The Log of Occupational Injuries and Illnesses, OSHA No. 200, states it is used for recording and classifying recordable occupational injuries and illnesses and for noting the extent and outcome of each case. The log shows when the occupational injury or illness occurred, to whom, what the injured or ill person's regular job was at the time of the injury or illness exposure, the department in which the person was employed, the kind of injury or illness, how much time was lost and whether the case resulted in a fatality, etc. (U.S. Department of Labor, 1986).

Such a police suicide log could be compiled by every law enforcement agency that would be available to the Department of Justice officials accorded jurisdiction for inspections or statistical compilations. The log also could show if QPR-intervening techniques or other suicide interventions were used.

As for falsification, which some claim is widespread in law enforcement suicide, Part 1904.9(a) reports as follows:

> Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this Act shall, upon conviction, be punished by a fine of not more than $10,000, or by imprisonment, for not more than 6 months, or both.

CONCLUSION

We have a responsibility to reach behind the social and public mask and to touch the real force of psychological suffering (Schneidman, 1994). The decision to commit suicide almost always involves personal values, personal identity and training. Because of this, members of law enforcement professions almost always use a firearm and there is no opportunity for rescue, resuscitation, or a second chance (Quinnett, 1998). Using the occupational death reporting procedures outlined by civil law to improve police suicide reporting clearly provides possible solutions in determining the cause of death, guarding survivor and department privacy and providing accurate death records.

QUANTITATIVE APPROACHES

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SECTION FIVE

ALTERNATE APPROACHES

INTRODUCTION

The foregoing sections address the more traditional approaches to dealing police suicide. This section contains articles which address suicide in an appropriate, but less conventional manner. Perhaps the conventional organizations we serve can benefit from the less than conventional perspectives of these imaginative contributors.

For 5 years I taught the Stress Management in Law Enforcement course at the FBI Academy to new Special Agents. I also taught an expanded version to the FBI National Academy, which consisted of mid-level police officers from city, county, state and federal agencies from throughout the United States and 26 countries. During that time, I learned a great deal from the highly professional police officers, I taught. One of the most significant lessons I learned had to do with coping skills.

Humor emerged as the most widely used technique. Time after time, these experienced officers described horrific incidents which varied across a wide range of human tragedy and their attempts to cope. The single, common element was humor. Invariably cynical and potentially harmful, if heard by the wrong person, dark humor works for cops. Spirituality works as well. The struggle to understand a mind-numbing tragedy frequently involves an inward turn for a spiritual answer. Police chaplains occupy a unique position in law enforcement. During large scale catastrophes such as the Oklahoma City bombing, as well as individual tragedies such as officer suicide, they offer comfort to those in need. We have assimilated computers into many aspects of our lives. No reason exists to preclude computer games from our attempt to understand suicide. What insight does an analysis of the content of violent computer games provide? If we analyze the fantasy, can we understand the individual and his wish to die? We tend to focus on individuals. This is a direct and fruitful approach which leads to many useful insights. It would, however, be a missed opportunity if we failed to examine suicidal people in relation to others. The article on the social construction of police and correctional officer suicide provides useful insights. The articles on logical models and the importance of perfectionism are sufficiently novel to justify inclusion in this section. Both articles deviate from conventional thinking about suicide in a thought provoking way.

In the final analysis, we must explore every avenue available to us if we hope to deal with police suicide, effectively. Alternate approaches may represent some of the best opportunities to successfully deal with suicide.

Identification of Violent Fantasies in Computer-Based Content

Julie A. Armstrong

Abstract: When information about the shooting at Columbine High School began to emerge, blame was placed quickly on the violent entertainment media. While these games are violent, they do not cause violence. Rather, they are a safe haven for violent impulses to be played out. In fact, there were clues to Eric Harris's state of mind in the computer games he wrote. This paper suggests that those violent games represent an externalization of the mindset of the perpetrator. Computer games (such as DOOM) allow for the creation of individual scenarios and a self-destructive game may be created. Access to these scenarios may prevent suicidal or violent behavior. These scenarios may be profiled similar to crime scenes. Psychology and law enforcement can use these games to understand the fantasies and, therefore, the mind of the perpetrator. Analysis of the computer games created by Eric Harris will demonstrate fantasies suggesting possible psychological motives for his self-destructive behavior.

Key words: computer games, Columbine, suicide investigation, law enforcement, suicide

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Identification of Violent Fantasies in Computer-Based Content

INTRODUCTION

When information about the shooting at Columbine High School began to emerge, violent computer games were blamed quickly. While these games are violent, they do not cause violence. Rather, they are a safe haven for violent impulses to be played out, like a slow release valve. In fact, these games may represent an activity that assists an individual to contain his violent impulses. It is important to analyze both the content of these games and the way in which an individual uses them. This article will attempt to inform the law enforcement community about the use and analysis of such computer game data written by individuals who may be under investigation. A tentative profile of the individual's emotional world can be drawn from the material obtained in such an analysis. The computer games written by mass murderer Eric Harris will be presented as a case example.

The rapid pace of technological development poses an extraordinary challenge to any law enforcement agency. Computer data analysis is increasingly necessary during the course of an investigation and trained individuals frequently are unavailable. The evaluation of the content of computer hard drives is examined routinely, but material used for games and uploaded to the Internet is information often overlooked. These files are a creative construction of the individual and they represent important information about the state of mind of that person. In fact, this information may help law enforcement evaluate the potential for (and possibly prevent) violent behavior.

When psychologists evaluate an individual, in addition to directly interviewing the person, they use external data such as school, military and hospital records, personal diaries and drawings. In fact, several tests specifically ask people to draw figures, which are evaluated as products of his mind and as a reflection of their inner world. With the advent of computer technology, we have a new data set to be evaluated during the course of an investigation. A person with minimal computer expertise and no knowledge of programming may create a file worth examining. Computer games are wildly popular and until now have been overlooked. After all, "it's only a game."

There are a number of psychological processes at work in gaming. The two most important are called "projection" and "sublimation." Melanie Klein first described projection in the mid-1900s (Klein, 1952). When individuals use projection, they see or imagine undesirable traits of themselves in others and unconsciously attempt to control them using those traits or emotions. For example, people who have a lot of envy or resentment might accuse another of being so, then provoke that person to anger.

Closely tied to this process is idealization, the process of attributing unrealistic and desirable traits to others that are admired. They then identify themselves with the admired person. Together, projection and idealization allow individuals to create the heroes and enemies who represent aspects of their own personality and who they then can control. In this case, the control is very real in the

play of the game. Put another way, "affective and ideational components are attributed to another, while that other actual person is controlled" (Meloy, 1988).

In the case of the computer game, people who are into playing the game (called "gamers") puts their ideal personality, as well as their affective or emotional state into the characters, which by the very nature of game playing they now can control. They *become* the superhero with the big gun and try to annihilate the enemies that represent their tormentors.

Sublimation is the other psychological process, which makes these games so popular. In sublimation, the emotions experienced by a person are acted out in another, similar, but less direct context. Sublimation is used when a person cannot bear the direct experience of the emotion. For example, every one of us has aggressive and violent feelings that get resolved through the coping strategies we use on a day-to-day basis. A fairly recent phenomenon, that is another act of sublimation of aggressive feelings, is road rage. In road rage, angry people act their anger out in their patterns of driving.

For some, the violent computer game actually may serve as a pressure-release valve and prevent them from acting out their rage. Computer games do not make people act out their violent feelings; they are a socially appropriate place to put those feelings, just like football, hockey or weightlifting. The difference is that in computer games, the arena of action simulates reality, which makes some individuals more uncomfortable than with a real action. When anger, violence and hostility overwhelm people who are into gaming, they may become obsessed with playing these games. The games become an obsessional attempt for people to relieve themselves of their anger and aggressive urges. When people begin spending an inordinate amount of time playing computer games, they are struggling to keep their aggression under control.

When suspects write their own versions of the game, what we may call "add-on scenarios," we can analyze them to better understand gamers' emotional world. In addition to the main play of the game, gamers put in both subtle and obvious details that give us information about how they perceive the world, their world. From this information, we can make some interpretation about their state of mind. When integrated with other information we have, we may be able to take actions that prevent the acting out of violence.

Eric Harris, of Littleton, Colorado, was a gamer. In fact, he wrote several games. These games were readily available long before the Columbine incident and they demonstrate that his potential for violence was evident in the content of his games. Harris reportedly wrote eight games, but only six were available from his Web site (see http://pages.prodigy.net/soupfreak/trenchcoat.html and http://pages.prodigy.net/soupfreak/moredoom.html). They have been analyzed in the same way that psychologists analyze projective tests.

The predominant feature of Harris' games is that there are no enemies in most of them. The games are very simple and consist of moving around in a kind of interesting environment and collecting many weapons and massive amounts of ammunition. Interestingly, there are lots of health, which prolongs the play of the game, but almost no (psychological) armor, which might have protected him from the battle (in his mind). Some of his game play is in the dark and there are subtle references to salvation. For example, he placed a series of rockets in the shape of the cross. He may have seen a shootout or his weapons as his only salvation.

STEPS IN AN INVESTIGATION

There are several domains to be investigated when a suspect is a gamer. First, what games does this person play? One in particular, or do they play a variety of games? A person who plays several games has a measure of psychological flexibility and is less likely to be using the game to hold back his/her aggression. Conversely, if a person is obsessed with a game, it is important to know more about the game with which he/she is involved.

An important question to ask early in the investigation is "How much time does this person spend playing the game?" Two or three hours a day are a lot, but for a teen it may not be excessive. More than that-days, evenings, weekends spent drawing the characters or obsessively playing the game to the exclusion of other age-appropriate activities-could be considered beyond the norm and should raise the specter of concern.

It is important to note here that there is no "norm," however. Still, friends and family will be helpful in describing whether or not the individual seems overly involved in the game. Specifically, friends may be most helpful in describing the extent to which an individual is involved in gaming. They may know about a friend's network game play, or relate feeling excluded from the gamer's life because of the person's involvement with the game. They will use words like "obsessed," and may indicate that playing the game, drawing the characters and other such activities were this person's primary activity.

What is the story behind the game and what is the object? This information gives a clue about the kind of feelings being acted out. A suspect obsessed with Donkey Kong is less likely to provoke a confrontation with police than a person obsessed with Quake or *DOOM*.

Has the person written any add-on scenarios? Add-ons can be identified by the name of the extension of the game file. A simple call to the technical support number for that game's developer will help an investigator identify files related to the game and naming of the file extension for game files. (In personal computers, all files are identified by a two-part name, separated by a period. The information to the right of the period is always three characters and is the file extension.) In this way, an investigator can identify files that may be add-on scenarios by knowing the file extension.

When the extension is known, examine the files on the computer's hard drive or on the individual's Web site. If communication is established, ask the person directly if he/she has created any scenarios and ask him/her to play them for you. Regular computer game fans, called "gamers," take great pride in creating an add-on scenario that they feel is especially challenging because of its confusing map, dramatic graphics, or secrets embedded within the game.

If there are games, play them. What has the suspect added or deleted that is noticeable? Prepare a summary table to describe additions, omissions and other significant findings. Consult with psychology or behavioral sciences to make sense of what you find. There will be both subtle and obvious clues and all are worth considering as you integrate them with your other information. As with any creative skill, some of the new add-on scenarios are quite amateur while others are more professional, but both reflect an element of the mind of the person who wrote them.

ANALYZING CONTENT

Gaming material until now, largely has been overlooked as a source of information important to an investigation. Perhaps this is so because it appears innocuous; but when a person creates an add-on scenario, it is a product of that person's mind. It is as important as a dream relayed by that person; it is an undefended reflection of that person's raw emotional state. The game itself is to be examined in the same way that a criminalist might examine a crime scene. In this way, a tentative profile can be suggested to add to the body of knowledge about a particular subject under investigation. This information may be useful in estimating a person's potential for violence, particularly as adolescents (or young men with adolescent behavior) are the subject of more and more investigations.

It also will be helpful when considering whether or not the potential exists for that person to have written add-on scenarios for his favorite game. It also could be useful to know whether the individual participated in multi-user groups (MUGs) or played the game via networking. (Put simply, this is a method for establishing a connection between gamers playing the same game so that each can see the character of the other on his computer screen. This would allow for a player in California, for example, to team up and play in the same on-screen arena with a player from New Mexico.) Although this requires a bit more technical understanding, it is information well within the reach of the teenager with average computer skills.

The first step in analyzing the add-on scenario is to know more about the basic play of the game, since this will serve as a reference point for material discovered in a suspect's add-on scenario. Many of the current and popular games are virtual reality/fantasy simulation (VR/F) games. In these games, the gamer is the protagonist in a new world, the world of the game. It may be virtually real, such as a game that occurs on a city street. In fact, virtual reality games are finding favor as useful training tools for paramedics, pilots and even law enforcement agents. The game also may occur in a fantasy world, such as the Old West or the planet Zaphra. The stage is set by the game's instruction

manual, usually with a story, so that the nature of the first-person character and the purpose of the game are clear from the opening screen shot.

Eric Harris was known to be a fan of the game *DOOM*. *DOOM* is a VR/F simulation game, a first-person shooter game. (Other current first-person shooter games popular today include *Quake, Ultima, Hexen* and *Half-Life.*) In *DOOM,* the opening screen shot is down the barrel of a handgun, looking at the backs of two soldiers. As the game progresses, additional weapons of increasing lethality are discovered in secret spaces or recovered from enemies shot down. The enemies appear in increasing numbers and destructiveness. Survival is hard to maintain unless the protective gear, first aid and weaponry are found and the enemies are destroyed or eluded. There are as many as 35 or more levels to the game and at the outset, a skill level may be chosen.

HARRIS' DOOM ADD-ON SCENARIOS

Six add-on scenarios created by Harris were evaluated for this article. Since the file extension for the files is *.WAD, they will be referred to as WADs. (According to ID Corporation, the company that developed *DOOM*, WAD stands for Where's All the Data. Clever.) Harris gave his WADs the following file names: Bricks (also called Kill Him), Fight Me, Hockey, Killer, Station and UAC Labs. On his computer, they must have appeared as bricks.WAD, killer.WAD and so on.

When WADs or other files are uploaded to the Internet, they are often date-stamped and a creation date may be discovered. This information must be confirmed before it can be useful. If an individual's computer is operating with an incorrectly set clock, the dates will be incorrect. If they can be determined as correct, though, a chronology may be ascertained. Unfortunately, Harris' WADS were obtained from a site other than his own and neither the creation dates nor a chronology can be verified. These dates have been included, however, to suggest that this information could be helpful. Also, game add-on files are often accompanied by a text file, which describes technical properties of the file. This text file may contain personal comments by the creator that may offer additional insights. Brief text files were included with each of these games, but they will not be addressed in this article.

Each WAD written by Harris gives information about his state of mind. Learning is known to occur as an individual makes connections from the known to the unknown. Creativity often emerges in much the same way. It is the rare genius who can create something new that is not rooted in his previous knowledge or experience. We can infer that Harris and other gamers, projecting, create a game world that is in some way a reflection of their own internal world. The gamers are projected into the characters and the characters are controlled.

Some of Harris' WADS are more developed and the absence of certain elements may be as important as additional elements. For example, there are no enemies in five of these WADs, only weapons and ammunition to prepare for Harris' battle at a later level. This is reflective of a paranoid state, a person who is anticipating attack. His level of psychological development and state of mind are demonstrated by the material and process of game play in these WADs. In the sixth game, there

are enemies and a battle that is virtually impossible to win. This is an externalized version of the emotional battle in Harris' mind, which he felt he was fighting every day. Interestingly, all the WADs are created for deathmatch mode, which allows others to join the gamer on-screen for a fight to the death.

The actual chronology of Harris' WADS is not known; the dates shown are dates that were on the files uploaded to a different web site. For convenience, the WADs will be presented in alphabetical order. A content analysis of each WAD is presented and a summary of the elements (see Table A).

BRICKS.WAD

Bricks opens into a large, yellow-brick castle turret. With the first step, the player picks up several boxes of ammunition, a super shotgun, a double dose of first aid (which prolongs one's stamina against lethal damage from enemies or restores damage) and moves into the courtyard. In the courtyard, several more lethal weapons are visible, as well as many more boxes of ammo. As you maneuver around picking up everything in sight, a large graffiti message is seen on a wall across the courtyard. It has the one word "DEATHMATCH" and a picture of one soldier shooting another, with blood pooled on the ground. On another bridge across the courtyard, Harris has written another graffiti message, this time a more personal one. Here, Harris writes "EMAIL ME" and inserts his email address. Typically, such intimate detail is not included in games and when present, it is embedded within secret hiding places in the game. This can be interpreted as a worldwide call for help, a request for anyone to reach out to him. There is virtually no challenge in this WAD, only the activity of picking up a full stock of weapons and ammunition. In the main courtyard, there are rocket shells in the form of a cross. There is also a very dark cavern and the light shaft in the distance illuminates a single rocket. These two details suggest that Harris felt that the rockets and ammunition represented salvation or redemption for him.

There are numerous text additions in this WAD, as well as several substitutions. The text is taunting and somewhat threatening and one substitution in particular suggests cowardice. In place of the "EXIT" sign, Harris has placed the word "WUSS," a slang word for cowardly or effeminate. In the selection of the level of the game to be played, Harris has substituted the most difficult option from "NIGHTMARE" to "YA FREAKIN' NUT"!! These substitutions alone demonstrate the ambivalence that existed in Harris' world. If you choose the most challenging level and are threatened with your life, you are either taunted into playing until the death, or accused of being a coward in saving your life.

FIGHT ME.WAD

This WAD is modeled after the popular video game *Mortal Kombat (sic)*. The setting is a circular steel arena and the player enters on top of a tall pillar. There are three other pillars and

a very tall pillar in the center, collectively forming the shape of a cross. There are supercharge spheres on each pillar and the player must determine how to retrieve them. The arena gives the feeling of a fight-to-the-death, no-escape situation.

There are no text additions or substitutions, but there are new sounds. When the player runs off, or falls off a tower, a masculine voice confidently proclaims, "PSYCHED." Likewise, when punching the tower, one hears "EXCELLENT." Interestingly, when the player is on an elevator and the elevator rises, a shrieking feminine voice screams, "GET DOWN HERE!" Also, in this level, with the first step, health and armor values are doubled. There are no enemies in the WAD, but there are dark storm clouds overhead. The general tone of this WAD is one of brooding anger and triumphant victory.

HOCKEY.WAD

As in the previous WAD, in Hockey there are no enemies. There is only plenty of ammunition. In the bleachers surrounding a hockey arena, there are 4 full caches of ammunition. (At any given time there is a maximum amount of ammunition that a player can hold. This WAD has 4 times that amount available for stockpiling.) There is a supercharger in the middle of the arena (the face- off?), with 4 chainsaws sitting on the rail dividing the seats from the ice. There is virtually no challenge in this WAD, only a sense of anticipation of what is to come. All weapons are obtained readily in this WAD, with many duplicates. Again, there is the feeling of challenge and hostility.

The absence of actual enemies in this WAD (and the others) indicates paranoia, a feeling that attack is imminent and preparation for such a battle is imperative. The player must be vigilant and on guard, because enemies are expected. For Harris, this theme recurs. His WADs demonstrate a perpetual and urgent need to defend himself.

KILLER.WAD

In Killer, the player must use elevators and skilled jumps to collect all the weapons. The BFG (Big Freaking Gun--the most potent weapon) is atop a very tall tower with an elevator, again suggesting triumph. The game is set in a brick-walled courtyard with two bunkers. One of the bunkers is bullet-riddled, with dead and charred tree stumps throughout the grounds. There are no enemies in this level and both extra health and ammunition are available. Very dark clouds loom overhead.

The dead trees suggest a person whose own spirit has died. The bullet-riddled bunkers may stand for him and his brother and suggest that he feels attacked and that his brother was left untouched. In the face of this prior attack, the abundance of weaponry and the challenge needed to retrieve it suggest plans for retaliation. The trees stand for a part of him that is dead, perhaps a feeling that he is losing or has lost the battle.

STATION.WAD

Station opens with a custom graphic, "STATION by Eric Harris". The scene is a space station with several rooms and chambers. A measure of initiative is required to find weapons and ammunition, but they are readily available. One room has a river of toxic sludge running through it. Players need a minor demonstration of skill necessary to navigate this level. Skill is required to jump above the inflow of sludge and if the river is followed, players must drop into a pit to reach a transporter, which returns the player to the beginning, where a misstep causes a fall into a pit. The exit from the pit is an invisible wall. Again, Harris is demonstrating the futility of his efforts. He cannot seem to find the exit from his pain.

At one point in Station, the player walks across space to retrieve a rocket launcher and a box of rockets. There is no challenge to this space walk, but the graphic impression is interesting. This scene is one of Harris' more creative and self-divulging. There is a sense of futility and a pervasive toxicity and although there are enemies, few exist. As with other WADs, most of the enemies are in the mind of the player, which is another device intended to prepare the player for the battle. The space walk signifies omnipotence, a feeling that one can do anything. The walk on water is reminiscent of the story of Jesus's miracle, suggesting an omnipotent state of mind. Possibly, Harris may have actually believed he could win a shootout with the police in this omnipotent state. The combination of paranoia and omnipotence can indicate a highly destructive and dangerous state of mind, a person at very high risk for acting on his feelings.

UAC LABS.WAD

Harris created the opening graphic for this WAD from one of the *DOOM* creatures. The diagram was highly publicized as news of the Columbine shootings emerged. The graphic is a close-up of the head of a fierce bullish creature. This WAD has the most complex map of all those created by Harris. It is the interior of a space station laboratory with many chambers and rooms. In this level, weapons are obtained only by retrieving them from downed enemies. A relatively small amount of ammunition is found in chambers and alcoves.

In this level there are two significant battles. One very large room contains a battle with many enemies of all types, mostly soldiers like the protagonist. The battle can be seen continuing in the courtyard. There is virtually no point to this battle; there are no secret doors or keys to be obtained. This is battle for battle's sake.

The second battle is virtually impossible to win. Upon entry into the courtyard, there is a large cage with many enemies fighting within (perhaps such as those his mind contained) and also shooting at the protagonist. Once the cage has been passed, the far courtyard is entered after crossing a low fence made of skulls. When the player makes it into the yard, the battle fury increases. The enemies multiply exponentially as the battle progresses. All types of weapons are needed and there is no extra health available. During one play of this battle, more than 15 minutes of constant firing

(while using the cheat code to stay alive) finally resulted in a victory. At the center is the ultimate *DOOM* enemy, the subject of the opening graphic. This creature has a laser gun in place of one arm and a metal attachment for a leg. When this enemy finally is killed, the symbol for anarchy is evident on the platform patrolled by him.

This is one of the most hopeless WADs created by Harris. There is a pervasive feeling of attack and impotence as creatures keep coming and coming and coming. Possibly, Harris felt that battle (and perhaps the shootout at Columbine) was his only hope for salvation, for relief from his angry pain. This WAD reflects the mind of an individual who feels under attack, who absolutely must retaliate and defend himself to survive. In fact, survival may not be possible, but in this WAD, the player goes down shooting.

Repeatedly, we see Harris' games as a preparation for battle. His anger and rage are contained by the hope that he will be ready for the showdown. He has made weapons and ammunition available for repeated attempts. The battles are devised as public display, occurring in the courtyard consistent with the grandiosity that is often part of a "suicide by proxy" scenario (Geberth, 1996). Harris also shows us some of the critical authority figure that resides within him in the sounds and text replacements peppered throughout the game. This is the same authority within that sets standards felt to be unattainable, creating a chronic sense of failure and futility.

At least two of his games attempt to re-create what is called God mode, a mode where he is inhumanly healthy and energized for the battle. This is a narcissistic and triumphant state in which he feels immortal. Harris may have had moments of psychosis (or near-psychosis) when he really believed he could play, fight, die and restart. This loss of reality testing is not uncommon in psychopathic and other disturbed states of mind (Meloy, 1988). Harris' games are filled with subtle details that, to a psychologist, suggest a severely depressed, hostile and angry young man, at high risk to act out his impulses. If this had been known when Harris was picked up on previous charges, he might have gotten appropriate psychiatric treatment.

KEEPING CURRENT

Computer technology is an important part of everyday life. Law enforcement personnel must be aware of any information that could prove valuable in an investigation. Just as an individual's activities and surroundings are studied, so must his/her computer games. This is particularly important when the person under investigation is a teen.

When examining the content of a computer game, a criminalist must assess the type and amount of time the suspect spent playing computer games. Once determined, a look at the directory of the hard drive of his/her personal computer can determine the creation of game files. If they have been created, it will be useful and important to commit energy to learning the basic play of the game and playing the games created by the suspect/perpetrator. It is important this not be seen as playing games any more than learning about bicycling if a suspect is a cyclist. Computer games always may

not be available, but when they are, they offer a unique and significant understanding of a state of mind not otherwise observed.

Input from a psychologist or behavioral science consultant is essential to assist the investigating officer by making interpretations about the data found. Any law enforcement agency can stay current on what is popular simply by taking a subscription to a layman's computer or gaming magazine at the office or reading through current computer software catalogs. Simply reading about what is popular can increase any officer's level of knowledge about games and equipment.

CONCLUSION

This article has attempted to inform law enforcement and investigative personnel about the value of computer games and gaming in an ongoing investigation. Add-on files created by perpetrators or suspects can shed light on knowledge about that person's state of mind and thus on his/her potential for violent behavior. Computer gaming's popularity is increasing and, much like other popular entertainment media, it is directed at boys and young men 13-25 years old.

An analysis of the games written by Eric Harris was described as a case example. Ironically, police picked Harris up within several months of the unverified dates of these games. If law enforcement had completed this analysis when they picked up Harris on earlier charges, the story of Columbine might have had a very different ending.

CONTENT SUMMARY OF WADs CREATED BY ERIC HARRIS

Title	Text Replacement (Original)	Visual Images/TEXT ADDITIONS/Sounds	Strategic Content
Bricks (3/1/96) (Also called Kill Him!!) Brick courtyard, no enemies, stairs, elevators upper	STOP IT!!! (Pause) YA' FREAKIN' NUT! (Nightmare) WUSS (Exit)	LOOKIN' FOR ME? *EMAIL ME (e-address) EMAIL ME!!! DEATHMATCH PREPARE FOR YOUR NEXT FIGHT 4 Bodies hung or impaled live plus parts Rockets placed in shape of Cross (*Can be seen in background from scene where LOOKIN' FOR ME? is located)	All Weapons Double Ammunition Double Armor Double Health No enemies
Hockey (7/29/96) Hockey arena, no enemies, around arena and up into walkways	None	Empty Hockey arena No text additions	Multiples of 6 Weapons (Includes 4 chainsaws, No BFG?) 4 Energy Cells Double Health 5 Full cache Ammunition No enemies
Fight Me (7/16/96) Circular Steel arena 5 Tall Pillars;	None	Sounds: "GET DOWN HERE" [fem] when on elevator "PSYCHED" [masc] when run/fall off tower "EXCELLENT" [masc] when punching main pillar Dark Storm Clouds overhead	Double Health* Double Armor* No Enemies (* With 1st step forward)

Table A

Title	Text Replacement (Original)	Visual Images/TEXT ADDITIONS/Sounds	Strategic Content
Killer (7/19/96) Walled courtyard, 2 Bunkers, 1 is bullet riddled, one is not; Dark Storm Clouds	None	"FIND SOME MEAT" (With chainsaw) Multiple dead and charred trees and stumps	All Weapons Extra Health Extra Ammo Challenging elevator jumps to BFG (?)
Station (7/25/96) General space station interior	Title graphic "STATION by ERIC HARRIS"	General space station interior, toxic waste room, transporter back to opening chamber. Walk across space to retrieve weapon and ammo.	Most Weapons Extra Health Extra Ammo
UAC Labs (9/1/96) Complex layout; several interior areas; several areas of complete darkness; major courtyard battle	None (Harris created opening graphic, a drawing of the ultimate DOOM enemy*) *This drawing was later published in the media after the shootings.	Lab with many chambers and rooms, in light and darkness. Many enemies of all types. This WAD is most like the original DOOM, though very challenging without cheat codes.	Opening courtyard patrolled by 3 enemies, which fire if you fire first. No distinction between beginner and expert levels. Ammunition available. Little additional health. Many, many enemies, weapons obtained by retrieving them from downed enemies. Huge courtyard battle with ultimate DOOM enemy, ½ man, ½ machine. May be impossible to win (?)

Note: Extra means additional, used for replacement. Double means allowance made for more than 100 %
Code: Health= survival time (length of play) Ammunition = number of shells, rockets, etc available for battle Armor = protects health status

Table A (continued)

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Police Suicide's Missing Link:
Plain and Simple Logical Models for Intervention and Prevention of Suicide

Gary S. Aumiller

Abstract: *Both psychological research in and statistical analysis of police suicide will produce a great level of understanding, but these should not lead to decisions about interventions and prevention programs. Once data has been collected, researchers should curb the use of statistics; the essential elements of all applied science are logic and common sense. This article uses inductive and deductive reasoning to create logical models for the application of police suicide research for intervention and prevention programming.*

Key words: logic, police suicide, law enforcement, suicide, reasoning

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Police Suicide's Missing Link:
Plain and Simple Logical Models for Intervention and Prevention of Suicide

INTRODUCTION

> *However great a man's fear of life, suicide remains the courageous act, the clear-headed act of a mathematician. The suicide has judged by the laws of chance-so many odds against one that to live will be more miserable than to die. His sense of mathematics is greater than his sense of survival. But think how a sense of survival must clamor to be heard at the last moment, what excuses it must present of a totally unscientific nature* (Graham Greene, *The Comedians,* 1966).

Logic is a system of reasoning that gives meaning to an area of study. Too often, logic is a discipline that gets lost in the attempts of a science to legitimize itself by providing a wealth of statistically derived information and suggestions. The statistician tries to build a frame for meaning with numerical manipulation. Frequently, they are building little more than a stage set that looks like something on the surface, but has no dimension-other than expressing what the statistician had determined they wanted to find before starting the research. Logic created the mathematics and method of statistics even the computers that now analyze the data of the statistician. Yet, many sciences seem to stop short of using this logical foundation once they have "real data," thus falling short of creating something useful.

The study of police suicide will stall in its ability to be applied if logical methods are not used to make sense of what the research finds and to make it usable to the person or department looking to save an officer from himself. Knowing how many officers killed themselves because they were having relationship problems, or whether the police suicide rate is 3 times, 4 times or the same as the rate of the general population may make an impression for selling a program of prevention, but not for creating and working with a program for prevention and intervention. All statistics should go through a logical model of some kind to generate the force needed to have a powerful impact for an applied setting.

Logical methods will create a working model that will identify the factors of suicide and their relationship to each other and will lead to simple conclusions about actions that can be taken for assessment, treatment and prevention. Models should work to be easily understandable, memorable and applicable. Two logical methods most appropriate to creating these logical models are logical diagramming and the logical equation. One type of logical diagram is a schemata approach used heavily in the computer industry to show computer circuits and specify the expected outputs from a specific set of inputs. By looking at this diagram, a person should gain a complete understanding of a person or object's function and effects. A familiar logical diagram is the flow chart that shows a sequential analysis of factors or operations in an event. Flow charts help a person understand a process and help give order to an event.

The logical equation is a derivation from Euclidean mathematics that shows the factors of proofs and symbolic logic and was essential in Boolean algebra, which was the forerunner to an event and their relationship to each other. The logical equation is the base for mathematical devising the binary principles of computer systems. A good logical equation makes assumptions and conclusions easier to arrive at and to remember.

Logical models are created through deductive reasoning and inductive reasoning. Deductive reasoning is the process of starting with a theory or piece of general information and then using that knowledge to account for specific results. Inductive reasoning works in the opposite direction, starting with specific results and moving to general principles. The research on police suicide has generated good data that is both general in nature and specific in nature. It provides an opportunity to use both forms of reasoning in the creation of models.

THE FLOW CHART-DEDUCTIVE REASONING

Cognitive research theory suggests that all human activity undergoes a 3-step process: an event, an evaluation of the event and an action or consequence of the evaluation. The consequence or action stimulates an outcome, which then becomes a new event for a different cycle of behavior. Graphically shown, the suggestion may be displayed as follows: event → evaluation → action or consequence → new event.

By deductive reasoning, we can use this general theory to propose a similar series of events for a suicide. A person first experiences an event causing an evaluation of choices, then acts in some manner. The action leads to a variety of outcomes, which can feed back into future suicide-stimulating events. The sequence of events is graphically demonstrated (see Figure A). Roman numerals above the figure diagram the various levels of activity. Level I is the event; Level II is the evaluation process that asks: How do I feel about the event and what should I do? Level III involves one of three choices for action: act, ignore, or try to escape the activity. Level IV further breaks the three actions into outcomes of the actions, or, in the case of "escape," into a thoughtful decision about the chosen method for escape. Suicide falls into the category of an escape method-an attempt to escape the event by killing oneself. Once a person has the thought that suicide is the chosen method of escape, a person moves to Level V, which is to act on the suicidal thought, to ignore the thought, or to reconsider other possibilities. Most suicidal thoughts go to the reconsideration phase and end up being filtered back into the system as a new evaluation. In essence, the person says to themselves: "What has happened to me is so serious I thought about killing myself-I'd better figure out what to do!". It keeps them in the suicidal cycle, even though they may choose a different method to handle the problem. This push to suicidal ideation generally stimulates a different path. Looking at the arrows also shows that failure to act or choosing to ignore the event also tend to keep one in the suicidal cycle and often a person will have tried many paths in an attempt to escape the cycle before they actually move to the final action at Level V. Positive outcomes tend to move the person out of the suicide cycle.

This represents deductive reasoning, because the person uses a general theory of cognition to look at the suicidal thought. Deductive reasoning moves him/her to the next step, which is the intervention based on this model. It is only common sense that an intervention needs to be done at the same level that the person is in or, at worst, the next level they are moving toward. To intervene with people who are just evaluating an event by telling them they should reconsider if they think about suicide would only plant the idea that suicide is an option; they might not ever have gotten to that point. Another example would be that people are considering whether to escape by relocating, withdrawing, or committing suicide, it would be a mistake to tell them that the problem really is not that serious (Level II). They have already made that decision and must have movement before they will reevaluate that level.

A therapist or paraprofessional intervening with a person in this cycle should be cognizant of which level the person they are dealing with is on and should change the topics of conversations and the statements they make based on this awareness. For example, the different levels might stimulate the following statements:

Level I-How can we change what happened so it doesn't happen again?
Level II-Perhaps we can turn this to our favor. It isn't that serious yet.
Level III-It is important to act on this quickly, or maybe we should let it sit for awhile and let time make it less painful.
Level IV-Maybe this is a time to go away for awhile and let things cool down, or this is one where you give up on the person and stop letting them control your emotions.
Level V-So you've had thoughts about killing yourself; let's see if we can think about the whole situation differently.

The goal of each of these statements is to move the person away from the path of "event → evaluation → escape → suicide → act". If, at any of the levels, the person makes a different choice, the cycle has been interrupted. This allows the possibility of a positive outcome, moving the person out of the suicide cycle.

THE LOGICAL EQUATION-INDUCTIVE REASONING

Émile Durkheim (1858-1917), a French sociologist was one of the first people to study suicide. In his numerous writings on suicide and on the different organizational systems of the world, he identified a key concept in the self-destruction of any system(e.g., an individual, corporation, or government). He called the concept "anomie," which he described as a disregulated state of existence. Durkheim described it in an individual as a state of feeling separate from others, no longer one of the living. He felt that the person in a state of anomie loses a sense of purpose and direction and feels alien to his/her own world. When beginning to look for factors in a suicide to move from specifics to a general equation, this state of anomie seems to be important and essential.

Research on suicide suggests that persons who kill themselves are also in an altered mental state. Frequently, alcohol or drugs are involved. For many, there is an exacerbated state of mental illness. If we assume that man's basic instinct is for self-preservation, this altered state of functioning is essential for undermining instinctual necessity. Thus, as we are building a logical formula, we have two factors: "anomie" and "altered state". Because both are essential, their relationship must show that both are necessary. Of the mathematical signs, a multiplication sign shows essential character, as neither factor can go to zero. Thus the logical formula starts as suicide potential = anomie x altered state.

Suicide is an act of desperation often associated with depression, but neither of these factors is actually absolutely necessary. People often kill themselves after a depression lifts and some people plan their suicide over a long period of time, suggesting that the time pressure of desperation may not be that strong. Yet, one of these two factors is always present. Thus, their relationship is necessary together, but neither alone is essential as a cause of suicide. They have an additive effect on each other and thus can be considered one factor: (desperation + depression) becomes our third essential factor. This makes the formula suicide potential = anomie x altered state x (desperation + depression). This formula seems to explain the mass of research in the field of suicide, as most of the factors that surface in studies of suicide, particularly police suicide, fall into one or more of these categories.

The final factor in this formula is desperation, a secondary emotion. People become desperate when they feel they need to act immediately-the "time pressure" previously mentioned. Pain, whether real or not, is the stimulus for this need to act; "perceived pain" is essential. But both these feelings can be reduced by a strong sense of "spirituality:" a belief that things work out or that they happen for a reason. Spirituality also simply can be a belief system that gives order to the world. Thus, mathematically, spirituality actually becomes a factor that moderates the desperation factors, therefore is a division into the other factors. This makes the formula desperation = time pressure x perceived pain / spirituality. From this formula that the author believes that the factor of spirituality can never equal zero, because most people believe that there is at least some kind of order. An overall representation is called the Suicide Formula (see Figure B).

This is an inductive reasoning process because it moves from known details to create a general model. The application of this model also requires inductive reasoning. There are seven initiatives to prevent police suicide in a therapeutic setting (see Table A). There are five departmental initiatives to prevent police suicide (see Table B). Information in the tables is derived from the formulas for police suicide and desperation.

CONCLUSION

Police psychologists and researchers in the activity of human functioning often forget that, although man created statistics and science, these disciplines are not human. Thinking is human.

Man created scientific method through logic by thinking. To apply science to human situations, scientists must use the same path that they used to bring science into existence: man → logic → science; thus, science → logic → man. The logical models that people create for the application of science and statistics truly will lead them to the capacity not only to help others better understand what was learned in studies, but also to help others apply knowledge to intervene in suicide situations-and to prevent them in the future.

SUICIDE LOGICAL FLOW

LEVEL

I   II   III   IV   V

ACT — FAILURE
      SUCCESS

EVENT → THOUGHT

IGNORE — WORSEN
         REMAIN SAME
         IMPROVE

ESCAPE — GEOGRAPHIC
         EMOTIONAL WITHDRAWAL — IMPROVE
                                WORSEN

SUICIDE — ACT
          IGNORE — IMPROVE
                   WORSEN
          RECONSIDER
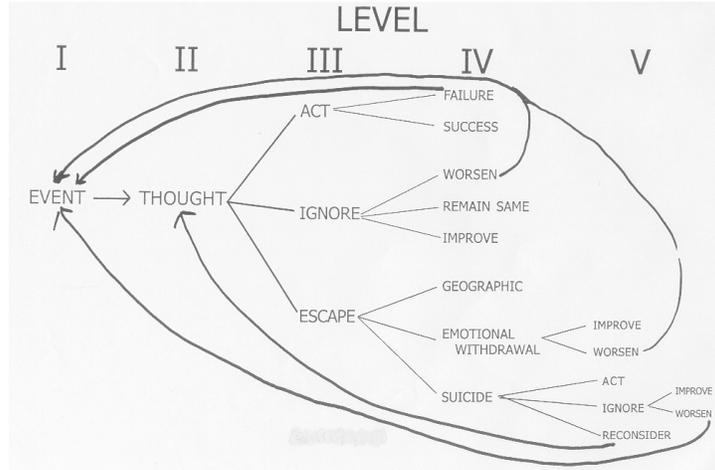
SUICIDE FORMULA

$$S_{UICIDE} P_{OTENTIAL} = A_{NOMIE} \times A_{LTERED} S_{TATE} \times (D_{ESPERATION} + D_{EPRESSION})$$

$$D_{ESPERATION} = \frac{T_{IME\ PRESSURE} \times P_{ERCEIVED} P_{AIN}}{S_{PIRITUALITY}}$$

Figures A and B

SEVEN INITIATIVES TO PREVENT POLICE SUICIDE
IN THERAPEUTIC SETTINGS

DECREASE ANOMIE BY
     INCREASE CONNECTIONS
     INCREASE SESSIONS

ASSURE NO MORE ALTERED STATES
     CREATING WATCHDOGS
     HOSPITALIZATION

DECREASE TIME PRESSURE
     PUT A REALISTIC TIME-LINE ON TREATMENT
     SET GOALS THAT CAN BE ACHIEVED QUICKLY

MODERATE PERCEIVED PAIN
     INTRODUCE TO OTHERS IN PAIN
     COMPARE TO OTHER PAIN IN THEIR LIFE

ADDRESS SPIRITUALITY

DECREASE HELPLESSNESS
     MAKE ACTION LIST
     SET SMALL GOALS THAT CAN BE ACHIEVED

DECREASE HOPELESSNESS
     GOAL SETTING
     BUILD A WISH LIST
     STORIES OF OTHERS THROUGH SAME PAIN

Table A

FIVE DEPARTMENTAL INITIATIVES TO PREVENT POLICE SUICIDES

WHEN AN OFFICER IS IN TROUBLE OR UNDER INVESTIGATION ALWAYS WORK TOWARD INCLUSION NOT EXCLUSION (DECREASES ANOMIE)

PROGRAMMATIC ATTENTION SHOULD BE PAID TO THE LONELINESS OF: RANK, UNDERCOVER OPERATIONS, OTHER SPECIAL DUTIES

CLEAR TIME-LINES AND PROCEDURES SET FOR: PROBLEM SOLVING WHEN ADMINISTRATIVE ACTION IS EVIDENT OR THE PERSON IS OFF AND NEEDS TO GET BACK TO FULL DUTY (DESPERATION, ANOMIE AND DEPRESSION)

RELATIONSHIP BREAKUP PROGRAMS FOR TREATMENT AND MARITAL HEALTH (ANOMIE, DEPRESSION, DESPERATION)

AWARENESS PROGRAMS TO DISCOVER AND TREAT ALTERED STATES: ALCOHOL AND DRUGS DEPRESSION OTHER PSYCHOLOGICAL DISINTEGRATION TERMINAL MEDICAL ILLNESS

Table B

Spirituality and Police Suicide: A Double-Edged Sword

Joseph J. D'Angelo

Abstract: The stigma associated with suicide among police officers is often a reason why suicide is on the list of taboo topics for discussion. Like many other sensitive issues in law enforcement, such discussion makes us uncomfortable. Attempting to introduce the issue of spirituality into the area of suicide and law enforcement causes even more uneasiness. This article addresses the spiritual dimensions of police suicides. Spirituality is a two-edged sword; while it can be an asset in dealing with the problem, it also can be viewed as suspect. Both suicide and spirituality are emotionally charged issues, begging to be addressed in conjunction. This article explores the issues within the law enforcement profession that may have a corelationship to the prevalence of suicide among police officers. An authentic spiritual perspective on these issues may help officers who might be at risk for attempting suicide.

Key words: spirituality, police suicide, law enforcement, suicide,   higher being

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Spirituality and Police Suicide: A Double-Edged Sword

INTRODUCTION

Contrary to the theme song of the long-running television series "M.A.S.H.," suicide is not painless. Every so often, daily newspapers carry a story about the suicide of a police officer. A *New York Daily News* headline recently screamed the message "His Pain Was Too Much" (August 6, 1999). According to John Marzulli, *Daily News* staff writer, police officer Salvatore Glibbery was a highly decorated officer with a bright future who took his life with a lethal overdose of pills. Subsequently, New York Police Department psychological reports disclosed that police officer Glibbery suffered from post-traumatic stress disorder (PTSD) as a result of the fatal shooting 12 years ago of an individual who was emotionally disturbed. Although he was exonerated by a grand jury, he apparently never forgave himself for his justified action. Glibbery lived with the psychological pain and its accompanying physical symptoms, insomnia, nightmares and depression, which even the prescribed Prozac could not ease. Now that he is dead, his family, friends and colleagues have inherited the pain of loss and grief.

Sadly, this is only one of all too many such stories of police officers throughout our country who commit suicide and the subsequent questions of their survivors still remain: Why did this happen? What could we have done to prevent this? Why did no one see it coming? And deeper questions exist: What do these self-destructive behaviors mean? What has happened to make this individual so incredibly hopeless that he wanted to take his own life (Turvey, 1995)?

Suicide is painful. Pain precedes it, pain is at its core and pain results for those who remain. Merely 1 week prior to this event the Surgeon General, David Satcher, declared suicide to be a serious mental health problem and the eighth leading cause of death in the United States. For the first time in our nation's history, a mental health issue has been raised as a public health concern and strategies have been called for to prevent further suffering. The article in *New York Newsday* (July 29, 1999) cited statistics indicating that 31,000 Americans committed suicide in 1966, which is about 85 people per day.

The suicide of any individual is devastating and leaves us with many painful questions, which need to be answered. For those involved in law enforcement these painful questions are compounded by the fact that these suicides have ramifications for the entire police profession. Perhaps the whole police culture needs to be examined to come to an answer to these questions as well as to find solutions to this hidden epidemic within law enforcement.

PERSPECTIVES ON THE PROBLEM

Perhaps there are elements within the police culture or the job itself that we need to ask questions about to sort out factors that seem to contribute to police suicide. One thing is certain: there is little or no formal training about suicide awareness in police academies. Like many other

sensitive subjects facing the law enforcement community, the issue of suicide is often ignored by agency administrations. There is a prevailing myth that the police officer is invulnerable and indestructible. There is certainly a stigma associated with any suicide, but the suicide of a police officer is often seen as dishonor, a sign of weakness and failure and a disgrace to the profession.

Numerous studies have been conducted to attempt to determine both the extent and causes of police suicides. A study by the University of Buffalo that states that police officers are eight times as likely to die by suicide than by homicide. This happens to be the only study that compares police risk factors to other occupations. The study further indicates that police suicides often are misclassified, thus leading to an underestimation of the risks. In addition, many police suicides are reported as accidental (Baker, 1996).

What is it about the job of the police officer that might be considered a risk factor for suicide? One immediately may think of police stress. According to Hal Brown (1998), the link between police stress and police suicide has not been studied adequately; it has been misrepresented and even ignored. He further suggests that, because of possible embarrassment, life insurance considerations and potential lawsuits, police suicides often are covered up or underreported as such; thus, any possible remedial actions could not have taken place. Brown declares that there is no such thing as run-of-the-mill stress and that police officers are able to pretend that they are immune to it; what appears to be minor stress can really be the tip of the iceberg and should be taken seriously.

Stress

Even the issue of whether job stress is worse for law enforcement officers is debated by many researchers. There is both agreement and disagreement in the works of Hammett (1999), Ivanoff (1994) and Turvey (1995), which this writer has consulted for this paper. Police stress notwithstanding, research also has shown strong links between PTSD and police suicides.

If police stress is only the tip of the iceberg, then what else can be considered as possible risk factors? A review of the research and literature indicates that the following issues usually are associated with police suicide: interpersonal and relationship problems, depression and the use of alcohol and drugs (Ivanoff, 1994). Also cited are police corruption and misconduct, with its accompanying shame and humiliation, along with divorce and mental breakdown (McNamara, 1996). In addition, stress and burnout, feelings of isolation and alienation (Symonds, 1996), continuous exposure to human misery, overbearing police bureaucracy, inconsistencies in the criminal justice system, shift work, lack of control over working conditions, social strain, physical illness and impending retirement also may play a part (Baker, 1996). According to Kirschman (1997), the loss of a relationship is perhaps the most devastating factor and often is associated with a suicide.

Some people would go so far as to suggest that a police agency that is insensitive to the needs and concerns of its officers can be considered a contributing cause of police suicide. Brown (1998) suggests that if those in command-level authority paid more attention to police morale and were more alert to signs of distress in the ranks, there would be less police officer depression. He further states that when police officers feel betrayed or abandoned by their administrators, they often feel anger, rage and resentment, which are acted upon in the form of the on-duty suicide designed to punish the administration.

According to John Violanti (1995), the greatest reason that police officers take their own lives is because they have nowhere to go for confidential help for their problems. It is no secret that police officers, due to their role and job, reluctantly seek assistance for emotional or psychological problems. They tend to be mistrustful of mental health professionals and even of the employee assistance counselors within the department (Hammett, 1999).

Turvey (1995) seems to suggest that, in addition to the aforementioned risk factors, there are two other significant issues worthy of consideration that immediately may not come to mind: control and hopelessness. These two issues seem to be at the core of police suicides and are directly related to the police culture. Police officers are taught early in their careers that they must be in control not only of the scene but also of their emotions. To be out of control threatens an officer's sense of vulnerability. Just as control is a primary element of the police culture, it is related to the issue of suicide. Because the officer's gun represents the ultimate control, as well as the officer's obligation to control the environment, the officer is trained to use it as the ultimate solution when circumstances require it. When police officers believe that they are losing control over their lives due to a personal problem, the gun provides an easy solution. Suicide may be perceived as the only means of personal control.

Hopelessness

This leads us to the issue of hopelessness. The sense that one does not have control over one's feelings, behavior, or circumstances results in a sense of self-resignation toward perceived or real elements in one's life. Hopelessness grows slowly and, left unabated, develops into an insurmountable state of mind that can be the strongest factor in suicidal ideation. As Turvey declares, when a police officer commits suicide it is most certainly an expression of hopelessness, whether perceived or real, within the perspectives defined by the police culture. It is important to note that hopelessness is indeed a factor of one's own perception and one's perception is often determined by one's cultural environment. We shall return to these concepts of control and hopelessness later.

Another possible risk factor for police officer suicide is found in the work of Blatt (1999), whose research focused on the link between perfectionism and high achievers with depression and suicide. He suggests that the very quality that drives some people toward high achievement-perfectionism-also may be the characteristic that leads them to self-destructive tendencies. This certainly would apply to the police profession, which seems to attract individuals who are either self-

oriented perfectionists or become socially prescribed perfectionists due to the culture of the job. The first type of perfectionism involves setting exceedingly high and unrealistic self-imposed standards, self-scrutiny and criticism and having an inability to accept faults, flaws, or failure. The second type involves the belief that others hold exaggerated expectations that are either difficult or impossible to achieve. Some police officers seem to belong to both types at once, trying to attain both self-approval and approval from others.

THE ROLE OF SPIRITUALITY

Introducing the notion of spirituality into a discussion about suicide is fraught with many dangers. Both suicide and spirituality are extremely emotionally charged issues. Sadly, some in the field of mental health would object to such an introduction, not to mention the fact that some in law enforcement may be uncomfortable with such a discussion as well.

The subtitle of this article suggests that spirituality is a two-edged sword when applied to the topic of suicide. On the one hand, our Western cultural religious views, contained in Christianity, Judaism and Islam, categorically condemn suicide as immoral and contrary to the will and plan of God. Besides the social stigma, there is also the stigma associated with taking any human life, even if it is one's own. The consequences are seen in the prohibition against burying suicides in consecrated ground and the like. Here, for some individuals, the decision not to commit suicide may come either from guilt or from a firm belief in the dignity and value of human life. It is a curious phenomenon that some people who may be contemplating suicide might be looking for permission to do so from some religious authority. Thankfully, modern applications of religious views have taken suicide out of the realm of morality and have placed it within the realm of psychology and spiritual wellness.

Nevertheless, it is this writer's opinion that a healthy and authentic spirituality can be an asset in preventing suicide among police officers. Good spirituality is good psychology; that is to say, spirituality can aid in the psychological process of dealing with the issues related to police officer suicide. Thus, spirituality and psychology can work in concert towards spiritual and mental health. Naturally, there are also aberrations of spirituality that need to be avoided as unhealthy and detrimental to one's spiritual and mental well-being. Thus, the notion of the double-edged sword.

But, what exactly is spirituality? First, spirituality is not the same as religion. Religion is the manner in which an individual lives out his/her spirituality, usually in some type of formal structure, institution, or organization. Spirituality is, therefore, broader than religion. Spirituality can be described as one's relationship with three realities: a transcendent higher being (which some choose to call God), one's self and the universe, including other individuals. Most people would accept the notion of the existence of such a transcendent higher being, even if they could not come to know such a being. This is known as agnosticism. One's relationship with one's self is usually the area associated with psychology. Nevertheless, spirituality also influences this area as well, which is the

domain of the soul or spirit. Certainly, our relationship with the created universe of the world around us and its people is what living is all about; spirituality is the means whereby human beings relate to these realities and entities.

It has been said that within each human being there is a spiritual yearning for connection with these realities and that lacking these connections, human beings experience a void or emptiness within the spirit. Here is where many people get into difficulty, for when we experience such a void in any of these areas, we attempt to fill these empty spaces with something other than what is intended or healthy. Thus, things, activities and behaviors that are perceived to be fulfilling become a downfall. Drugs, alcohol, sex, money, material possessions, power, status and fame all become our gods and our universe. But alas, the void still remains and we are not fulfilled at all. Healthy spirituality can restore people to a proper and fulfilling relationship with a higher being, ourselves and the world and its people. If all is well in the spiritual realm, it stands to reason that there is a good chance that all will be well in the psychological realm as well.

Spirituality and psychology are not in conflict; in fact, they can work in harmony to alleviate the spiritual and psychic pain that people experience. Spiritual remedies can be applied to the causes or factors that result in suicide. Suicide is not about death; it is about relieving the pain and lifting the burden of suffering.

Most people would agree that the root of most of our psychological problems is found in low self-esteem. The same could be said for most spiritual problems as well, but a healthy spirituality can help raise one's self-esteem. The once-popular adage among young people, "God does not make junk," is an affirmation for building self-esteem. It implies that people are special and beloved to the Creator, that everyone is worth something and also worthy of everything life holds. If people believe that they are indeed worth something, that they are worthy of love and being loved, they will, in turn, treat themselves as having worth and deserving worth. Consequently, people also will treat others the same way and relationships will be of quality.

Many things in a police officer's life can contribute to low self-esteem: experiences deriving from childhood education and relationships with family, friends, colleagues. For many police officers, self-esteem is tied to their self-perception as a police officer. Some cops may attach more importance and worth to what they do than to who they are. The job and its stressors all play into the officer's self-esteem; it is a job in which an officer continually is being judged by colleagues, supervisors and even the public for mistakes or poor decisions. The officer can be his/her own worst critic. Feelings of self-worth are tied to judgment and the perception of judgement.

How, then, can people apply a healthy and authentic spirituality, that is, spiritual values that are life-affirming, to the contributing factors of suicide among police officers? Spirituality has something to offer toward addressing the aforementioned factors and causes. Spirituality does not attempt to offer simplistic solutions to these complex problems. Rather, it offers alternatives and choices for what seems to be a hopeless situation.

Chaplain's Role

Through pastoral counseling by a chaplain or other clergy person, healthy spirituality can be a resource for police officers in dealing with troubled interpersonal relationships and marital difficulties. The common element and major contributor to police officer suicides is the inability or refusal to seek outside assistance. In addition, the practice of spiritual love (charity), which is the expression of basic human respect for the dignity and value of each individual, can be a framework for restoring and maintaining quality interpersonal relationships. Spiritual counseling often helps people deal with issues of shame, including the shame associated with thoughts of suicide.

Feelings of isolation and alienation often are addressed in the spiritual realm. Spirituality teaches one to reach out and to rely on others for help. It attempts to engender trust in a community of believers, which can take the form of a particular church or congregational setting. The spiritual support of such a group can provide a feeling of belonging and acceptance even amidst feelings to the contrary.

Like psychological counseling, spiritual counseling plays a part in alleviating symptoms of depression and anxiety. Here is where spirituality and psychology can and should work in collaboration to address depression and its underlying symptoms of anger, fear and anxiety. The spiritual practices of prayer and mediation often are helpful to deal constructively with anger, to face one's fears with fortitude and to trust in a Higher Being.

Spirituality has much to say about control and helplessness, which are factors in police suicide. Paradoxically, spirituality suggests that to gain control, one must relinquish control. Surrender is at the heart of serenity: not surrender in the sense of hopeless resignation, which is passive, but in the sense of giving over to our higher being what we recognize as beyond their control. This is the active surrender modeled in the philosophy of Alcoholics Anonymous, where addicted individuals ask the higher power for the serenity to accept the things that cannot be changed, the courage to change what they can and the wisdom to know the difference (The Serenity Prayer).

Surrender is difficult, especially for police officers, who are taught never to surrender to anyone or anything. Active surrender is positive, not negative; it is a firm decision to face a reality that is greater than one's self and beyond one's ability to control. It is certainly a spiritual skill that needs to be taught and maintained for serenity to be attained and preserved.

Hopelessness is at the root of our self-destructive behaviors and is the enemy of our spiritual well-being. Without hope human beings are doomed to fail in all areas of their lives and in life itself. If spirituality provides anything at all, it indeed provides hope. Instilling hope, which is so necessary as a therapeutic factor in psychological counseling, is also essential in spiritual counseling. It has been said that love is stronger than death. In this writer's opinion hope, above all else, is stronger

than death. As stated before, suicide is not about death; it is about relieving pain. Hope can lift and remove the pain. Spirituality is all about hope, for it affirms that nothing in heaven or on earth can come between us and the love of God. The Jewish convert to Christianity, Paul, expresses many such affirmations in his Letter to the Romans. While this may reflect the traditional Judaeo-Christian view, most spiritual world views and religions also emphasize hope.

This writer submits that the healthy practice of the spiritual values of faith (trust), hope and charity (love) can be an invaluable foundation for alleviating the problems that can lead some people to commit suicide. Neither spirituality nor psychology can provide the so-called "magic bullet" (no pun intended) for the human spirit and psyche, but working together they can provide relief for the pain of suicide.

CONCLUSION

Spirituality does not pretend to provide simplistic solutions to life's complex problems; it is not a panacea for anxieties. Yet, denial prevents people from even admitting that there is a problem and thus from reaching any solutions. People must begin to recognize that police officer suicide is no longer a myth or a taboo topic. Police agencies must provide training and education on the early identification of potential police suicides and remove the stigma of seeking help for emotional problems. Police officers must believe that there is nothing wrong with availing themselves of confidential help from trusted peers, a chaplain, or another professional. The law enforcement community must recognize that spiritual remedies and spiritual practices can provide alternatives to traditional strategies of dealing with problems that threaten the emotional and psychological well-being of police officers. Finally, psychology and spirituality mut join forces in providing sound psychological techniques and healthy spiritual practices to alleviate the pain that is at the core of police officer suicide.

Police Humor in Suicide Investigation

Claudia L. Greene

Abstract: *Humor is a highly specialized psychological response to the stress of human tragedy. This article reports personal observations of police humor encountered in more than 2500 suicide investigations; describes the red, yellow, green and white zones of primitive, immature, adolescent and mature humor; relates these zones to officer maturity; gives examples of each zone and indicates their underlying psychological mechanisms. Additionally, this article introduces the humor cycle; discusses the general and specific influences and uses of investigational humor and traces the relationship between the zones of humor and both the stage of suicide investigation as well as the degree of officer experience.*

Key words: humor, suicide investigation, law enforcement, suicide, police

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Police Humor in Suicide Investigation

INTRODUCTION

My personal observations on police suicide humor were born in the raw reality of death scenes, the autopsy room, death/family conferences and clinical evaluations/treatment of suicide attempters and police investigators. This article focuses on my experience at more than 2,500 suicide scenes, associated autopsies and subsequent investigations. My observations hold equally for situations involving suicide threats and unsuccessful suicide attempts.

HUMAN RESPONSES TO TRAGEDY: 28 YEARS OF OBSERVATIONS

I have found five factors that determine the intensity of emotional response to a tragic event: 1) degree of violence; 2) shock value; 3) bizarreness; 4) brutality of the event and 5) the personal impact of the event. An additional five factors determine the quality of emotional survival after a tragic event: 1) degree of reality testing; 2) ability to adapt; 3) degree of flexibility; 4) the availability of psychosocial support and 5) the ability to make use of psychosocial support. Both sets of factors apply equally to victim survivors, perpetrators and emergency responders.

Human response to tragedy is pervasive, from survivors to voyeuristic onlookers, medical personnel and investigators to support staff. I have found that the police officer, particularly, must become aware of his/her own personal responses to tragedy to remain psychologically healthy, especially when suicide is the focus of the investigation.

An officer may experience no immediate, overt response to a tragedy, or he/she may develop a variety of acute, obvious or disguised, verbal or nonverbal (behavioral) responses, that fall along a developmental spectrum, from primitive, infantile, or child-like, to mature and adult. A very primitive response to tragedy may result in a loss of reality-testing (psychosis). A heinous (sadistic, blatantly racist, or obscene) response is less primitive. Vomiting and fainting represent physical primitive responses. Humor, in general, is considered a mature response. However, I have found that police humor lies along a developmental spectrum, from primitive to mature.

All responses to human tragedy are influenced by human and scene characteristics. Responses from a distance-such as those that come from reading a news account-are muted in psychologically healthy persons. The sensory and experiential aspects of the event are conveniently "sanitized" in black and white newsprint. Color television news coverage and press photos cannot capture the smells, temperatures, sounds, tastes, sights and actual emotional intensity of an event. The camera lens "filters out" true experience. The unfiltered experience at the scene results in responses that are often spontaneous, "ill-timed," and jarring. Humor in these settings is usually an unexpected response.

POLICE HUMOR: DEFINITION AND DISCLAIMER

I define police humor as a group of psychological mechanisms with which an individual officer (or group of officers) *attempts* to sanitize, on an emotional level, the scene and its subsequent investigation, so that unpleasant to highly odious (pun intended), yet necessary, tasks can be performed in the line of duty.

The rest of this article may not be appropriate for those faint of heart, weak of stomach, of fragile psychological constitution, recently bereaved, or struggling with personal issues of depression, suicide, or past psychological trauma. Police humor is raw. It cannot be sanitized and must be understood in the full sensory and experiential context of the scene. Police humor frequently exposes the baser, unpleasant, "politically incorrect," and cynical sides of officers, as humor does with man in general. In extreme cases, the "humor" is obscene, racist, or otherwise highly inflammatory. I see no need to spread grief or hurt by repeating those sorts of anecdotes here, so, in a way, I have attempted to "sanitize" this article. Do not, however, be shocked if you encounter this sort of response at particularly grisly scenes. Even base "humor" has its psychological purpose, however primitive a response it might be.

DEVELOPMENTAL ASPECTS OF HUMOR

To understand police humor, you must examine the origins of the adult sense of humor. Coping strategies for the stresses, strains, crises and tragedies of everyday life develop with time. Humor, as a strategy, develops late, at about 22 years. Before then, a baby is totally self-centered, "delusionally" sees himself/herself as both the whole world and its center and smiles self-indulgently to indicate pleasure and a sense of physical and emotional comfort. Not realizing that there are people and objects separate from himself/herself and not being able to compare actual events to expectations, he/she is unable to experience amusement, one of the underpinnings of adult humor. By age 2, he/she has discovered that he is a separate entity, smiles in the context of social interaction and expresses pleasure in progress at exploring himself and the world. By age 22, thanks to brain development, he notices differences in and incongruities between people and object sets for the first time. A budding sense of humor is now possible, though it is purely physical. He takes delight in finding and reproducing these mismatches in his newfound reality.

Between the ages of 3 and 11, humor develops rapidly, verbal humor gradually overtaking physical humor. With this immature humor, the child begins to interact with his peers, with silly noises, chants, repeated words, explosive speech and teasing. He learns that he can manipulate adults by smiling at the incongruities that he sees in situations that are not to his advantage. Conversely, adults can manipulate his behavior with humor. Then imaginary play, wild, silly, boisterous laughter, fascination with "bathroom humor" (elimination jokes), slapstick humor, silly rhymes, stories in which one person fools another, hilarity in the incongruities, frailties, inferiority and failures of others (unappreciated by adults) appear. Elementary school humor focuses on deviation from

normal. The element of surprise, jokes on themselves, a new ability to experience and display empathy towards those less fortunate or different (a hallmark of budding maturity, as well as a means of softening the barbs of the usual malicious humor of this age group), practical jokes and poorly structured puns and riddles (experimentation with abstract thought) follow.

Early adolescent humor (ages 11 to 13) focuses on the discomfiture of people and may be vicious. Jokes about elimination reappear. Sexual humor, clowning, insulting friends and practical jokes give way to more verbal and sophisticated humor, often enjoyed by adults. Thirteen-year-olds are less physical, more verbal, mainly use sarcasm, prey upon adults' mistakes in speech and action and express anger and other strong emotion in jokes and sophisticated cartoons. Smutty humor is quite advanced and direct. Kidding of the opposite sex is rampant. Late adolescent humor (14 through 17 years) is even more verbal and abstract, focuses on the incongruous and is expressed in well-developed puns, insults, ridicule, loud corny humor in public places, unwittingly humorous observations about life (especially when under stress) and off-color jokes shared only with friends of the same sex. Adult humor appears at about 18 years, when the use of metaphor, abstract thought, keen observation, independence, self-assertiveness, the ability to manipulate others' feelings and actions with words and exquisite sensitivity to imperfections of the world and its individual citizens are highly developed. Adults express fear, grief, dismay, rage, uncertainty and other conflicting emotions with humor.

GENERAL EMOTIONAL DEVELOPMENT AND POLICE SUICIDE HUMOR

I have found that the degree of maturity of an officer's sense of humor mirrors his overall level of emotional maturity. This level can be gauged by examining the mental strategies that he uses to deal with everyday life. These range from primitive to mature and develop as the infant matures into child, adolescent and adult. The following paragraphs briefly discuss the primitive, immature, adolescent and mature coping strategies used by police officers during a suicide scene investigation. (All adults make use of these mechanisms, depending upon their level of personal development or presence of mental illness, to cope with tragic events). The majority of the following discussion applies equally to police humor in other types of investigations.

RED, YELLOW, GREEN and WHITE DANGER ZONES: POLICE SUICIDE HUMOR

As you look over the following examples, think of the classic red, yellow, green and white zones of threat that you learned about in the academy. You will notice a striking parallel to the degree of psychological threat that an officer perceives unconsciously when working a gruesome suicide scene. Primitive responses/humor indicate the red zone of high psychological threat. Immature responses/humor characterize the yellow zone, while adolescent responses and humor characterize the green zone of much lower psychological threat. Adult humor and mature response to tragedy indicate the psychologically safer white zone.

As you read the following scenarios, think back to scenes you have worked, your own responses and those of the people with whom you worked. Likely, you have not seen any very primitive (psychotic) red-zone responses, in which the investigating officer loses touch with reality. I have seen only a handful of cases in 28 years. Much more likely, you will have experienced a mild, physical, red-zone response and seen officers dealing with the yellow and green zones of far lesser psychological threat. The odds are that you will recognize many of the green responses (and hopefully some mature white ones) in yourself, your partner and your colleagues.

Do not be alarmed if you find yourself or officers you know also experiencing a number of yellow, immature responses. Even the most mature, jaded and experienced officer sometimes reverts to early coping strategies in the face of very grotesque scenes. It can be helpful, however, to look at the types of scenes at which you most often find yourself in yellow mode. You may find some surprising, yet similar features. If you find yourself in yellow mode most of the time, it might be useful to: 1) check the last time you took a vacation, 2) evaluate the degree of stress you are under at home and on the job, 3) re-evaluate your stress-reduction techniques (working out, hunting, fishing, surfing the Net) and personal time, to make sure you have enough of both and 4) see if your yellow responses are associated with any past memories of difficult events in your life. If your yellow responses are fairly consistent across a wide variety of scene types, are bothersome to you or your colleagues, you might consider a brief talk about it with a trusted friend. If you are comfortable with an experienced mental health professional *who has actually worked similar scenes and has had similar sensory and emotional experiences*, it sometimes helps to ask him to have a cup of coffee and a brief chat. Obviously, if you or colleagues are experiencing scene distress to the point of a nonvisceral red-zone response, professional consultation is warranted.

Primitive Coping Styles and Police Humor (Serious Illness)

The police officer who uses primitive or infantile coping strategies attempts to neutralize his/her internal emotional responses to horrifying events so that he/she does not have to address them emotionally. A variety of complex mental mechanisms can grossly change his/her perceptions of physical and emotional reality, especially projection of unconscious, uncomfortable, or threatening and frightening internal feelings onto external objects or other people. Projection is the basis for the loss of reality testing in the emotional state called psychosis. The mind creates gross distortions of sensory perception, totally unrelated to any real stimuli. Examples include hearing voices, seeing things not present, smelling and tasting nonexistent foul odors and tastes and feeling insects walking on one's skin (auditory, visual, olfactory, gustatory and tactile hallucinations, respectively). This new reality may also result in persistent false beliefs (totally at odds with those of other members of the person's cultural group) about one's self, others and the world. The psychotic officer may feel that others with nefarious intent are harassing or following him; reading, stealing, or otherwise influencing his thoughts (perhaps by use of a machine); or actively inserting thoughts into his mind. These false beliefs (delusions) are almost impossible to counter with reason.

At the most extreme, the psychotic person feels so overwhelmed by external events and internal psychological pressures that he believes that his emotional self and his body are literally disintegrating. The content of these delusions and hallucinations are often thought obscenely disgusting, abhorrent and terrifying by those who are not privy to this other "private" world. The delusions and hallucinations are even more horrifying to the person experiencing them.

Psychosis is very rare in police officers. However, I have seen transient hallucinations and delusions develop in extremely tired and emotionally and physically stressed officers (often under the influence of large amounts of caffeine) who witnessed a tragic suicide scene (brief reactive psychosis). I have also seen such an immediate response in officers severely traumatized as children by physical, emotional and sexual abuse. Long-term, these hallucinations and delusions can develop in the context of major depression and post traumatic stress disorder (PTSD), especially after particularly grotesque suicide scenes. I have found older officers particularly susceptible to re-awakening of uncomfortable thoughts and feelings, stemming from latent military combat-related post-traumatic memories and anxieties. These officers often had a history of, observation of, or participation in, combat-related atrocities, severe PTSD and hallucinations and delusions coexisting with dissociation. While their dissociative flashbacks may have involved only war-related memories or suicide-scene-related images, their hallucinations and delusions often incorporated elements of both.

What does all this have to do with police humor and suicide investigations? Obviously, the psychotic distortions of reality are not funny to the officer or other person experiencing them. However, when other officers *observe* such primitive attempts to cope with tragedy, they may respond with immature humor nearly as primitive to mask their own fears, anxieties and revulsion. A few examples may suffice. I have put quotations around the word "humor" in the next section for specific reasons. Unfortunately, these examples are impossible to sanitize, because they involve the theme of postmortem decay. Squeamish readers may prefer at this point to skip ahead to the section on Immature Coping Styles and Immature Police Humor.

Primitive (Psychotic) "Humor": Red Zone of Police Suicide Humor

I once treated a police officer who suffered his first nervous breakdown (psychotic "break") after working a suicide scene involving a badly decomposed body. He had a strong family history of schizophrenia (an uncommon [1% of the U.S. population], often genetically transmitted, major psychotic illness) and subsequently left his department on medical disability with that very diagnosis. His florid, grotesque hallucinations and delusions incorporated many of the sensory aspects of the scene that he had investigated. He described seeing, tasting, hearing and smelling an "exploding corpse." He literally believed that *he was the exploding corpse,* "a fountain of evil, spewing liquefied, decomposed human flesh out into the world." These terrifying thoughts and feelings gradually lessened with large doses of injectable medications. The connections between the suicide scene and his hallucinations and delusions were extraordinarily clear. His visiting police

buddies noted that the unfortunate young officer had been "in the line of fire" when the swollen body decompressed.

Some years later, with newer medication, his symptoms reappeared only when he was very tired. He reported profound embarrassment and concern that his symptoms had in some way injured his police friends. He had discovered that his true friends felt sympathy and compassion for him. He acknowledged that they would occasionally "poke fun at" his past perceptions, but that they were supportive of him and were not making fun of him personally. Had he heard the ridicule while actively ill, he noted that his response would have been different. Before medication, he was filled with rage and violent thoughts toward anyone who might disagree with his psychotic view of the world, no matter how distorted or perverse.

Immature Coping Styles and Immature Police Humor

Police officers responding to extreme stress often revert to the myriad of immature coping strategies used by children 2 to 10 years of age. Instead of verbalizing anxiety, fear, disgust and other forms of distress, these officers express their feelings in immature physical or emotional yellow responses. Officers operating in the yellow zone are often unaware of the connection between their physical complaints and work-related stress, while others see it clearly and find it highly amusing. For example, when they discovered that his medical tests were negative for physical injury, peers viciously ribbed an officer who wore a neck brace religiously for months after cutting down a 300-pound hanging body.

Immature police humor, like its nursery and elementary school correlates, is much more physical than verbal. It focuses on observable differences in groups. Immature police humor is characterized by teasing, manipulation of the feelings and behaviors of others, imagination, pretend jokes and play, silliness, explosiveness, imitation, rhyming, boisterousness, wild laughter during horseplay, fooling of one by another, the physical element of surprise, physical jokes on one's self, humor about urine and feces, slapstick humor, exaggeration, showing off, boasting, poor plays on words, puns, silly names, name-calling, tall tales, mild profanity, threats, riddles, giggling, sight gags, high emotion, histrionics and hilarity at differences, contradictions and incongruities. There is no apparent empathy or sympathy for the "victim" of this humor, which makes it distasteful to adults uninvolved in police work, but contagious to peers.

Immature Humor: Yellow Zone of Police Suicide Humor

On attending the funeral of a preteen who had hung himself, an officer had to leave the gravesite because he could not control his embarrassing, hysterical laughter. The tombstone, designed by the decedent's peers, read "He was tired of hanging around".

Adolescent Coping Styles and Adolescent Police Humor

Adolescent responses to tragedy differ from earlier coping styles. An officer who uses these (green) strategies is less focused on the physical neutralization of unpleasant reality and attempts to use abstract thought to regain emotional comfort. Unlike the officer using earlier, concrete coping styles, he does not take the world or words literally. Experience has somewhat lessened his anxieties about the daily trials and tribulations of police work. He uses a variety of mental maneuvers to avoid confronting the emotional aspects of a given unpleasant interpersonal interaction or situation.

The police humor that accompanies these adolescent responses to tragedy varies from the early adolescent style of 10- to 12-year-olds to the late adolescent style of 13- to 17-year-olds. Early adolescent police humor combines leftover, immature, concrete, physical humor with more sophisticated, abstract verbal humor. Loud corny jokes, limericks, general silliness, off-color jokes in mixed groups, exaggeration, plays on words, puns, repetition, elements of surprise, double meanings, physically based practical jokes, riddles, insults of friends and strangers, smutty bathroom jokes, immature sexual humor and enjoyment of comics and uncomplicated magazine cartoons are common. Emphasis is placed on deviation from "normal," and attention is also paid to more subtle incongruities. This more cognitively based humor emphasizes emotional and physical frailties, inferiority and failures of others and targets the psychological and physical discomfiture of others. Mean and angry thoughts and feelings are expressed towards others in a humorous yet often vicious way.

Late adolescent police humor focuses in large part on abstract frailties and incongruities. Its sarcasm preys on the mistakes in speech and actions by others. Smutty humor is more sexually advanced and direct, but is usually limited to same-sex company. Kidding of the opposite sex increases, as does the sophistication of jokes, riddles, insults, ridicule and puns. Emotional tension is drained through appreciation of more complex magazine cartoons and humorous movies. Practical jokes are fewer, but meaner. Loud corny jokes in public places are off-putting to those with a mature sense of humor.

Adolescent Humor: Green Zone of Police Suicide Humor

Early Adolescent Type

In the autopsy room, looking down at the "egg shell" skull of a jumper who landed 22 stories down, an investigator suddenly began chanting, "Humpty Dumpty sat on a wall, Humpty Dumpty had a great fall and all of Doc's stitches and all of Doc's men, couldn't glue Humpty together again".

Late Adolescent Type

"Bull's eye!" shouted an officer examining the body of a man who had shot himself in the eye with a .22 rifle. The deceased was wearing a Chicago Bulls hat, the officer's home team.

Mixed Immature and Adolescent Type

Recall the psychotic police officer with schizophrenia, who believed himself to be an "exploding corpse." Several police friends regularly visited him on the locked inpatient psychiatric unit to lend support. While visiting, the officers handled themselves professionally, with good taste and enormous self-control. They lost their composure on the way down the stairs. By the time they made it to the parking lot, they were clowning around. One began imitating an exploding body in a slapstick way, complete with sound effects. Another began making a noise like a cork popping out of a bottle, by pulling his thumb out of his mouth and began singing "Pop Goes the Weasel" loudly and repetitively. Yet another began an obscene limerick, "There once was a body named (name of their colleague)". A fourth officer was laughing wildly, to the point of tears. A fifth member of the group remained silent and stone-faced, while a sixth indulged (out of earshot) in insults and bathroom jokes aimed at a stout nurse entering the hospital. He later lapsed into puns and double entendres.

The officers teased each other unmercifully, especially "Stone Face," about their own sanity. "Stone Face" eventually responded with great sarcasm, bringing up the frailties and failures of those who started the needling. Some of the officers boasted how well they could handle encounters with the severely mentally ill ("loony birds"), with no ill effect at all. This boasting started a competitive verbal free-for-all about how psychologically tough the individual officers perceived themselves to be. Gradually, the joking lightened into banter about the sexual misadventures of yet another colleague and the group dispersed to eat lunch. The officers were totally unaware that I was observing them. I watched with a feeling of sadness and sorrow, that they had witnessed the ravages of one of the most upsetting of the major mental illnesses. I was glad to see, however, that they were able to relieve their tension away from the patient, gradually work themselves into a green adolescent humor zone and get on with life by going to lunch.

On later separate occasions, I ran into several of the older officers (whom I knew) and one of the younger officers (whom I did not know). All were in the parking lot that day. When I mentioned to the older officers my clandestine observations about "corpse man" (their term, a poor pun on "corpsman"--they were all ex-military), they were unabashed. They grinned, while acknowledging the psychodynamic basis for their street-earned and street-developed humor. The very young officer was, in fact, a rookie. He had only worked a few suicide scenes and had seen from afar only one decomposed body ("decomp") case. (The latter was a homicide scene with relatively little sensory input, but a major physiological response; he had vomited profusely at the smell.) This young man had no insight into his joking behavior after visiting his delusional friend. He was clearly bothered by his own behavior and expressed shock and outrage about the other officers' antics, despite having gleefully engaged in them earlier.

Mature Coping Styles and Mature Police Suicide Humor

There are fewer possible mature (white) responses to tragedy, compared to those from other developmental stages. Mature responses use psychic mechanisms to change unacceptable feelings into more acceptable forms, so that they can ultimately be addressed and anxiety relieved. The feelings are not avoided, but handled at a more opportune time. This is in direct opposition to primitive, immature and adolescent responses, which attempt to neutralize the unacceptable feelings in some way, so that they can be totally avoided. Mature coping styles include adult-level humor.

Mature police humor is similar to that used by 18-year-olds. It is subtle in its implication, is used in a positive way to relieve stress in both self and others during an uncomfortable situation and usually does not focus on situations involving discomfort, disability, or inferiority of others. Police officers with a mature sense of humor often feel uncomfortable when the humor of others is immature or primitive or when it focuses on the unfortunate circumstances and characteristics of others. Empathy often underlies mature humor, which is intellectual and based in sophisticated abstract thought.

Mature Humor: White Zone of Police Humor

At a scene in a cave in central Texas, a deputy sheriff and the police chief of a small town were investigating skeletal remains found there by a local spelunker. There was an entry wound with beveling of the bone in the left temple area of the skull and a gun was nearby. Citizens reported that the man presumed to be the deceased had threatened suicide and then disappeared about a year earlier. The bones were covered with cobwebs, to the point that the spaces between the ribs were obscured. Referring back to a conversation that the pair had the previous day about computers, the deputy remarked, "He ought to have his own Web site".

Police Suicide Humor and the Humor Cycle

All of these types and mechanisms of humor can be linked into a humor cycle (see Figure A). The point of entry into the cycle is influenced tremendously by human elements (officer, decedent and others), scene elements and the stage of death investigation, as discussed below. However, the more physical and less intellectual or abstract the stimulus for the psychological discomfort, perceived level of threat and humor response, the earlier in the cycle the healthy observer enters and the more primitive is his likely initial response. The subsequent humor response may mature with time, if the officer uses more advanced general coping strategies to deal with the situation. Close observation of the humor of healthy officers at a grisly scene may show a rapid progression of immature humor to more adolescent or mature humor, as he rapidly and reflexly puts into place his various mature coping mechanisms. Highly experienced, healthy, mature officers, in the face of a "bad" scene, can also enter the humor cycle with an advanced level of humorous response and then regress back through late and early adolescent responses, even to the point

of immature or primitive physical responses, as general mature coping strategies fail. Such an event does not signal mental illness, but rather indicates the activation of developmentally earlier coping attempts. As the officer adapts to the scene, his humor will reverse course in a more mature direction. A truly mature officer eventually finds that he can "overshoot" his routine, adult, intellectual defenses and, after the scene, comfort himself by experiencing pure, infantile-like joy, listening to his favorite music, or engaging in other creative pursuits. While at once a very primitive type of response, this sort of great sensory comfort now occurs in the setting of the most sophisticated of adult understanding, such as the psychological state entered while spiritually experiencing powerful pieces of music (i.e., Beethoven's "Ode to Joy"). He unconsciously utilizes a mental maneuver that psychoanalysts call "regression in service of the ego". By doing so, he takes a short-cut, from mature, abstract, intellectual self-comfort, to the more emotional and physical self-comfort of his earliest years.

At the other end of the spectrum, an officer psychologically primed for a primitive response to a tragic scene (by virtue of an underlying predisposition to mental illness, or by a history of severe psychological trauma) is not able to experience *any* sense of comfort after a brutal scene. Instead, he may experience just the opposite: the sheer terror of a psychotic state. Officers with such red-zone responses are mentally *in extremis* and need immediate intervention. With proper treatment, including medication and psychotherapy, they may eventually escape the red zone and be able to relate to their peers and others in more cohesive and advanced ways. A true sense of humor can and often does, appear after appropriate treatment of the psychotic state. Those with treated psychosis will be the first to say, as their sense of humor returns, that they are feeling better. Indeed, reappearance of a sense of humor is often the first sign that the officer is on the road to recovery.

INFLUENCES ON GENERAL POLICE HUMOR

In my experience, the red, yellow, green and white zones of police humor directly correlate with officer characteristics:

1. perceived level of psychological threat at the traumatic scene;
2. general level of life experience and maturity;
3. the level of "street maturity" (experience with similar tragic scenes);
4. degree of personal experience with tragedy and grief;
5. military experience of tragedy;
6. personal core issues active at the time of the tragic scene investigation;
7. past psychological injury and scarring, involving core issues walled off from ready acknowledgment;
8. self-perception (how alike or different he sees himself, compared to peers or others);

9.   general personality structure, characterized by his degree of respect for and style of interaction with others (histrionic, manipulative, "loner," empathy versus utilizing others for own gain);
10.   degree of self-control and control over aggressive thoughts and feelings;
11.   comfort level with differences in others;
12.   sudden change;
13.   general capacity to use and appreciate humor;
14.   predisposition to or current experience of mental illness (especially depression, Posttraumatic Stress Disorder and other major anxiety disorders);
15.   childhood physical, sexual, or other abuse;
16.   recent bereavement and stage of grief at the time of the investigation;
17.   psychological awareness of the dynamic role of work-related humor;
18.   personality disorder and its type;
19.   abuse of alcohol and other substances;
20.   degree of support at home and by partner and department;
21.   level/type of sense of humor of nuclear family and family of origin and
22.   degree of involvement in racist, obscene, or sadistic mental activity.

The stage of the investigation, features of witnesses and bystanders and scene elements also affect the humor.

INFLUENCES SPECIFIC TO POLICE SUICIDE HUMOR

Police humor in suicide investigations is further influenced by the officer's own current or past experience with suicidal ideation, plans, or attempts (self, family, or close friend). Decedent influences include: 1) state of body preservation, 2) means of suicide, 3) nature of evident physical injury, 4) extent of visible injury, 5) part of body with visible injury, 6) external appearance (clothing, tattoos, etc.) and 7) demographic and physical characteristics. Scene influences include: 1) weapon(s) used, 2) decedent's personal effects left at the scene, 3) physical evidence at the scene indicating psychiatric illness or treatment, 4) evidence of the decedent's own (usually immature or early adolescent) sense of humor, 5) evidence of life-style quirks or physical differences of the decedent, 6) suicide notes or diaries at the scene and 7) physical location and characteristics of the scene.

POLICE SUICIDE HUMOR AND THE HUMOR CYCLE

Humor plays a role in all police investigations, not just the investigation of suicide. Members of a suicide (or homicide) investigation team exhibit the same general humor dynamics as other police officers, only in a much more muted and solemn form. Accordingly, the following remarks on general police humor apply equally to police suicide humor. The major role of humor for the individual police officer is to convert a psychologically threatening situation into one more easily

and comfortably handled. Immature and adolescent humor allow the officer to avoid confronting the threat all together. Mature humor lets him postpone the confrontation until a psychologically convenient time, so that he can accomplish his job duties. After a horrible scene, this officer can take sensory comfort in music and other creative pursuits, by experiencing infantile-level joy in the context of "regression in the service of the ego". An overwhelmed, disturbed officer at the same scene may signal his horror with a primitive psychotic reaction; his sense of humor may return only after intensive treatment.

As discussed in the beginning of this article, a police officer can monitor his own sense of humor and that of his partner and colleagues. (Caution: do not play "armchair psychiatrist"--it is a good way to lose friends.) An officer's individual humor profile can tell him a great deal about himself: 1) general level of stress; 2) level of work-related stress; 3) general personality type; 4) possible vulnerabilities related to sleep deprivation, over-use of substances (caffeine, over-the-counter stimulants, alcohol) and prior psychological injury and trauma (childhood abuse, military experience); 5) need for vacation and/or more time for hobbies; 6) personal comfort level with and perceived level of threat from different types of tragic circumstances, crime scenes, investigations, subpopulations of citizens, perpetrators (such as pedophiles), victims and survivors. Personal insights into these aspects of an officer's psychological makeup can be very helpful as he plots his career path in the department. For example, an officer who finds his humor in the yellow zone almost exclusively when working youth sex cases, yet in the green and white zones for most other cases might, on further introspection, determine the reason for his apparent discomfort with children and set his sights on specialization in another area.

Additionally, timely attention to his overall and work-related stress levels can drastically improve the officer's physical health, as well as his mental health. Finally, an officer can make use of his sense of humor to relieve stress after a difficult day. Children's television cartoons (Wile E. Coyote and Road Runner), "real life" gangster movies (Al Pacino's *Carlito's Way*) and slapstick comedy ("The Three Stooges") all drain aggression through humor.

GROUP AND DEPARTMENTAL USES OF GENERAL POLICE HUMOR

Humor as a stress and health indicator can also be used by partners to monitor both members of the pair and the partnership itself. Training officers, especially in the field, can use humor to monitor possible long-term job reassignment considerations in officers with past childhood or military trauma. (These officers often have excellent capacity to perform extremely well, if their long-term assignments can be matched to their compensatory psychological strengths.) Police recruiters can use humor in initial interviews to screen for racist, sadistic and obscene aspects to a candidate's personality. Police administrators can also follow individual aspects of humor, to determine an officer's stress level in a difficult job assignment.

Police administrators can also monitor the level of humor of individual subdivisions, precincts, storefronts, beats, partnerships and specialized units, squads and teams. A group of police officers lacking camaraderie, teamwork and team spirit will usually not display much humor. Any humor seen is likely to be in the yellow zone (juvenile) or green zone (with an emphasis on meanness and anger). With experience, the general mental health level of a group of officers can be "felt" psychologically, just by walking in the office door or riding or walking with them, looking for humor and judging which zone of humor predominates. Similarly, on a group level, the response to others' humor can be telling. Poorly cohesive, low-functioning groups of officers do not display much humorous response, or the response may be a (veiled) hostile one. (The same applies to individual officers, as well.)

Just as humor can be used by individual officers to "de-stress" after a difficult operation, so groups of officers can use humor collectively: to build camaraderie, seal rifts after professional or personal disagreements, encourage team members who have not "come up to standard" of the peers, promote team courage during difficult circumstance and help the team cope with disaster, as a team and as individuals. I found the latter type of humor helpful when I assisted with the FBI Waco debriefing after the Branch Davidian episode. Police departments can also use very early physical "humor," expressed in playful rough-housing, as a way of relieving tension and aggression. Rechanneling it in a mature way, through intramural organized sports competitions, enhances the capability for fun and more mature humor in teams.

Another adult modification of child humor in difficult circumstance is the pantomime humor prominent as a stress reliever among surveillance and narcotic warrant entry and perimeter teams, during the final tense moments of operational staging. Facial expressions and hand gestures are often used for this humor. This humor is common at "bad" suicide scenes.

POLICE HUMOR AND THE STAGE OF SUICIDE INVESTIGATION

The suicide scene is prone to a more primitive level of humor than many other types of police activity. The act of suicide itself is more frightening to many than is killing another. Suicide can be thought of as self-homicide, a threatening idea that mirrors the annihilation fears of the helpless infant in a hostile environment, or of a psychotic person in his self-created horrifying reality. The decedent may physically resemble a loved one, or the officer himself. The means of death may be exceptionally violent (by explosives) and/or result in extreme disfigurement or loss of psychologically significant body parts (face, eyes, hands, genitals). The body may be in an advanced state of decomposition and have evidence of fly larvae or carnivore activity, both further distorting an already grotesque body. Evidence of mental illness in the deceased (diary, pills, photograph or appointment card of psychiatrist) and/or emotional (or coldly analytical) suicide notes can resonate with hidden fears in the investigating officer, especially if he (or a family member) has struggled with, or is struggling with, depression, suicidal thoughts, psychiatric treatment, or even a suicide attempt. Similar difficulties arise in officers with little or no professional or life experience with tragedy or mental illness and those with little or no psychological mindedness. When the deceased

leaves evidence of his own sense of humor, it can easily penetrate the intellectual defenses of an officer. One psychiatric patient scene that I investigated had a photograph of the treating psychiatrist tacked to the wall, with a note scrawled underneath in red crayon, "Bang! You're dead!". Both the psychiatrist's photo and the deceased had the same medium-caliber entry wound between the eyes.

The autopsy is another aspect of the suicide investigation that stimulates primitive fears, fantasies and reactive humor. As a large number of suicides involve self-inflicted head injury by handgun, shotgun, or rifle, or neck injury by hanging, anatomic attention to these areas is emphasized in the external and internal examinations of the decedent's body. Visceral responses, reflecting primitive annihilation, mutilation and castration fears, are particularly common when the scalp is reflected down over the face, the Stryker saw creates a whine and the odor of bone as the skull is entered, the brain is removed and incisions are made to examine the neck.

LEVEL OF OFFICER EXPERIENCE AND POLICE SUICIDE HUMOR

Suicide investigations and associated autopsies psychologically affect officers of various degrees of maturity and experience in different ways. Those with little or no life or professional experience with tragedy or mental illness, tend to have physical symptoms (vomiting, dizziness, fainting) at the autopsy and scene, with awkward, painful immature humor afterwards. These inexperienced officers are easy to spot. As the introductory scene to the old *Quincy* television program asserts: "the bigger and more macho the rookie cop, the harder he falls". Five or so "bad" autopsies and/or scenes usually prepare the officers psychologically for future, similar events. These more experienced officers are also easy to spot in the autopsy room or at the scene. They unconsciously use copious amounts of early adolescent humor that is immature and infectious to peers. Those with street maturity often feel uncomfortable in these officers' presence.

Officers with a few years of street experience, especially those rurally bred with a strong hunting background, have a much less visceral response and reflect their anxieties with various levels of yellow and green-zone humor. Exhumations and decomposed/charred body autopsies (especially in suicide by drowning and fire) have greater body distortion and greater associated immature and early adolescent humor. Veteran beat officers with much street and life experience use late adolescent and mature humor to defuse their tensions. They are aware of both their humor and it's psychological underpinnings. Civilians often enjoy their humor.

Officers who become jaded and calloused from years of exposure to tragedy on the street become hardened and rigid and lose their senses of humor from over intellectualization and isolation of emotion. These officers, in pre-hepatitis and HIV days, could eat a sandwich, smoke a cigarette, watch a "decomp" autopsy and write a scene report at the same time. Such officers are also easy to spot. They have absolutely no sense of humor and their faces are often set in a perpetual frown, scowl, or stony facade.

Administrative officers have a different type of suicide humor. If an officer has been behind a desk for years and hasn't been near a body or a scene for a great while, the protective callous of street experience thins with time, leaving him psychologically more vulnerable to "bad" scenes. In this officer, immature and early adolescent scene or autopsy humor often appears first. As the officer slips back into his old routine and comfort level, his humor rapidly progresses to the late green and white zones. Administrative officers tend to be older and many have military war-trauma histories. (Younger officers of the Desert Storm era have similar vulnerabilities, but they are fewer than their Vietnam era colleagues.) These officers are especially vulnerable to violent suicide scenes. Occasional red-zone humor may be encountered, just as in the officer with a history of childhood abuse. Trouble lies ahead if yellow and green zone, immature and early adolescent humor do not rapidly appear. I have encountered a few administrative officers with such histories, who recognize these findings within themselves and who, when possible, send a subordinate to especially violent scenes. I have also worked with a handful of senior officers in similar situations who did work the scenes personally, but who later requested the individual equivalent of a critical incident stress debriefing. All of these officers subsequently did well.

CONCLUSION

I have found that the most psychologically vulnerable police officers of all are the retired police officer and the young police partner, who discover the bodies of loved ones or partners who have committed suicide. These officers have very little emotional protection against the psychic shock of such events, either from "forgotten" experience or lack of street exposure to such events. Humor totally fails these officers, who report feeling "numb" immediately after discovering the body. In my experience, a significant number of these officers progress to Post-Traumatic Stress Disorder (which may be partial), despite immediate psychological intervention and support. Many of the younger officers leave the department, or policing itself, within a year or two of the events. Survivor guilt is enormous. Major depression--and suicidal ideation, plans and even attempts--are common in the surviving officer. Substance abuse and alcoholism compound the problem. Intensive psychotherapy and (often) medication can get many of these officers back on track. The return of a smile and a sense of humor are harbingers of beginning recovery, though it may take many months to accomplish.

THE HUMOR CYCLE

PRIMITIVE   PSYCHOSIS

CREATIVITY

MATURE   IMMATURE

LATE   EARLY

ADOLESCENT

Figure A

528
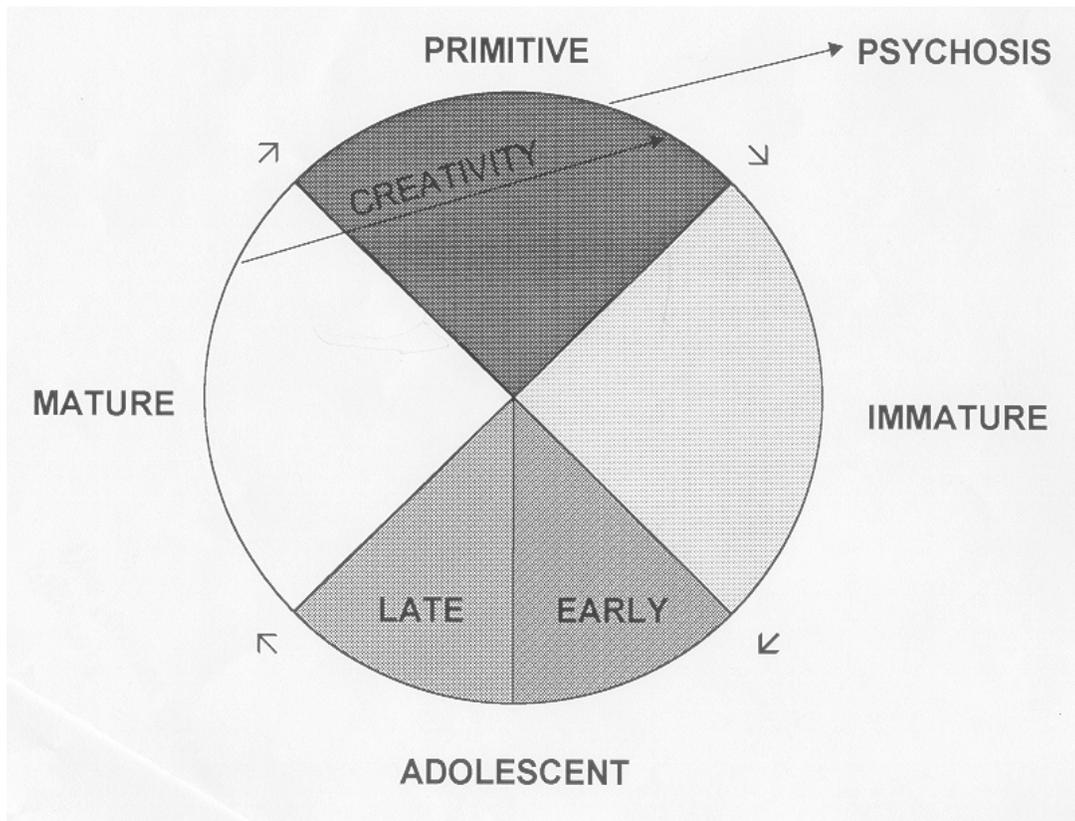
The Social Construction of Police and Correctional Officer Suicide

Jack Kamerman

Abstract: This article compares the dimensions, etiology and social construction of police and correctional officer suicide. In the process, it explains the public attention and inattention paid to both and the reality and mythology of suicide rates. These analyses, based on my sociological work in police and correctional departments in the United States and four European countries, are used to make recommendations for addressing suicide in prevention, employee assistance and training programs. Other issues are raised: for example, the ancillary gains made from suicide prevention programs, the relative neglect of correctional officers and the almost total neglect of suicide survivors.

Key words: social construction, correctional officer suicide, police suicide, law enforcement, suicide

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The Social Construction of Police and Correctional Officer Suicide

INTRODUCTION

If the study of police suicide has been neglected until recently, the study of correctional officer suicide has been virtually nonexistent. That is unfortunate in its own right and also because it makes it difficult to exploit the similarities and differences between the two to understand the nature of suicide in law enforcement.

The study of any subject, including suicide in law enforcement, is limited by the perspectives of those who study it. In addition, the way these suicides are socially constructed in turn, influences the character of prevention efforts. ("Social construction" is the way social and cultural factors in a society influence ideas about the world.) For example, you cannot hope to understand the causes of suicide if you lump together suicides with different social meanings: the suicide of a Japanese samurai in 1699 and the suicide of a depressed teenager in 1999 who just went through a romantic break-up, failed three courses in high school and found out that his/her parents are getting a divorce. They may have some commonalities, but they also have major differences. Cultural and historical factors and social categories such as occupation, race and ethnicity and sex influence the way professionals, police departments and corrections departments see the causes and prevention of suicide, the way the public sees the problem of suicide and its solution and, in fact, the way suicidal people see their own troubles.

To a great extent, the study of police suicide is dominated by the viewpoint of psychiatrists and psychologists; as a consequence, occupational, organizational and societal factors have tended to be neglected. Suicide in general and police suicide in particular are usually seen as problems whose etiology lies within the psyche of the individual suicide. When factors outside the individual have been taken into account, the almost exclusive focus has been on occupational subculture as it encourages keeping emotional problems to oneself or as it defines the report of suicidal thoughts to the department by fellow officers as a violation of loyalty. But again, the focus is on the suicidal individuals and their comrades and not on large-scale factors such as an organization that may be structured to discourage employees from coming forward for help.

The reasons for this lopsided focus are clear. It is less threatening and less expensive for departments to see suicide as an indication of individual psychological pathology ("booze and broads" as one police official described to me the etiology of suicide for male officers) rather than as a barometer of problems in an organization or a community. Also, in trying to explain why a particular individual committed suicide, these larger factors are difficult, if not impossible, to translate into terms recognizable and useful to those who deal with suicidal individuals. Statistical generalizations may seem useless when you are trying to apply them to an individual standing in front of you in your office.

Finally, in the popular mind, certain problems are the property of certain specialists. Because suicide usually is seen as an individual problem, psychologists and psychiatrists, who "own" the mind, are usually sought out after a suicide. The same, of course, is true in the case of murders and acts of terrorism. After the recent carnage in Colorado, Los Angeles, California and Fort Worth, Texas, psychiatrists and psychologists were consulted by the media to describe what was going on in the minds of the perpetrators, rather than focusing on why acts like these take place disproportionately in some regions of the country; why the means to commit these acts are more available in some countries than in others and how a culture that defines every misfortune as an assault-that is, not your karma or fate, but something that someone did to you-that values the good of each citizen over the good of the community and society and that implies that you must be compensated for every loss (and has the lawsuits to prove it), creates an atmosphere that encourages acts of retribution (Kamerman, 1998). The psychological viewpoint is crucial to understanding these problems, but it is far from the whole story.

The focus in this article is on occupational, organizational and societal factors that influence both police and correctional officer suicide and on the perception of these problems, rather than on psychological factors such as depression or posttraumatic stress disorder (PTSD). This choice was made both because the sociological approach is more appropriate for studying rates and trends and because it is a necessary corrective for the lopsided dominance of psychological approaches in the study of police suicide. Again, the analysis in this article rounds out and complements, rather than displaces, the findings and insights of psychological studies.

SUICIDE RATES: THE USE AND MISUSE OF STATISTICS

Rates, by definition, describe large-scale trends. It is a distortion to say that the suicide rate of a particular department has been cut in half by a particular prevention initiative when the number of suicides has dropped from two in one year to one in the next. Statistics on police suicide usually are misused in this way for political reasons, for example, to quiet city councils and newspapers or to justify continued funding for particular programs. Suicide statistics for individual departments may reflect trends and changes, particularly when viewed over time or when compared with those of other departments; but, standing by themselves, these statistics are simply a photograph of a few individuals at a given moment in time. They have value in illustrating rather than in proving or disproving theories about the causes of police suicide.

Statistics on police suicide often are used to make a case for how dangerous or stressful the job is. This is not to say that the job is not dangerous or stressful; there is certainly enough data to support those facts. When police suicide statistics are presented, they often are compared to the general population rather than matched by age and sex to a comparable part of the population. If age and sex are taken into account, the rate of police suicide may not appear as dramatic. This does not deny the fact that police suicides are under reported to a greater extent than are suicides in at least some other occupations (Violanti et al., 1996). The overall point is that statistics should be

approached with caution, particularly when there is an obvious profit to be gained by defining them in a particular way.

POLICE AND CORRECTIONAL OFFICER SUICIDE: ATTENTION AND INATTENTION

In the last few years, the media have paid increasing attention to police suicide. Among the reasons for this are the following:

1.   The problems involve police officers, who, for many reasons, are always in the public view; they are always a good story.
2.   The suicides are usually committed with guns and Americans have a great fascination with guns.
3.   The problem of police suicide is useful to politicians, particularly in an election year.
4.   Although inaccurately, a suicide implies that cops are weak, depressed, alcohol-abusing and problem-ridden and therefore in a convoluted sense subject to the same weaknesses as everyone else.
5.   There is also a genuine concern over the welfare of police officers among many people although this concern varies from one community to another, from one group within a community to another and from one time to another.
6.   Suicide by cop (SBC) indirectly focuses attention on police suicide.
7.   Suicide in general has received more public attention because of related issues like physician-assisted suicide.

Although the public may be fascinated by police suicide, departments themselves are inconsistent in their attention to the problem. Statistics are not always kept and when suicide is addressed at all, the department's focus often tends to be on suicides in custody rather than on officer suicide. This is even more the case for correctional officers. As a result, there is a similar imbalance in training; when suicide is mentioned at all, the attention is usually to recognize potentially suicidal offenders. This inattention to officer suicide results from the following:

1.   Departments fear legal liability if it can be shown that the job, as well as an officer's personal life, was a factor in the suicide.
2.   The legal liability for deaths in custody may be an even greater concern for departments.
3.   A suicide tarnishes the heroic image of the police officer.
4.   By setting up invidious comparisons with line-of-duty deaths, suicides undercut the notion that police work is the most dangerous job because, in the public mind, death counts are the measure of danger. Any claims for higher salaries based on the dangerousness of the job are similarly undercut.

To the extent to which attention has been paid at all, police suicide has received far more attention from the public, the media and from researchers than correctional officer suicide. (This section is adapted from Kamerman,1995.) This conference is a good example. There are several reasons for the inattention both by correctional departments and by researchers in the field of criminal justice to correctional officer suicide. First, correctional officers have a lower profile than the police. People have a fascination with police work. Look, for example, at all of the fictional and "real-life" police shows on television. In contrast, shows on correctional work are notable by their virtual absence.

This reflects in part a general unwillingness to look at prisons. Once criminals are locked away, the public does not want to hear anything more about them. The fact that building more prisons and filling existing ones beyond their capacity without providing adequate funds for additional staff will subject these officers to incalculable pressures does not dampen the public's enthusiasm for these "solutions" to the problem of crime. For the public, when the criminal has been locked up, the problem has been resolved. Also, police are visible because they work in the community. Correctional officers work out of the public's view.

Perhaps as a result of less media attention, the occupation of correctional officers, along with its stresses and pressures, is less understood than police work. Finally, the police are seen as the protectors of good citizens (at least when their public relations are good), while correctional officers are seen as the keepers of society's riffraff. In effect, it is denigration by association.

It is not simply the public who pay corrections little attention. In 1992, 41 states conducted program or policy research on the police, while only 28 did so on corrections (American Correctional Association, 1994).

Ironically, there may be at least one advantage to this inattention: the absence of the variety of occupational stress related to unfavorable attention from the media. In contrast, bad publicity, such as that stemming from recent cases in New York City, creates pressures in a police officer's work life and personal life that promote the kind of siege mentality that is at the root of the "blue wall of silence".

Suicide Statistics at Two Agencies

Although suicide statistics (see Table A) are subject to the limitations mentioned above, they may still be useful in raising questions about police and correctional officer suicide and the programs designed to address it. Again, although the numbers are too small to properly speak of differences in "rates" of suicide, the statistics are suggestive. The statistics presented for each department sometimes are used to make the claim that the suicide rate for police in New York City is high, rising, falling, etc. If, for the moment, we were to treat the numbers as though they were large enough to speak of a "rate," then in 1997, for example, when the number of uniformed staff in the New York

City Police Department was 37,004, the "rate" per 100,000 would be 18.9, as compared to 7.4 for the entire city. However, if you were to attempt to control for age by matching the "rate" for police officers with that of people 25-44 who constitute almost half of the suicides in New York City in that year, the difference would not be as dramatic. If you were to attempt to control for sex by taking into account the ratio of suicides of men to women, about 2 to 1, the difference would be even less dramatic.

The number of suicides at the New York City Department of Corrections (NYCDOC) is not great enough to test hypotheses in a systematic way. But the drop in the number of suicides at NYCDOC deserves comment. There are a number of factors operating in that department that may insulate uniformed staff from the predisposing conditions for suicide. The staff is about one-third female and females have a lower rate of suicide than males. Correctional officers have a different procedural relationship to their firearms than do police officers and perhaps also a different psychological relationship to their firearms. (See the discussion of firearms below.) As already mentioned, the relative invisibility of correctional officers in the public mind also may exempt them from continual attacks in the media. An extremely important factor in the case of this particular department is the existence of exemplary training and intervention programs that address suicide and the problems associated with it. NYCDOC incorporates material on officer suicide as well as on inmate suicide in its training program. More typically, when suicide is mentioned at all in training, the focus is solely on inmate suicide. This is generally true not only in the United States, but even more so in other countries. The programs at NYCDOC that address these problems have been consolidated in the Correction Assistance Response for Employees (CARE) under the authority of one coordinator. Because this particular coordinator involves himself with every program and consequently knows the population of clients, coordination often extends to treatment as well. In effect, coordination exists both in the organizational chart and in practice. Some staff have moved between programs and, consequently, are familiar not only with a number of individual programs, but also with the clients who were seen in the those programs. Although commissioners have changed several times in the past few years, the kind of change that usually disrupts the functioning of organizations and those within them, these programs have had consistent support.

To the extent that programs such as this intervene in an individual's suicidal crisis when critical mass has been reached, a suicide may be derailed. To the extent that such programs neutralize one of the predisposing factors in a suicide scenario so that the cumulation of pressures drops below critical mass, suicides may be prevented.

COMPARING THE ETIOLOGY OF POLICE AND CORRECTIONAL OFFICER SUICIDE

Given the limitations on systematic data for correctional officers and, to a lesser extent, for police officers, it is difficult to make solid comparisons. However, based on what little statistical data is available and on anecdotal evidence, it is possible to suggest some similarities and differences. There is no reason to believe that the psychological processes associated with suicide are any

different for these two occupational groups than for any other group. All suicides have common features (Shneidman, 1996). A number of factors may promote a suicidal crisis. The balance of these factors may be different in various cases, but the necessity of reaching a critical mass of predisposing factors is obvious. This critical mass is achieved in the sum and the interaction of psychological conditions such as depression, hopelessness and helplessness; of behaviors that lubricate the path to suicide such as alcohol and drug abuse and of large-scale factors, such as organizational changes and policies, the stressful character and public image of an occupation and downturns in the economy that shake the ground under the potential suicide.

In countries like the United States in which police officers carry guns, officers are, in Edwin Shneidman's (1995) term, in an almost constant state of potentially high *lethality.* When police officers experience a suicidal crisis, deadly means are readily available, making it less likely that they will get past the crisis. Correctional officers also carry firearms, but with two differences. In all but a few specific assignments, correctional officers do not carry guns when they are at work. That means that they surrender their firearms once a day and that surrender constitutes a daily ritual of disengagement from their guns. They often can continue to do their jobs while they are getting help for emotional or behavioral problems from department programs, even if their firearms are taken away from them. Although there is no hard evidence for this, it seems likely that the gun does not have the same power as a symbol of occupation, authority and self for correctional officers as it does for police officers.

The suggestion that police officers not carry their firearms off-duty or, in a recent policy shift in one department, that they carry them off-duty except in public places or at social occasions where alcohol is served, may have public relations functions and other possible benefits, but is not likely to affect the number of suicides in a given department. In almost all cases, an officer in the throes of a suicidal crisis is not likely to be deflected by rules dictating that he/she should not be carrying a gun. In addition, actual gains in public security and gains in the public's sense of security resulting from the presence of armed police officers in their communities, may be lost if they are unarmed.

Although suicide causation is multidimensional, easy access to deadly means is an important, if not the most important factor, in explaining why the rate of suicide for police officers is higher than for most other occupational groups. While a number of factors predispose an officer to suicide, the fact remains that the overwhelming number of officers exposed to these pressures do not kill themselves. A number of factors, including the existence of effective programs within a department, insulate an officer from the effects of these pressures and predisposing factors.

PROGRAMS AND POLICIES

John Violanti (1996) has made a number of important recommendations for addressing the problem of police suicide. The following is a list of recommendations, with comments on programs and policies, intended to complement that list:

1. When a department addresses the problem of suicide, it also addresses the conditions in the etiology of suicide. Rather than being measured solely in terms of changes in the number of suicides from year to year, a program's success also should, if not mainly, be measured in terms of statistics that gauge its effectiveness in identifying and treating these other problems. Additional gains from addressing suicide in training and intervention programs may include preparing officers to better handle other deaths they encounter, such as line-of-duty deaths and deaths in their personal lives.

2. Departments should pay attention to the unintended consequences of policies and organizational actions. For example, what is the message to correctional officers when time is spent in training on inmate suicide, but no mention is made in training of officer suicide? What is the message to staff of setting up stress-reduction programs that put the onus on the individual by focusing solely on what the officer can do (the deep-breathing approach to stress reduction), but fail to address organizational sources of stress? (Finn and Thomz, 1997).

3. Programs involving peer counseling should complement, but not replace, programs run by professionals. Peer counseling programs may have great value, but, if used by themselves, may seem to officers to have been created on economic rather than on therapeutic grounds. In the case of correctional officers, this may be particularly problematic if the programs set up for inmates are staffed by professionals.

4. To encourage utilization, programs should be as geographically distant from the department as possible. If utilization remains a problem, distancing it organizationally from the agency also may be advisable.

5. To the extent possible, programs should be consolidated and administered under a central authority to maximize communication and coordination between programs. The directors of these programs should be selected not simply on formal grounds relevant to the program, but on the extent to which they can inspire confidence in their staff and in their potential clients (Monroe, 1999). This last quality is, of course, extremely difficult to gauge, but it is crucial and should be sought nonetheless.

6. Programs should be evaluated systematically to learn what works and what does not.. Although the programs themselves should keep the kind of detailed records that make an evaluation possible, the evaluation should be done by outsiders. It should be a priority of agencies like the National Institute of Justice and the FBI to help support evaluation of programs and to share the results of those evaluations with other departments.

7.   Work should be done to study successful intervention programs, both large and small, so that methods that work can be "exported" to other departments. This suggestion has already been made for training programs, but applies as well to intervention programs (Kamerman and Sánchez, 1999).

8.   A unit on officer suicide routinely should be incorporated in training programs, both for its own sake and because of what it says to trainees about the department's concern for them.

9.   Approaches to police and correctional officer suicide should cross over the usual boundaries. For example, programs that address police suicide might profit from studying programs that address correctional officer suicide and, of course, vice versa. Academic experts should be tapped who study the police, police suicide and suicide. The common mistake in conferences in many areas in criminal justice (this conference is a notable exception) is to cast a few lines rather than a net and, in consequence, these conferences reflect the narrowness that comes, to paraphrase the line from *Casablanca*, from rounding up "the usual suspects."

10.   Programs should be set up for suicide survivors both on humanitarian grounds, for the sake of the survivors and because such programs tell staff that the organization cares about them and those they love. These programs should have a realistic fit with the course of grief, that is, they should be available to survivors over a long period of time because grief often surfaces months after a death.

11.   If you want to understand the topic of suicide in general, I recommend you read Edwin Shneidman's *Suicide as Psychache* (1995), the summary statement by the person who arguably understands more about suicide than anyone else. Many of the ideas mentioned at this conference are his.

CONCLUSION

The suicide of any police or correctional officer is a tragedy for the suicide and for those left behind. As Shneidman (1972) put it, "I believe that the person who commits suicide puts his psychological skeleton in the survivor's emotional closet . . ." There is no need to exaggerate the number of suicides by fooling with the notion of "rate" to make that point. There is no need to focus on one uniformed service's suicides to the neglect of another's. If this conference is the first of several devoted to the problem of suicide in the occupations in criminal justice, it will represent an important first step. If it is the last, it will, through intellectual inbreeding, eliminate the perspective that comes from the cross-fertilization of ideas. It also will also become a painful reminder, to those who work in those other occupations in criminal justice, of George Orwell's pungent insight in *Animal Farm*: "All animals are equal but some animals are more equal than others".

SUICIDES AT THE NEW YORK CITY DEPARTMENT OF CORRECTION AND POLICE DEPARTMENT, 1991-1999

Year	NYPD	NYCDOC	New York City
1999 (to July)	1	0.00	N.A.
1998	5	2	N.A.
1997	7	0	7.4
1996	4	0	7.6
1995	7	0	7.9
1994	12	1	8.3
1993	8	2	7.6
1992	1	3	8.3
1991	5	3	8.9

Rate of suicide is number of suicides per 100,000.

Sources: New York City Police Department, 1999; New York City Department of Correction, 1999; New York City Department of Vital Statistics, 1999.

Table A

The Importance of Perfectionism in Law Enforcement Suicide

J. R. Slosar

Abstract: The role of intense perfectionism in the suicide of successful and talented persons recently has been documented. Further research, including data from the National Institute of Mental Health (NIMH), shows that perfectionism interferes significantly with treatment response for depression. Perfectionism is a multi-dimensional construct with both personal and social components. Two subtypes of perfectionism, self-oriented and socially prescribed perfectionism, are associated with greater suicidal ideation, allowed for discrimination between suicide groups and also served to moderate the link between stress and suicidal ideation. This article proposes the importance of perfectionism, rather than stress, as a crucial predictor in law enforcement suicide. The personality, character style and training of law enforcement personnel are discussed in relation to subtypes of perfectionism. Recommendations are made to identify and measure perfectionism, including the 45-item Multidimensional Perfectionism Scale (MPS) developed by Hewitt and Flett.

Key words: perfectionism, police suicide, law enforcement, suicide, MPS

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The Importance of Perfectionism in Law Enforcement Suicide

INTRODUCTION

Newspaper articles and narrative accounts in the public media regarding the suicides of three highly talented persons have drawn attention to the role of intense perfectionism in suicidal behavior (Blatt, 1995). In particular, the suicide of President Clinton's chief counsel, Vince Foster, led to accounts of a person with incredibly high and perfectionistic standards and critical self-scrutiny. These characteristics, whether noticed by colleagues or not, were not linked to the possibility of self-destruction and suicide.

Sidney Blatt (1995) has reviewed and summarized research showing the role of intense perfectionism and severe self-criticism and its relationship to suicide. Included by Blatt is analysis of data from NIMH that shows that perfectionism interferes with the treatment of depression. Blatt recommends long-term treatment for persons who are perfectionistic and self-critical. Long-term treatment must involve psychological and developmental perspectives, rather than responding only to symptoms or a descriptive diagnosis.

Both the stories of suicides of talented, successful persons and the research on perfectionism in the last decade have implications for the increase in law enforcement suicides recently documented (Fields and Jones, 1999). To what extent is the increase in law enforcement suicide related to specific aspects of perfectionism already evident in the personality and character of law enforcement personnel? What aspects of perfectionism do training programs in law enforcement reinforce? This article will attempt to address these issues.

SUBTYPES OF PERFECTIONISM

Perfectionism is a multidimensional construct and has both personal and social components. Before examining the relationship between perfectionism and suicidal behavior, the subtypes or components of perfectionism need to be described. The three components of perfectionism and the Multidimensional Perfectionism Scale have been developed by Hewitt and Flett (1990, 1991). The three components are self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism.

Self-oriented perfectionism involves the setting of exceedingly high self-imposed standards. This includes an intense self-scrutiny and criticism of self in which the person cannot accept flaws or failures in many areas of life. Hewitt and Flett (1990) describe self-oriented perfectionism as "an active striving to be flawless".

Other-oriented perfectionism is the same as self-oriented perfectionism, but the perfectionism is directed outward. Other-oriented perfectionism involves demanding that others meet exaggerated and unrealistic standards. This often is shown toward significant others, such as in a demanding

parent. The person then stringently evaluates others' performance and behavior, leading to blaming others and hostility toward others.

Socially prescribed perfectionism is a belief that others have and maintain unrealistic and exaggerated expectations that are difficult and may be impossible, to attain. The person feels, however, that he/she must attain these standards to win approval and acceptance. Since this type of perfectionism is imposed externally, it is experienced as something uncontrollable. The result includes feelings of failure, helplessness and hopelessness.

Other researchers have made significant contributions to research on perfectionism. Most noteworthy is Frost and colleagues (1993) who also have developed a perfectionism scale and factor analyzed items of their scale with Hewitt and Flett's scale. Socially prescribed perfectionism was found to correlate with three of Frost's scales. These scales were excessive concern for mistakes, high parental expectations and a high level of parental criticism. Considerable research has been conducted to link the three components of Hewitt and Flett's perfectionism scale to suicidal ideation and behavior.

ROLE OF PERFECTIONISM IN PSYCHOLOGICAL DISTURBANCE AND SUICIDE

The past decade has shown a considerable amount of research on perfectionism and its relationship to psychological disturbance and suicide. It is important to note, however, that perfectionism is a complex and multidimensional construct that is linked to normal adaptive functioning as well as psychological distress. Certain components of perfectionism can lead to the setting of high personal standards and also of orderliness (Blatt, 1995).

In general, personality traits seen in symptoms of depression and in anxiety disorders have a cognitive component that consists of perfectionism thought patterns that are ruminating. These automatic thought patterns of perfectionism are clearly associated with psychological distress (Flett et al., 1998).

The relationship between perfectionism and depression is well-documented now, including the in-depth analysis of NIMH data documenting the interference of treatment for depression by the prevalence of perfectionism in the patient (Blatt, 1995). Blatt et al., (1998) report considerable psychological research indicating that individuals with increased levels of perfectionism and self-criticism are especially vulnerable to experiences of failure, followed by an increase in the intensity of depressive symptomotology. Perfectionism certainly may be symptomatic of a self-critical depression. As such, persons with high levels of self-criticism experience feelings of inferiority and a sense of failure. Along with this is a chronic fear of criticism and disapproval. The strong need for excessive achievement is an overcompensation that, over time, leads to dissatisfaction. This perfectionism drive is characterized by an intense level of competition in which the person is critical of others as well as themselves (Blatt, 1974).

Self-criticism and perfectionism are also associated with difficulty establishing and sustaining interpersonal relationships (Blatt et al., 1998). This social experience of failure for law enforcement contributes to suicide. In a study of 134 police officers, officers who reported marital discord were 4.8 times more likely to attempt suicide. Those officers who had been suspended were 6.7 times more likely to attempt suicide (Janik and Kravitz,1994).

Initially, socially prescribed perfectionism was related directly to suicidal threats. In a study of perfectionism and suicide threat with 87 psychiatric patients, socially prescribed perfectionism was found to correlate with suicide threat and intent (Hewitt et al., 1992). Suicide potential readily was associated with a person who perceives that others are unrealistic in their expectations of him. Hewitt et al., (1994) conducted two studies to explore the relationship between perfectionism and suicidal ideation. These studies included a sample of 91 psychiatric patients and 160 college students. Using the Multidimensional Perfectionism Scale (MPS) along with 3 additional measures including the Beck Depression Inventory, researchers reported that both self-oriented and socially prescribed perfectionism were associated with greater suicidal ideation. Significant statistical analysis of these results revealed the importance and strength of perfectionism. Self-oriented and socially prescribed perfectionism were shown to distinctively discriminate suicide groups and to serve as a moderator variable between high stress and suicidal ideation.

In summary, psychological research clearly demonstrates that self-oriented and socially prescribed perfectionism contribute to vulnerability to experience of failure and sense of helplessness and hopelessness, despair and suicide. These factors often are seen in successful and talented persons and often those labeled by society and others as a "rising star" or a "poster boy". This research has implications for law enforcement personnel.

LAW ENFORCEMENT TRAINING AND PERFECTIONISM

Based on the research pertaining to perfectionism, it is logical to assume that components of perfectionism are either part of the personality and character development of law enforcement personnel or are imposed directly upon them by job demands and the training programs of law enforcement. Of course, both could be true: law enforcement candidates might be perfectionistic in personality and character and also enter a system that demands perfectionism. Specifically, these perfectionism components would include aspects of unrealistic high standards, unrealistic high expectations of self and from others, fear of making mistakes and exposure to constant criticism from within law enforcement and from society at large. This section addresses what aspects of perfectionism training programs in law enforcement might reinforce. The questions raised are for further exploration, discussion and understanding of psychological factors that contribute to law enforcement suicide.

As noted earlier, aspects of perfectionism are a part of adaptive functioning and high standards and orderliness are sought and desired in law enforcement officers. The issue involves the

point at which perfectionism becomes pathological and whether law enforcement officers can maintain an internal balance in law enforcement work. The problem may be defined as how to differentiate between a perfectionism that encourages achievement and a perfectionism that is self-defeating.

Self-oriented perfectionism, involving intense self-criticism and striving to be flawless, could lead to a trainee who, through over achievement, attains the highest performance standards in training. But how long can this last? Eventually, the person will not be flawless or mistake-free. Will supervisors notice if a trainee exhibits severe self-criticism during training difficulties? Or will more pressure be applied and even higher standards imposed when a trainee encounters difficulty? The paradox inherent in law enforcement training is that it involves preparation for life and death decisions for both self and others. To allow for mistakes in training may signal to many in law enforcement that they are not doing their job in preparing candidates. The consideration may be that any different type of perspective may be a softening of standards with future dire consequences. But maybe the opposite is true: perhaps the lack of tolerance for mistakes and the development of self-criticism are reinforced in training programs and eventually contribute to failure and self-destruction. How can anyone never make a single mistake?

Socially prescribed perfectionism involving high and unrealistic standards from others can be inherent in law enforcement work. Yet it is the belief that these expectations are exaggerated that are of importance. The overall question pertaining to socially prescribed perfectionism is whether trainees believe or experience the setting of training standards to be exaggerated and unrealistic. Because this aspect of perfectionism is imposed from outside, it would remain for those involved in training design and implementation of standards to look at this possibility.

An important characteristic of perfectionism is the resultant vulnerability to experience of failure. Turvey (1995) cites data and vignettes of officer suicides and reports the obvious precursor of a loss or disappointment. Since perfectionism involves personal and social components, social relationships and divorce, along with job-related investigations or suspension are obvious precursors to suicide. There may not be a manner of determining how a trainee will respond to a personal or social failure. However, during training, those who successfully complete the program may never encounter an experience of failure or even a minor setback and their response to this factor cannot be observed. The question with regard to training might be whether law enforcement training has an atmosphere that has no allowance or consideration that a candidate may experience failure in the course of a career. In other words, does training prepare a candidate for the possibility of experiencing difficulties or mistakes during a law enforcement career? Or instead, does training produce a candidate who has no expectations of difficulties or failure and is expected to maintain a career-based perfectionism for the next 20 to 30 years?

Another aspect of perfectionism that develops from feelings of intense self-scrutiny and high standards and expectations is an attitude of competition. The competition is a result of intense self-

criticism and criticism of others, often not overtly expressed or seen and channeled instead into competition. An important question is if law enforcement training breeds and fosters competition in trainees and then reinforces an aspect of perfectionism. Through competition, the intensity of perfectionism and over-achievement is heightened, resulting in some trainees who become rising stars by winning the competition battle. Placed on a pedestal as a winner, an experience of failure literally can lead to a dramatic fall and demise. In summary, these aspects of perfectionism are presented with questions raised, with an attempt that they may be further explored and examined with relation to law enforcement training.

THE IDENTIFICATION AND MEASUREMENT OF PERFECTIONISM

The identification and measurement of perfectionism can be incorporated readily into a psychological interview or screening. Clinical interviewers certainly probe factors underlying the development of perfectionism, such as parental expectations, parental demands and self-criticism. However, perfectionism is not addressed adequately as an important isolated factor by itself. Previously, it was noted that perfectionism is linked to anxiety, depression and, therefore, related DSM diagnoses. While perfectionism is listed as a prominent feature of obsessive compulsive personality disorder (OCD), it is much more specific and developed than the general list of descriptive items listed to warrant a diagnosis of OCD. In addition, 4 out of 8 descriptive symptoms must be evident for a diagnosis to occur. This general and numerical procedure of descriptive diagnoses is different than a psychological and clinical assessment process. However, Hewitt and Flett (1991) report that 2 components of perfectionism, other-oriented and socially prescribed perfectionism, did correlate with the MMPI Compulsive Disorder scale. However, self-oriented perfectionism did not correlate with compulsiveness. Self-oriented perfectionism was correlated with alcohol abuse. It seems only the social aspects of perfectionism are involved in OCD symptoms. In summary, most commonly used psychological assessment instruments will not adequately identify and measure important clinical aspects of perfectionism that are related to suicide.

The primary scale for measuring perfectionism, the MPS, was developed using construct validation (Hewitt and Flett, 1991). The 45-item scale was developed from a larger set of items while also controlling for the response bias of social desirability. The 3 dimensions were shown to have adequate reliability and internal consistency and to correlate with other psychological tests and construct factors. No differences were found by gender and the 3 dimensions were validated with both clinical and nonclinical samples (Hewitt and Flett, 1991). Later research (Hewitt et al., 1991) demonstrated the stability of MPS subscales, including concurrent validity, lack of influence by response bias and a demonstrated reading level of sixth to seventh grade.

The 45-item scale utilizes a 7-point degree of assessment scale, with some items scored as reverse keyed and subscales with a higher score indicating a higher degree of perfectionism. Some items for self-oriented, other-oriented and socially prescribed perfectionism are listed (see

Attachment A). Frost et al., (1990) also have developed a perfectionism scale. This 35-item scale appears more behavioral and less clinical and its major categories measure concern over mistakes, personal standards, parental expectations, parental control, doubts about actions and organization.

SUMMARY AND RECOMMENDATIONS

The increase in law enforcement suicides may be more readily understood by taking a psychological perspective that attempts to focus upon personality and character of persons in the law enforcement system. This research article documents the importance of intense perfectionism as a predictor in suicide.

Current interventions in law enforcement may not take a psychological perspective but, rather, emphasize behavioral goals or skills development. While this is helpful, it probably has little impact on suicide prevention. Indeed, it seems that stress management programs abound in law enforcement and despite their implementation suicide rates are increasing. This correlation is supported by research of perfectionism, in which perfectionism was shown to be a moderator variable between high stress and suicidal ideation (Hewitt et al., 1994). Those with high stress alone were likely to have suicidal ideation if they were high on other-oriented and socially prescribed perfectionism. Police officers are expected to be in control and can develop a constant need to be in control. Stress management programs can be presented in such a manner that reinforces that you can control everything if you just learn how, or if you try harder. A psychological approach would be to attempt to avoid rigidity or control, to teach that one cannot control everything (especially job-related stress that is not a part of normal experience) and to develop ways to integrate experiences and maintain a healthy mood and affect. This type of approach is worth exploration. Currently, law enforcement will not be able to rely on simply increasing stress management programs as an effective intervention for suicide prevention.

Other types of interventions regularly used in law enforcement should be reviewed for their comprehensiveness. The trauma response procedures, or Critical Incident Stress Debriefings (CISD), are an educational effort to help law enforcement officers prepare for symptoms and cope with an experienced trauma. The intervention is brief, even described in a popular manner as a "briefing" or "debriefing". However, an important factor with regard to experienced trauma is how people interpret the trauma, especially if they perceive their parts to be an experience of failure. It is the meaning ascribed to the experienced trauma that is the most important psychological indicator and issue leading to further referral and treatment. CISD will not be helpful with cumulative stress in someone with high perfectionistic components, but it will be useful for relatively stable persons without psychological vulnerability who have undergone a single trauma. A step-by-step, comprehensive process assuring that defusings and briefings help identify psychological factors of those in most distress and that they receive follow-up services is essential. Simply increasing CISD response is secondary to ensuring that qualified mental health clinicians are used to deliver services and identify perfectionistic tendencies and psychological distress. CISD intervention will not be

effective in suicide prevention unless a more sophisticated and psychological process is incorporated using experienced clinicians.

The personal and social aspects of perfectionism probably relate in some way to the nature of a trauma experienced. The nature of a trauma experienced-how personal it is, or how it relates to one's character style and personality development-is more important than the number of past traumas. Recent literature reviews do not support a causal link between childhood traumas and development of dissociation and posttraumatic stress disorder (PTSD). Further, PTSD is not an inevitable result of a trauma but is determined by other factors including personality, family history and level of psychological functioning (Pierrs, 1998). However, the experience of childhood abuse may be a personal experience, in and of itself, that contributes to increased psychological symptoms following a trauma or experience that triggers the trauma. In a survey sample of 46 trained investigative police officers who were investigating child sexual abuse, almost 20% of respondents reported their own history of childhood abuse. This sample was later found to experience more trauma-specific symptoms than those investigators who did not report a history of childhood abuse (Follette et al., 1994).

Yet to understand a trauma response in all these situations, one must consider a person's character and personality-particularly how he/she perceives, thinks, experiences emotion, interacts and processes information. From this perspective and approach, suicide prevention can be improved.

Certainly, well-known problems exist in attempting to deliver mental health services in law enforcement. Law enforcement officers' unwillingness to seek help is well-known. For them, using mental health services is a stigma, a sign of being weak and may be perceived as an experience of failure. Job performance reviews requiring listing mental health services received are also a prominent negative barrier to encouragement of using psychological services. Officers may indeed be more likely to seek help with stress management than to state that they are going for mental health services. When someone does receive services he/she is most likely to receive brief, short-term treatment from an Employee Assistance Program (EAP) or clinician who also offers popular time-limited treatment methods. However, mental health professionals also encourage this short-term approach. In other words, practice patterns used in law enforcement are designed or delivered as short-term interventions. To address individuals with high perfectionism, vulnerability to experiences of failure and possible precursors to suicidal behavior, longer-term treatment will need to be offered and sanctioned. It may not be inherently true that law enforcement personnel will refuse longer courses of treatment if experienced and skilled mental health clinicians are offering this type of psychological treatment approach. This treatment would involve helping one to integrate and master affects associated with stress and trauma-including anger, anxiety, guilt and despair. This type of psychological treatment is a process and requires more than simply responding to symptoms with interventions such as stress management, CISD and EMDR.

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CONCLUSION

Taking a perspective from the outside looking in, law enforcement can use the MPS scale to pre-screen for perfectionism and attempt to screen out or re-interview persons who bring a high perfectionism factor to the job. Certainly bringing perfectionism to the demanding job environment puts one at greater risk for suicidal behavior in the future. Within law enforcement, decision makers must be willing to look at training issues and consider if training process and standards reinforce aspects of perfectionism and contribute to suicidal tendencies. Exploration of a construct such as perfectionism may be helpful in doing so.

In summary, it is clear that perfectionism can contribute to suicide and that perfectionism interferes with short-term treatment of depression. A longer course of treatment and broader psychological approach must be considered to enhance suicide prevention. It is important that law enforcement personnel be encouraged to use psychological services for not just short-term contact or treatment, but that persons be directed to mental health clinicians who use a broader and psychological approach.

SAMPLE ITEMS FROM MULTIDIMENSIONAL PERFECTIONISM SCALE

Self-Oriented Scale

t makes me uneasy to see an error in my work.
One of my goals is to be perfect in everything I do.
I never aim for perfection in my work (reverse keyed).
I must work to my full potential at all times.
I must always be successful at school or work.

Other-Oriented Scale

I have high expectations for the people who are important to me.
I do not have very high standards for those around me (reverse keyed).
If I ask someone to do something, I expect it to be done flawlessly.
I can't be bothered with people who won't strive to better themselves.
The people who matter to me should never let me down.

Socially Prescribed Scale

The better I do, the better I am expected to do.
My family expects me to be perfect.
Those around me readily accept that I can make mistakes too (reverse keyed).
The people around me expect me to succeed at everything I do.
Anything that I do that is less than excellent will be seen as poor work by those around me.

Attachment A

ALTERNATE APPROACHES

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SECTION SIX

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SUICIDE BY COP

INTRODUCTION

Other than the suicide of a law enforcement officer, no aspect of suicide and law enforcement receives more attention than suicide by cop (SBC). Although by no means, a new phenomenon, the devastating ill effects of SBC have only recently gotten attention it deserves. Proof of the growing awareness of SBC exists in the abundance of terms used to describe it. Law enforcement-assisted suicide, victim precipitated homicide, suicide by proxy, officer-involved suicide and other imaginative phrases, attempt to succinctly describe a situation where suicidal individuals induce law enforcement officers to kill them.

Given the dramatic impact and the high media coverage of these events, we must understand the public's misidentification of the true victims of these situations. The individual lying on the ground, dead, gives every appearance of being the victim. We know differently. The real victim is the one usually wearing a uniform, carrying a badge, as well as a gun, acting within the scope of his/her employment and reacting to a perceived threat in a tightly prescribed manner. The articles in this section provide a thorough treatment of SBC from a variety of perspectives.

Crisis Negotiators, in particular, work in situations which regularly expose them to the possibility of SBC. Since these highly stressful events are predictable, Executive Management must ensure negotiators routinely receive training concerning precipitators. The more we can train our officers to expect this behavior, the better we can minimize their adverse reactions to an incident. Awareness, training and the management of expectations are the best ways to combat the dangers of SBC.

Impact on Crisis Negotiators of Suicide by a Suspect

Nancy K. Bohl

Abstract: *Crisis negotiators who had been involved during the last 5 years in incidents in which the suspect committed suicide completed a questionnaire and provided information about the following: (1) anxiety symptoms during the incident; (2) formal support afterwards (debriefing by a mental health professional, peer support team member, or chaplain); (3) informal support from co-workers, supervisors, administrators and investigators; (4) long-term effects of the incident in the form of post traumatic stress disorder (PTSD) symptoms and work-related problems; (5) specific coping mechanism employed to deal with the feelings aroused by the incident and (6) present feelings about the incident.*

Key words: crisis negotiators, Post Traumatic Stress Disorder, suicide investigation, law enforcement, suicide

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Impact on Crisis Negotiators of Suicide by a Suspect

INTRODUCTION

Crisis negotiators work in an environment that is inherently stressful (Bohl, 1992). Stress begins even before the negotiator arrives on the scene, as he/she is called away from other duties and becomes involved in the coordination of personnel and development of a strategy. Stress continues as contact is made with the suspect and reaches a climax if the incident is not resolved with a peaceful surrender on the part of the suspect. Negotiators have a strong emotional involvement in having the incident end without death or injury to anyone; they feel completely responsible for the outcome. Consequently, if the situation concludes with the suicide of the suspect, the negotiator-who may have spent hours forging a relationship with the individual-can be expected to experience strong feelings of failure, anger, self-blame and guilt (Bohl, 1997).

Actually, however, as a search of the literature showed, the degree of distress experienced by crisis negotiators after involvement in such a situation does not appear to have been assessed. Obtaining such measures was one purpose of the present study. Participants were asked about which post traumatic stress disorder (PTSD) symptoms and work-related problems occurred after the incident, as well as the degree to which those symptoms and problems were experienced as disabling.

Crisis negotiators have various resources available to them to alleviate any negative feelings experienced after involvement in an episode that ended with the suicide of a suspect. In many departments, postincident crisis counseling is mandatory or at least available if requested. In addition, crisis negotiators typically are encouraged to avail themselves of opportunities to talk to a peer support team member or a departmental chaplain after a crisis incident. Informal support is available as well (such as from co-workers and supervisors). A second purpose of the present study was to obtain feedback from crisis negotiators about the extent to which formal sources of support were used after the incident and about the degree to which both formal and informal sources of support were found to be helpful in decreasing the level of distress.

Along with formal and informal sources of support, crisis negotiators use their own coping mechanisms to deal with the pain of having a suspect commit suicide. A third purpose of the study was to elicit information about which specific coping mechanisms are employed most frequently by crisis negotiators, as well as how negative feelings about the incident are finally resolved.

METHOD

Five hundred questionnaires were mailed to randomly selected members of the California Association of Hostage Negotiators. Participants completed the questionnaires at home and mailed them back. Fifty-five negotiators returned usable questionnaires. While this return rate is low, it

probably reflects the fact that many negotiators are never involved in incidents in which the suspect commits suicide.

Questionnaire

On the questionnaire, information was sought about the following:

1. Details about the incident. The participant was asked how long ago the incident occurred and to indicate which specific anxiety symptoms had been experienced during the incident (such as time slowed down and sounds were intensified). Six anxiety symptoms were listed and the participant checked off all that had been experienced.

2. Formal sources of support after the incident. The participant was asked whether he/she had undergone a debriefing with a mental health professional, had a talk with a peer support team member and/or talked with a departmental chaplain. For each source of formal support, the participant rated how helpful the procedure had been on a scale of 1 (*not at all helpful*) to 4 (*very helpful*).

3. Informal sources of support after the incident. The negotiator was asked to rate on a scale that ranged from 1 (*very negative*) to 5 (*very positive*) how he/she felt about the departmental procedures following the incident. The participant also rated on a scale that ranged from 1 (*no support*) to 4 (*a great deal of support*) the support received after the incident from co-workers, supervisors, administrators and investigators.

4. Long-term effects of the incident. Participants were presented with a list of 25 possible symptoms of PTSD (such as nightmares and flashbacks) and 11 possible work-related problems (such as absenteeism and lowered morale). For both sets of items, participants were asked to rate on a scale of 1 (*It had only a mild effect on my life, coping ability and functioning on the job*) to 10 (*It had a severe effect on my life, coping ability and functioning on the job*) the severity of their reactions and how long the reaction lasted (on a scale of 1 to 5, with 1 being *One month or less* and 5 being *Over one year*).

5. The individual's own coping mechanisms. Participants were presented with a list of specific coping mechanisms, 12 of which were positive (such as *Use of prior training in stress management*) and 3 of which were negative (*Increased alcohol consumption, Increased smoking* and *Trying not to think about the incident*). Participants checked off all of the coping mechanisms that had been used and space was provided for them to add others that were not on the list if they wished to do so.

6. Resolution of feelings. Participants were asked to indicate when they had first talked about the incident thoroughly. The response possibilities ranged from 1 (*Within the first day*) to 9 (*Still have not talked about it thoroughly with anyone*). In addition, participants were asked to rate how they felt about the incident now. The response

possibilities ranged from 1 (*I have accepted it and resolved my feelings about it*) to 4 (*It bothers me tremendously and is causing much difficulty in my life*).

7. Demographic information. Participants provided information about age, sex, rank, years as a crisis negotiator and how many times he/she had been involved in an incident in which a suspect committed suicide.

PROCEDURE

To evaluate the effects of the two formal sources of support (debriefing by a professional and meeting with a member of a peer support team), participants were divided into two groups: individuals who had received either of the 2 forms of formal support (N ' 33) and individuals who had received neither form of formal support (N ' 22). Comparisons between the groups were made with t-tests for independent groups or chi square analyses. Only those group comparisons that were significant are reported.

RESULTS

Demographic Information

The groups did not differ significantly in age, sexual composition, or rank. The mean age was 41.6 years (SD ' 6.92). The majority of participants (74.5%) were male. Police officers constituted the most frequent rank (41.5%); the rest were sergeants (24.5%), detectives (24.5%), lieutenants (5.6%), or agents (3.7%). The groups also did not differ significantly in number of years as a negotiator or the number of prior incidents in which the participant had been involved. Years as a negotiator spanned a wide range, from less than 1 year to 23 years (M ' 8.1, SD ' 5.27). Number of prior incidents ranged from 1 to 13 (M ' 2.5, SD ' 2.68).

Details About the Incident

The groups did not differ with respect to the time since the incident occurred; the range was from 1 month to 60 months (M ' 23.7, SD ' 18.74). As for the number of anxiety symptoms that participants experienced during the incident, 36% of the sample were unable to recall any symptoms at all. Those participants who reported one or more symptoms tended to be in the group that had received formal support. Consequently, the difference between the formal-support group (M ' 2.2, SD ' 1.27) and the group that had not received formal support (M ' .59, SD ' 1.09) in number of anxiety symptoms reported was significant (t [53] ' 4.96, p < .001). Among those individuals who reported one or more anxiety symptoms, the order, from most frequently reported to least frequently reported, was as follows: time slowed down (63%), sounds intensified (54%), tunnel vision (48%), heightened visual detail (34%), sounds diminished (26%) and time sped up (23%).

Formal Sources of Support After the Incident

Fifty-one percent of the sample had experienced a debriefing with a mental health professional after the incident. The great majority of these individuals regarded the experience positively; 61% rated it "very helpful," and 29% rated it "somewhat helpful." A minority were neutral (7%) or negative (3%) about the experience. Thirty-five percent of the sample had met with a peer support team member. All of these individuals regarded the experience positively; 58% rated the experience as "very helpful" and 42% rated the experience as "somewhat helpful." No one was neutral or negative about the experience. The single individual who had talked with a departmental chaplain was neutral about the experience.

The groups did not differ significantly with respect to how they viewed departmental procedures, coworker support and support from supervisors after the incident. Although only a minority (26%) rated departmental procedures after the incident as "somewhat negative" or "very negative," ratings of departmental procedures were not strongly positive. Only 45% rated departmental procedures as "somewhat positive" or "very positive," and another 28% were neutral. In contrast, support received from co-workers and supervisors was rated positively; 85% of the participants reported that co-workers provided "some support" or a "great deal of support," and 78% reported that supervisors provided "some support" or a "great deal of support."

On ratings of the support received from administrators ($\chi2$ [3, N ' 53] ' 8.15, p < .05) and investigators ($\chi2$ [3, N ' 50] ' 8.39, p < .04), the two groups differed significantly. The differences arose because participants in the formal-support group tended to make positive ratings of the support received from administrators and investigators whereas participants in the group that had not received formal support tended to make negative ratings of the support received from the same sources.

Long-Term Effects of the Incident

The distributions of scores for the total number of PTSD symptoms, the severity of the symptoms and the duration of symptoms all were markedly skewed. The same was true for the distributions of scores for the total number of work-related problems, the severity of the problems and the duration of the problems. Consequently, the medians (the middlemost scores rather than the means) are reported here.

The total number of PTSD symptoms reported by participants covered the full range of possibilities; but most of the scores clustered towards the high end and the median score was 24 (out of a possible 25). Ratings of the severity and duration of PTSD symptoms also covered a wide range (from 1 to 7.8 for severity and from 1 month or less to over 1 year for duration), but most of the scores clustered towards the low end of their respective distributions. The median score for severity was 1.2 and the median score for duration was 1 month or less. Thus, although most of the participants admitted to having experienced the full range of PTSD symptoms, they claimed that

those symptoms had lasted only briefly and had exerted only a mild effect on their lives, coping abilities and functioning on the job. The most frequently reported symptoms were as follows: a sense of loss of control over things (85%); depression (78%); flashbacks (76%); a heightened sense of danger (75%); vulnerability (75%) and irritability (75%).

The total number of work-related problems reported by participants covered the full range of possibilities, but most of the scores were clustered towards the high end. In fact, the median score was 11, which was at the very top of the possible range of scores. Ratings of the severity and duration of work-related problems also covered a wide range (from 1 to 5.5 for severity and from less than one month to over one year for duration), but most of the scores clustered towards the low end of their respective distributions. The median score for severity was 1 and the median score for duration was one month or less. Thus, as was the case with PTSD symptoms, although most of the participants admitted to having experienced the full range of work-related problems, they claimed that those problems had lasted only briefly and had exerted only a mild effect on their jobs. The most frequently-reported problems were distrust of the department (71%), lowered self-confidence (67%), distrust of peers (64%) and fears for the future (64%).

Comparisons between the groups that had and had not received formal support showed that the groups did not differ significantly with respect to the total number of PTSD symptoms, the overall severity of those symptoms, or the overall duration of symptoms. When separate comparisons were made between the groups on a symptom-by-symptom basis, no significant group differences were found. The groups also did not differ significantly with respect to the total number of work-related problems, the overall severity of those problems, or the overall duration of problems. However, when the groups were compared on a problem-by-problem basis, three significant differences were found. The duration of a decline in work performance (t [29] ' 1.97, $p < .05$), duration of a tendency to overreact on the job (t [25] ' 2.03, $p < .05$) and duration of disciplinary problems at work (t [26] ' 3.12, $p < .004$) all were significantly less for the group that had received formal support than for the group that had not received formal support.

To determine whether PTSD and work-related problems were related to the number of prior incidents in which the individual had been involved, a series of correlation coefficients was computed. There were no significant correlations between number of prior incidents and the following: number of PTSD symptoms, number of work-related problems, overall severity of PTSD symptoms, overall severity of work-related problems, overall duration of PTSD symptoms and overall duration of work-related problems.

Individual Coping Mechanisms

The group that had received formal support (M ' 4.4, SD ' 2.25) reported the use of a significantly greater number of coping mechanisms (t [53] ' 3.87, $p < .001$) than the group that had not received formal support (M ' 2.3, SD ' 1.49). For the group that had received formal support, the

coping mechanism reported most frequently was debriefing. Other comparisons between the two groups with respect to their frequency of use of each specific coping mechanism showed that the group that had received formal support made significantly greater use of support from co-workers ($\chi 2$ [1, N ' 55] ' 3.94, p < .05) and friends ($\chi 2$ [1, N ' 55] ' 4.34, p < .04) than the group that had not received formal support.

The 4 coping mechanisms that were reported most frequently by the entire group of participants were all positive. They were as follows: critical incident debriefing (82% and for the formal-support group only), support from co-workers (53%); support from family (42%) and use of prior training in stress management (40%). Some positive coping mechanisms were added to the list by participants. One such mechanism (used by 7% of the sample) was cognitive appraisal. Participants made a rational assessment of the incident and concluded that, even though they had behaved appropriately, they could not have altered events. For example, one participant reported that he had been relatively unmoved by the suicide, because it was known that the suspect had sexually abused his daughter and had planned to commit suicide before the negotiator arrived on the scene. Other positive coping mechanisms added to the list by participants were prayer (4%), increased time with the family (2%), increased emotional expressiveness (2%) and a temporary change of assignment (2%).

Negative coping mechanisms seem to have been used infrequently. Trying not to think about feelings occurred in a substantial minority (20%), but increased alcohol consumption (9%) and increased smoking (7%) both had a relatively low rate of occurrence. Two of the possible coping mechanisms listed that were not used by anyone were support from the department chaplain and use of medication prescribed by a doctor.

Resolution of Feelings

The majority of participants indicated that they had talked about the incident on the day it occurred (58%) or within the first 3 days (16%); only a minority (7%) reported that they had never talked about the incident. In response to the question about how they felt about the incident now, the majority of participants (80%) reported that they had accepted it and had resolved their feelings about it. There were no differences between the groups that had and had not received formal support on either of these variables.

DISCUSSION

The great majority of participants reported they had experienced virtually all of the 25 PTSD symptoms listed, as well as all of the 11 work-related problems. Both findings suggest the suicide of a suspect is highly traumatic for the negotiator. However, participants also reported many PTSD symptoms and work-related problems were mild. They were of such short duration they did not interfere with their lives. This suggests involvement in incidents in which a suspect commits suicide

is only minimally disturbing to crisis negotiators. Although more research would be necessary, it is likely that the discrepant findings are attributable to the lingering effects of the macho police ethic, whereby emotional distress is denied. Negotiators were willing to admit that they had indeed experienced a long list of PTSD symptoms and work-related problems, but they nevertheless felt obliged to minimize the seriousness of those symptoms and problems.

A similar interpretation applies to the data on coping. Although many individuals used only a small number of coping mechanisms (in some cases only one), the majority of participants nevertheless reported that any distress experienced after the incident was resolved quickly and the coping techniques they reported having used were largely positive. Few negotiators admitted to having increased their smoking and drinking. Crisis negotiators are chosen for their psychological stability (Bohl, 1997) and so it is credible that they might have concentrated on the use of such positive coping mechanisms as insights obtained during critical incident debriefing, support from family and friends and prior training in stress management. However, there is a possibility that at least some of the participants reported what they thought they should have done, rather than what they actually did.

A large minority (40%) of the participants were not debriefed by a professional or a member of a peer support team, but whether that was due to lack of opportunity is not clear. Those individuals who received some form of formal support rated it highly. As for informal sources of support, only co-workers and supervisors received high ratings from all participants regardless of group. That their own departments, administrators and investigators received mixed evaluations is cause for concern and suggests that officials need to be more sensitive to the distress experienced by negotiators after the suicide of a suspect.

A number of differences were found between the formal-support and no-support groups. The fact that the formal-support group remembered having experienced more anxiety symptoms during the incident than the no-support group probably is attributable to experiences after and not during the incident. In the course of debriefing, the individual is encouraged to describe the incident and attendant anxiety feelings in detail. Thus the likelihood of subsequent recall of those same symptoms many months after the incident was increased in the formal-support group.

The fact that the formal-support group rated the help received from administrators and investigators positively whereas the no-support group did not suggests a possible benefit of the debriefing experience. The opportunity during debriefing to vent some negative feelings about the incident probably increases the individual's level of comfort about what happened and, therefore makes it less likely that the negotiator who has been debriefed will respond defensively when questioned about the incident later. The same explanation probably applies to another finding: the fact that the formal-support group made more use of support from co-workers and friends than the no-support group.

There were indications, as well, of other benefits received from debriefing. 1) As already noted, participants in the formal-support group rated the debriefing experience positively. 2) For the formal support group, the most frequently selected of the 15 coping mechanisms listed on the questionnaire was help received from critical incident debriefing. 3) The formal-support group reported the use of a greater number of coping mechanisms than the group that had not received support. 4) The formal-support group made a faster recovery than the no-support group from 3 work-related problems that developed after the incident: a decline in work performance; a tendency to overreact on the job and disciplinary problems at work.

Because formal support was found to have a number of benefits, it was surprising to find that it did not decrease the total number of PTSD symptoms or work-related problems. There are limitations, however, to what can be accomplished in a single postincident debriefing and it may be that several such sessions spread over a period of several weeks would be necessary to produce any lasting effects on PTSD symptoms and work-related problems. As for the apparent lack of effect of formal support on the overall severity and duration of PTSD symptoms and work-related problems, the explanation lies in the tendency, already discussed, for negotiators to minimize the degree to which they were affected by episodes that ended with the suicide of a suspect.

CONCLUSION

As shown by the prevalence of PTSD symptoms and work-related problems, crisis negotiators experience psychological distress after the suicide of a suspect, but they minimize the seriousness and duration of those symptoms and problems, report the use of positive coping methods to deal with their distress and claim that their feelings about the incident are readily resolved. Informal support from co-workers and supervisors is reportedly helpful. Formal support in the form of debriefing by a professional or a member of a peer support team is appreciated by negotiators and has some demonstrable benefits, such as speeding recovery from work-related problems and increasing the number of coping mechanisms used to deal with psychological distress.

Police Officer-Assisted Suicide:
A Phoenix Police Chaplain's Perspective

Dale F. Hansen

Abstract: *Police officer training today is the finest in the world. The law enforcement officers in the United States are the cream of the crop of our society. They are equipped, educated and dedicated people. Training is responsible for that accomplishment. This article makes three important points: training can inoculate against grief and helplessness in suicide by cop situations; value-based policing with regard to authority and citizenship security is a teachable moral code that does not violate personal rights or officer safety; and retraining for those with past experience in the military needs to be evaluated because intent is different than in wartime.*

Key words: law enforcement, victim-precipitated homicide, suicide by cop, suicide, SBC

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Police Officer-Assisted Suicide:
A Phoenix Police Chaplain's Perspective

INTRODUCTION

When people want a law enforcement officer to assist them in committing suicide, they have 2 choices: trick the police officer into thinking they are a danger to the public, as well as to the officer and that they will harm someone, or actually shoot or assault a police officer with intent to kill or be killed.

The ultimate factor is the ominous decision by the perpetrator to apply the suicide by cop (SBC) method as a locked-in procedure in a suicide plan. Preparation for a locked-in procedure can be enhanced by declaring personal intent of self-harm by threatening a family member, a friend, or a complete stranger before the confrontation occurs between the police officer and the perpetrator. Additionally, a real weapon or fake weapon can be realized or assumed to alert the police officer to immediate danger.

The basic issue in police training is to take control of any situation. Recruits are taught that the primary purpose for handcuffs is to accomplish that objective (Warriner, personal interview, 1999). Precontrol issues and factors can be an enigma to training when it seemingly compromises personal values and safety of the individual police officer. It is apparent that the circumstances where SBC is identified as such the cost will double. Unfortunately, SBC involves rehabilitation of the family of the officer, possible court cost in a lawsuit, loss of job and reduced morale of the law enforcement community in general, if ignored.

This article is approached from the perspective that the assault on the officer is random and not a hostage or a barricade situation where hostage negotiators or specialists can become an immediate resource to the police officer. It is a time that demands immediate action by a police officer.

FEAR IN CRITICAL INCIDENTS

Fear is automatic and so is a trained response. There is built-in fear for all police officers who approach any critical incident, regardless of whether they were called to investigate or just happened to stumble upon a critical situation by accident in police work. Fear, when combined with duty, appears to be a trainable instinct to survive.

Can fear be turned into an advantage on the part of the police officer? Performance can be enhanced when survival of the police officer is realized in critical circumstances. Research attempts to deal with emotional fear when a person's well-being is subject to consequences as certain events transpire (Solomon, 1989).

Fear can create a safe environment, or it can detract from resolving a problem safely. Furthermore, fear can be contaminated by subjectivity and more than likely needs to be replaced in training by reason. Bertrand Russell said, "Reason has a perfectly clear and precise meaning. It signifies the choice of the right means to an end that you wish to achieve. It has nothing whatever to do with the choice of ends".

The officer is simply trained: "I want to live," "I want you to live," and "I want to live more than you do". *Fear as a trained response is respect.*

RANDOMLY SELECTED POLICE VICTIMS

It is impossible to single out a specific executioner. In Phoenix, Arizona, this past year, a 24-year-old man was shot and then jailed after a confrontation with Phoenix police. The man charged at officers with two kitchen knives. The officers had been dispatched to what was identified as a domestic call. When the man pulled out a toy gun and pointed it at the officers, he was shot. Did the man choose the officer who he wanted to shoot him or was it random selection? Did the officer do the right thing by becoming his executioner? The threat moment caused an action to occur and the officers fired.

The circumstances after the fact that determine the rationale of identifying SBC are sometimes obvious: a toy gun or weapon was used; a notice or note was left; comments during the incident were made by the perpetrator; comments were made by the family or during a call to 911; the perpetrator pointed a weapon at a police officer; and the perpetrator showed aggressive behavior with reckless abandonment. These circumstances are easy to deduce once the event has taken place.

Suicide itself becomes a greater catastrophe when the victimization of a police officer leads to that officer becoming an unwilling partner in the crime of suicide. Police officers are vulnerable to be used as executioners. *Emotional stress can contribute to the vulnerability of any police officer.*

LIVING IN A VACUUM OF PROCEDURES

Will awareness of a procedure to recognize SBC compromise a police officer's response? With all of the procedures and training goals a police officer is introduced to in his/her career, the bottom line is how do you protect and serve the public as well as the police officer? In the past, military ethics seem to have resolved the issues of self-defense and war when faced with taking a life or using deadly force. One of the most significant observations made by military ethicists was that when a threat was indicated by the direction of a weapon used by the enemy, the soldier could use deadly force against that individual or individuals without facing the question of a war crime.

In many ways, society today has become a war zone and the ethics learned many years ago need to be reviewed, revised and returned to the discussion table. The question for research is,

"Does the instinctive behavior or a police officer with training of a specific kind of recognition save lives?" To actually modify behavior through training is to couple instincts and concepts.

Most law enforcement officials feel that changing procedure for weapon response would be dangerous. Jan Dubina, Phoenix, Arizona, Police Chief Negotiator, said, "Under the circumstances, procedures for officer safety cannot change" (Dubina, personal interview, 1999). Another police official said, "The procedure currently being taught in police academies has to take precedence over everything or the officer is unsafe to himself and those around him/her". (Warriner, personal interview, 1999).

In war, if a weapon is pointed at a soldier, he/she can use deadly force without any thought of committing a war crime, because the enemy does not bring toy guns to war. However, the war mentality is not the same for police officers. The civilian perpetrator is not always distinguishable, does not always brandish a weapon and the officer usually is not commanded to kill in the name of a country or government.

Weapon or gun direction and intent is a trainable response because it is definable, but it is not as clear-cut in police work. Police officers who hesitate to recognize the threat or intent more than likely will respond as trained. There is a fine line between a recognizable threat and the intent of a perpetrator. This is unlike the military, in which a little boy may come walking into a military compound in Vietnam with explosives attached to himself. Then, we want to know what keeps a soldier from shooting the little boy and saving the compound from casualties: "The soldier in combat is trapped with this catch-22 . . . he will be forever burdened (shoot the child or be stuck) with the blood guilt of his fallen comrades . . . he is damned if he does and damned if he doesn't" (Grossman, 1995, p. 87).

If safety is viewed as conviction with a prepared answer or plan by the police officer, then guilt is less likely to place the officer in danger. The fine line between a recognizable threat and intent becomes even finer. The question is how much is too much information for a police officer to have before he places himself and others in an unsafe place. *Procedures are safety factors for police officers.*

FEELINGS OF HELPLESSNESS IN DECISION MAKING

Split-second decisions are pretrained rather than assessed at the moment. To suggest that in any decision involving the potential of death where someone should submit or hesitate is a foreign concept to any part of the animal kingdom when life or living is in question. Posturing or show of force is and always has been a police principle. Therefore, "The notion that the only alternatives to conflict are fight or flight are embedded in our culture and our educational institutions have done little to challenge it" (Heckler, 1989).

When feelings of helplessness are present before an event, they can draw upon a less than adequate response. The argument that police work is having to shoot people is moot. Most police officers have the resource of a SWAT team when a barricade scenario occurs. However, the absence of those resources to the officer on patrol or not having time to use those resources results in feelings of helplessness (see Attachment A).

Many police officers who have been in law enforcement for over 25 years have already worked out the personal decision to use deadly force when needed without any hesitation. "There has never been a doubt in my mind that I would kill somebody if I had to do so," says officer Chris Pollack. Is this philosophy a matter of age and experience or of training? Training saves lives at any age.

To go beyond the helplessness quandary is necessary. Most police officers potentially are put in a position to take a life every time he/she takes the street. Changing the conflict of helplessness is more important than attempting to train a police officer to be willing to participate. At the same time we can be thankful for the fact that there is a resistance to killing one's fellow man by a police officer. David Grossman implied that the resistance to killing is a combination of instinct, rational, environmental, hereditary, cultural and social factors (Grossman, 1995). Humanity and safety are distinctively different concepts.

Unlike the soldiers mentioned in Grossman's book, the police officer is not prepared for the event of having to kill but the possibility of having to kill. Therefore, the obstacle the police officer faces is not the feeling of fear, rather the feelings of helplessness. *Negative feelings of helplessness are lethal to the police officer.*

THE INNOCENT FAMILY OF THE OFFICER

The officer unplugs emotionally from the family, which, in turn, disrupts normal family patterns. The police officer, normally, gives 10 hours minimum during his/her shift where he/she is expected to be a leader, decision maker, peace maker, counselor, compassionate protector of the public and an advocate of what is fair. Then the officer goes home with all of the same expectation but with less emotional energy to supply his/her family with the same assurance, leadership and understanding. Now, add the possibility of victimization with someone attempting to use him/her as an instrument of death.

In family therapy, the officers who have a healthy perspective about life include a clear understanding of their role as a family member, husband, wife, father or mother. More than likely, they will function correctly when faced with a potentially dangerous situation. The family system strengthens the officer in such a way that being sucked into victimization is highly unlikely when roles in life are understood clearly.

An interesting phenomenon occurs when someone shoots or gets shot during normal police work. The morale of the officers goes up. The reason appears to be that it validates the dangerous work police officers do in society. Some officers focus on positive aspects of life and some police officers use these circumstances to justify certain aberrant behavior that is interpreted as abusive, indifferent, or indecisive. Police officers have immediate as well as deadly authority under certain conditions. How the officer accepts that authority at home and at work is important for a healthy perspective.

When an officer unplugs from his/her family because of pressure caused by becoming a victim of a perpetrator's desire to commit suicide, it has the potential of destroying the family of the officer as well as his/her vocation, career and future promotions (Warriner, 1999). Also, the officer can lose perspective of authority and responsibility with ultimate decision-making. More than likely the family will suffer quietly as victims of the victim when SBC occurs. Robbery of self-confidence, attention to needs and indifference could be experienced by the family if the officer does not have perspective on his/her own philosophical and religious resources. Police officers who are victims run the risk of being lost to self-doubt, guilt, stalled careers and family separation (Dubina, 1999).

Normally, when programs are presented to strengthen police officer families or assure individuals in those families that their loved ones are supported, it becomes an emotional participation where the current shock of death stimulates participation. When there is diminished community grief or fear of personal danger, the emotional need to participate quickly disappears. One month after a police officer was ambushed in Phoenix, Arizona, a meeting was set up for families of other police officers for support and closure on that tragedy. Few actually responded. The families went about their business and the panic once observed was dispatched quickly to other activities. Unfortunately, group support for an officer that is victimized by an SBC perpetrator more than likely will be nonexistent or will dissipate quickly in many cases.

When a police officer and the family have a religious perspective, they accept being placed under a higher authority than the city, state, or government, yet they also accept that they are meant to serve those institutions (see Attachment B). Exodus 20:13 is the location of the Sixth Commandment in the scriptural text of religious values. The religious perspective is that thou shalt not kill. The word "kill" carries the nuance of "intent" or "murder." If the intent of the criminal is to murder, then the response is to self-defend. The perspective is the exception when law and order has authority to use ultimate force as well as inflict punishment. Under the authority of God there is a difference between "killing" and "murdering" (Genesis 9:5-6; 2 Samuel 4:4-12; Romans 13:4).

Additionally, defending ourselves or another against violence or wrath is a reason to take a life. To serve and protect is a basic theme of the scriptures (Exodus 22:2; 1 Samuel 17:34-36; 23:1-22). Laws currently in our society already stem from the Biblical laws of the Old and New Testament. *The perspective of spiritual authority validates the police officer.*

GRIEF WITHOUT GUILT

"Why me? Was I in control? Did I have to do it?" Recently a Special Agent in Charge (SAC) in one of the Western Divisions of the FBI said, "I don't like to legitimize the idea of Suicide By Cop because it is the lowest form of cowardliness any person could have" (Gonzalez, personal interview, 1999)--an accurate statement which reflects the breakdown of society's structure and order. Law enforcement, unfortunately, becomes morality rather than supports morality.

For the officer that encounters SBC and is victimized by a perpetrator of such an act, the officer experiences with that person a total disregard for social and moral values. The mentality of the perpetrator must be met with extreme caution, enhanced vigilance and total preparedness of someone more dangerous than a simple criminal or lawbreaker. At the time of confrontation, the irrational behavior is irreversible and the termination of aberrant behavior is impossible in the few seconds of critical decision making.

The officer who takes a life when asked to do so by the perpetrator with suicide as his/ her method of choice must go beyond normal feelings as a human being. Indications of guilt for use of deadly force sometimes seems to describe that feeling. Guilt paralyzes some and produces negative or restrictive responses in others. However, the feeling of grief in general is operative. Grief, it appears, renders the officer as more functional than guilt, which is defensive and seemingly predisposes an unpredictable behavior or action.

To wait until an officer confronts a situation of SBC before replacing guilt with normal grief would be too late for the police officer's safety. If a police officer is prepared to face a healthy response to grief in general, he or she must process the following questions: "Why am I the executioner?" and "Why do I have to grieve this random selection of victimization and do to someone what they refused to do themselves?". Grossman's research plainly pointed out that there is very little tangible help for guilt by psychology itself (Grossman, 1995).

Furthermore, guilt without a sense of spiritual forgiveness predisposes a feeling of uncertainty and goes beyond stalled emotional conflict. Common grief can be the loss of anything, including the loss of innocence, a shift in job requirements, trading in an old car, or losing a pet. Any officer who has experienced loss of any kind as well as some form of change can experience common grief symptoms and, in most cases, it is healthy and does not affect performance or his/her safety. To understand the grief process is to recognize, before entering that process, that the intensity of those feelings decreases in time (see Attachment C).

The suicide perpetrator has abandoned the sanctity of life's order without the rationale of guilt and aims at getting someone to take that guilt as their responsibility. *The pregrief response is pretaught.*

TRAINED RESPONSE TO POLICE OFFICER -ASSISTED SUICIDE

Education is recognizing SBC but not changing procedures. Split-second decisions demand training. "Awareness is education in recognizing Suicide by cop but not changing procedures of protection and safety" (Warriner, personal interview, 1999). According to some police training academies, SBC is one of the most unreported crimes today: "My concern is that if there is a standoff with police experiencing the Suicide-By-Cop method, cops will put themselves in danger" (Buchanan, personal interview, 1999).

Because training only can be effective when designed and implemented with a rationally designed teaching plan, philosophical and moral interference can be an ultimate concern for police academies. George Stone, in his book, *Suicide and Attempted Suicide: Methods and Consequences,* explains why people might choose to use the SBC method: desperate but religious belief that prohibits suicide; self-punishment necessary due to feelings of guilt; philosophical protest to blame the institutions in life; anniversary suicide to commemorate someone else by having their own life taken; drugs and/or alcohol reducing inhibitions or creating an indestructible imagination; cultural pressure to commit suicide for those who need to be important or viewed as a hero and terminal health suicide to avoid legal implication of friends or family involvement (Stone, 1998).

Why someone would attempt SBC only can be speculated upon before that event occurs. Developing a profile or policy to resolve this kind of assault on a police officer would have little effect on current training? Because unnecessary information could introduce danger to the officer who ponders these questions in and of themselves, it is necessary to preprocess in order to enhance current training. The intentions of the perpetrator to use a weapon will be the best and most effective focus of SBC training.

Terms such as "response," "threat," "suicide," "helplessness," "grief awareness," and "procedures" can be made part of training, whereas, ethics, meaning and purpose can only be part of educational discourse and thought development. *The threat of intent must go beyond the threat of doing nothing.*

CONCLUSION

Police officer training today is the finest in the world. Law enforcement officers in the United States are the cream of the crop of society. They are equipped, educated and dedicated people. Training is responsible for that accomplishment. This article makes three important points: training can inoculate against grief and helplessness in SBC situations; value-based policing with regard to authority and citizenship security is a teachable moral code that does not violate personal rights or officer safety and retraining for those with past experience in the military needs to be evaluated since intent is different than in wartime (see Attachment D).

PRE-DETERMINED SURVIVAL PLAN
(Helplessness Inoculation)

To have a plan for life or survival predetermines a lesser sense of helplessness:

Mind Set:	**Uncontrollable** Making ultimate decisions **Unsafe** Use of deadly force **Unsure** Feeling about personal destiny	**Helplessness**
Mind Set:	**Control** Purpose for all events and activities **Safe** Deadly force authorized **Self-assured** Make accurate decisions	**Helpfulness**

VALUE-BASED POLICING

Authority to protect and serve is a value to society and not a sin against mankind.

- Killing is not murdering.
- Law and order has authority to use ultimate force or inflict punishment.
- Self-defense against violence (real or otherwise) is a reason for killing.

Attachments A and B

GRIEF INOCULATION
(Pre-Grief Training)

Planned grief or spontaneous grief. Certain feelings can be preprogrammed where procedures for grief are already identified.

- Denial: "No one could get me to take actions I did not want to take."
- Depression: "I feel like a victim of circumstances."
- Anger: "Why did this have to happen to me?"
- Acceptance: "People have to be responsible for their own actions."
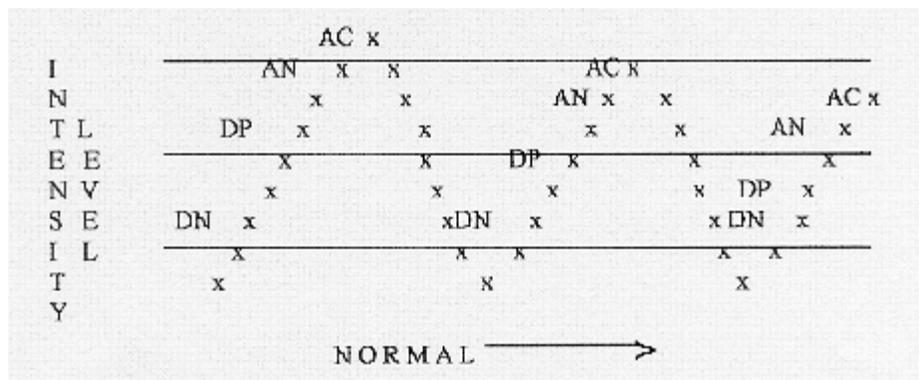
THREAT ETHICS

		ORIENTATION	
		Intention	Direction
T R A I N I N G	Policing Personnel	X	O
	Military Personnel	O	X

X: Optimum Response

O: Ambiguity or Delayed Response

(Problem: Military who become police officers)

Attachments C and D

A Typology of Suicide By Police Incidents

Robert J. Homant
Daniel B. Kennedy

Abstract: *We created a typology of suicide by police by separating 143 such incidents from a database of 174 police shooting incidents. The 143 incidents consisted of three categories: Direct Confrontations, in which suicidal subjects instigated attacks on police; Disturbed Interventions, in which potentially suicidal subjects took advantage of police intervention and Criminal Interventions, in which subjects preferred death to submission. Direct Confrontations presented a lower level of danger to police, but there was high variability within this category. Suicide Intervention, a subtype of Disturbed Interventions, was most likely to involve a successful use of less-than-lethal force.*

Key words: typology, suicide by cop, victim-precipitated homicide, law enforcement, suicide, SBC

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A Typology of Suicide By Police Incidents

INTRODUCTION

In 1998, five empirical studies of the phenomenon colloquially known as suicide by cop (SBC) appeared (Hutson et al., 1998; Kennedy et al., 1998; Lord, 1998; Parent and Verdun-Jones, 1998; Wilson et al., 1998). Taken collectively, these studies support the conclusion that at least 10% of police deadly force incidents involve SBC situations. Because SBC has implications for community relations, for police training and tactics, for debriefing officers involved in such shootings and for resolving possible legal actions that result from such incidents, it is important to clarify the diversity of incidents that may be involved. The purpose of this research is to develop a typology of SBC incidents and to explore how different types of incidents may vary.

DEFINING SUICIDE BY COP

Geberth (1993, p. 105) first formally defined SBC as "Incidents in which individuals, bent on self-destruction, engage in life-threatening and criminal behavior to force the police to kill them". This definition focuses on the motivation of the subject rather than the outcome. Thus, in the incidents that we review below, several outcomes are possible, including being killed or wounded by police, a completed or attempted suicide by the subject, being overcome by less-than-lethal force, surrender, or even a complete police withdrawal.

PREVIOUS RESEARCH

Previous research has made various distinctions in SBC situations. Hutson et al. (1998), for example, noted several types of cases: cases stemming from domestic violence; offenders facing significant prison time; subjects with a history of alcohol or drug abuse and subjects with a psychiatric or suicidal history. Lord (1998) found her sample to be composed of three major groups: domestic disputes, mental illness and criminal offenders liable to be returned to prison. She also noted the distinction between planned and unplanned attempts, with the bulk of her cases being unplanned. Homant et al., (2000) noted that planned vs. unplanned scenarios led to differences in the dangerousness of the incidents. The present research, then, began with the assumption that the distinction between planned vs. unplanned confrontations, as well as the distinction between disturbed persons vs. "normal" criminal offenders, would be important.

Method

The basic method for this study involved compiling a database of SBC incidents, sorting the incidents into groups of like incidents, defining the various categories thus created and then determining how reliable an independent judge could assign the incidents to the categories that had been created. Once we had assigned all the incidents to a type, it was then possible to examine the

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various types to see if they presented any systematic differences in either the dangerousness or the outcome of the incidents.

The Database

To develop a typology of SBC incidents, we began with the 123 incidents that were used in the research cited above (for a full description of the sources of these incidents, see Homant et al., 1999). The majority of these incidents were obtained from the professional literature and from newspaper databases. These incidents were supplemented by an additional 22 incidents that came from three main sources: a continuing search of newspaper databases, cases supplied by prosecutors who had become aware of our interest in the area and a search of the legal (appellate court) literature on police shooting cases.

To the 145 cases that tentatively were designated as SBC, we added 29 incidents that had been collected from the same general sources but had been excluded because some element of SBC was missing. Typically, the subjects in these cases did not expose themselves to police fire at the time they were posing a threat, or they posed a threat only to themselves, or they appeared to be engaged in a bona fide (though foolhardy) escape attempt. These 29 cases were included in this study to help clarify what SBC was not and to determine whether an independent judge could reliably exclude these cases.

Classifying Suicide by Cop

To classify an incident as SBC, the subject must have behaved in a way that seemed intended to provoke the police to shoot. Specifically, this required either deliberately exposing oneself while posing a threat to police or bystanders, or, in a standoff situation, knowingly forcing police to attack while harming or threatening to harm hostages or bystanders.

The above criteria were supplemented by several considerations. First, background information, such as leaving a note describing what one intended to do, could cause an otherwise ambiguous situation to be classified as SBC. Also, if the subject slowly advanced on one or more police officers while armed only with a knife, continuing to advance despite the officers' warnings and commands and despite their drawn and aimed weapons, this was sufficient to assume SBC.

On the other hand, a hopeless gun battle was not enough to classify an incident as SBC, especially when the gun battle resulted from "normal" criminal activity. In such a case, the subject must have either deliberately exposed himself or herself to police fire, or verbalized the wish for police to assault his/her position.

We did not consider a suicidal person who merely refused to cooperate with the police as a SBC unless the person turned on the police and threatened them. Even here, if the main purpose of

the threat to police was to keep one's weapon, perhaps for one's planned suicide, rather than to get the police to "do the job for me," then this was not considered an SBC incident.

RESULTS

Distinguishing Suicide by Cop

Upon a review of the 174 incidents, we determined that 31 of the incidents did not fit the criteria for SBC. Two of the 29 originally excluded cases were "promoted" to SBC incidents; 4 of the original SBC incidents were excluded. This left a total of 143 SBC incidents.

Major Categories of Suicide by Cop

The 143 SBC incidents fit readily into three main categories, which we term Direct Confrontation, Disturbed Intervention and Criminal Intervention, respectively. Each of these categories, in turn, contained 2 to 4 types.

I. Direct Confrontation. We placed 44 cases (30.8% of the SBC incidents) in the category Direct Confrontation. In these situations, the subject plans ahead of time to attack the police or other law enforcement agents to be killed by them. We found that incidents in this category were of four types, reflecting the manner in which the subject confronted the police.

    A. Kamikaze Attack. In this type, the subject uses deadly force to suddenly attack a police station or a group of police officers without any provocation. Five incidents (3.5%) fit this type. The case of Marvin Terry provides a good illustration: On May 14, 1998, Marvin Terry, age 25, calls his brother-in-law and asks him to take care of his son if anything happens to him. He sounds depressed. Then, he dribbles a basketball into the main entrance of a Detroit police precinct and announces that he is going to "kill everyone." He says, "Everybody down, Detroit ain't shit." At first, four officers behind the front desk do not take him seriously. Terry bounces the basketball toward them and pulls out two guns. The officers order him to drop his weapons. He points a weapon at an officer and says, "Now what are you going to do," a number of times as he (Terry) backs up. Then he riddles the station with bullets as he crouches behind a vending machine with a handgun and a sawed-off rifle, saying, "I'm invincible." Bullets hit the front desk and a back wall, but the four officers and three civilians in the room are unhurt. The 4 officers now fire back, as Terry crouches behind two vending machines reloading. Four other officers leave the rear of the building, circle around and fire through the front window. They shoot 50 to 75 times. Terry is hit 6 times. He is taken to a hospital and later dies. Terry's behavior greatly surprised those who knew him, though he was described as "having mood swings" and being depressed over a breakup with his son's mother.

B. Controlled Attack. This type differs from the Kamikaze Attack in that the police are merely confronted rather than attacked. Typically, the subject approaches one or more officers, confronts them with a weapon, or bluffs having a weapon and demands that they kill him/her, or else he/she will escalate the confrontation into a deadly assault. In retrospect, the subject may or may not have possessed a deadly weapon. Six cases (4.2%) fit this type.

C. Manipulated Confrontation. In the Manipulated Confrontation, the subject orchestrates a situation to get the police to investigate. The subject may call the police to report a crime or to say that he/she is suicidal. Another tactic is to drive recklessly to provoke a traffic stop, possibly using a chase to further engage the officer. The subject then confronts the police with real or apparent deadly force. We placed 22 cases (15.4%) in this category.

D. Dangerous Confrontation. The Dangerous Confrontation is similar to the Manipulated Confrontation in that the subject deliberately orchestrates the arrival of the police. In this type, however, the subject commits a serious crime, or creates a much higher level of danger for police or hostages. The subject is more interested in bringing the police than in getting away with the crime. In an extreme case, the subject may desire to take a police officer along when he/she dies. We placed 11 cases (7.7%) in this category.

II. Disturbed Intervention. We placed 82 (57.3%) of our cases in the broad category of Disturbed Intervention. What these incidents have in common is that the subject is acting in an irrational, emotionally disturbed manner. The subject may be overtly suicidal, or may react to the police arrival by becoming suicidal. Although it may be obvious that the disturbed behavior would bring the police, there is no evidence that the subject is deliberately attempting to create police intervention. Several degree of standoff is often present in these situations. Incidents in this broad classification consisted of three types: Suicide Intervention, Disturbed Domestic and Disturbed Person.

A. Suicide Intervention. The subject appears to be engaging in a bona fide suicide attempt, but is hesitating and ambivalent. Although he/she may have previously thought about SBC, the current suicide attempt does not appear to be a manipulation to bring the police. Either because the person objects to the police attempt to prevent the suicide, or because the arrival of the police provides a handy alternative, the subject then threatens the police. We found 29 (20.3%) of the incidents to be Suicide Interventions. The case of Alex Guttierez illustrates this type: His mother is concerned about 23-year-old Alex Guttierez' behavior. The previous day he yelled profanities at her and threatened suicide. She calls the police about him twice, once when she hears gunshots outside and once when he breaks a window after she won't

let him in the house. After an officer arrives to talk to her, Alex returns and wants to come in. The officer goes outside to talk to him. Alex points a gun at his own head and tells the officer that he wants to say good-bye to his mother. Gun drawn, the officer orders him to put the gun down. Alex points the gun at the officer. The officer fires twice and Alex falls to the ground with wounds to his hand and abdomen. Alex then raises the gun and shoots himself in the head, fatally (technically the death is a suicide).

B. Disturbed Domestic. The Disturbed Domestic begins with a conflict involving an immediate family member, lover, former lover and so on. Police intervention during or immediately after the domestic fight is met with hopeless, suicidal resistance. We found 24 (16.8%) incidents to be of this type.

C. Disturbed Person. In the Disturbed Person type, a drunk, drug-influenced, mentally ill, or otherwise disturbed person is acting strangely or dangerously. The person is not obviously suicidal prior to the police intervention, though there may be a past history of suicidal thoughts or behavior. If the person is engaged in criminal behavior, there is an irrational, desperate quality to it and little if any realistic attempt to evade arrest. The person resists police intervention in a way that indicates a preference for death over submission. The subject was not acting disturbed to provoke police intervention, nor can the subject's resistance be explained primarily as an attempt to avoid criminal penalties. We found 29 (20.3%) cases to be of this type.

III. Criminal Intervention. We placed 17 (11.9%) of the incidents in the general category of Criminal Intervention. This category begins with what is essentially a normal crime. The subject has an expectation of getting away with the offense. Police intervention is unwelcome and unexpected. The subject, however, prefers death to arrest and, giving up any hope of escape, prefers to be killed by the police. This category was found to contain two types: Major Crime and Minor Crime.

A. Major Crime. Major Crime refers to incidents in which the subject's main motive for resistance to the police appears to be an unwillingness to go to jail or prison. Often this involves someone on parole or probation, or at least someone who has previously done time. We found 9 (6.3%) of the incidents to be of this type, as in the case of Richard Anderson:While on parole, Richard Anderson, age 29, is caught by a homeowner while attempting a B and E in Texas City, Texas. The homeowner engages Anderson in a car chase, while calling the police on his cellular phone. The police join the chase. During the chase Anderson jettisons a rifle and a shotgun. Forty-five minutes later Anderson abandons his car and runs between some homes. Police find him holding a pistol to his head and threatening suicide. The officers talk to him for two hours. Finally he turns and points his gun at the police. They shoot and

kill him. Comment: Although an attempted breaking and entering is not necessarily a crime that carries a stiff prison sentence, the fact that Anderson was on parole makes it likely that his primary motive for seeking death was to avoid a return to prison. We do not doubt that his escape attempt was a sincere one.

B.   Minor Crime. In these incidents, police intervene in a minor crime, such as a simple assault or a traffic stop. Rather than fearing prison, the subject seems to resist police intervention as a matter of principle. The individual may become ego involved and escalate the resistance until it does become a major incident. The original incident was not planned, but someone with underlying suicidal motivation may seize the opportunity of the unwanted police intervention. These incidents are distinguished from II-C, Disturbed Person, in that the subject did not appear psychologically disturbed prior to the police intervention. We found eight (5.6%) of the incidents to be of this type.

RATER RELIABILITY

The rating task was set up as a series of decision points according to which each of the incidents was first separated into "excludeds" versus SBCs, then subdivided into one of three main categories and finally assigned to one of the nine SBC types. A graduate student in counseling was commandeered to provide a measure of rater reliability. After being thoroughly trained on the nuances of SBC, he rated each of the original 174 incidents according to the criteria described above. His ratings were then compared with those of the 2 authors.

On the distinction between SBC versus excluded, the two sets of ratings showed 96.5% agreement. Expressed as a reliability coefficient (phi) this is .87. Given that there was agreement that an incident was SBC, there was 78% agreement for placement into the 3 main categories; phi = .74. For placement into the nine types, the agreement was 60%; phi = .58.

In examining the disagreements, it was clear that in many cases a lack of detail meant that key aspects of the subject's motivation had to be inferred. In many cases, however, there was sufficient detail but the scenario was so convoluted that it offered more than 1 or 2 interpretations. Distinguishing the Disturbed Person (II-C) from either the Dangerous Confrontation (I-D) or the Minor Crime (III-B) was often quite problematic. Given that suicidal individuals are often ambivalent and contradictory, however, some disagreement among judges in classifying SBC incidents is not necessarily a fault of the typology itself.

COMPARISON OF TYPES

For the sake of comparison, we show the distribution of incidents according to type and present 3 variables (see Table A).

Subjects' ages were available for about two-thirds of the incidents. One benefit of this variable is that it played no role in the categorization of the incidents. As seen in Table 1, the distribution of age by subgroups appears to follow a predictable pattern: the more criminal and aggressive the subject's behavior, the younger the age for that category. Because the number of cases for many of these subtypes is quite small, this trend should be considered merely suggestive; nevertheless, the differences in age according to type were statistically significant ($F = 2.11$; df 8/89; $p = .05$).

The variable "Danger" refers to the extent to which police or others were killed, injured, or placed at risk by the subject. This was scored on a 6-point scale, with 1 representing cases where the subject killed someone in the incident and 6 representing incidents in which the subject used a replica or merely bluffed having a firearm (for a more complete explanation of this variable, see Homant et al., 2000). Looking at the major categories, Direct Confrontation had the lowest level of danger (3.73), which is to be expected because the use of a replica or prop is most likely in preplanned situations. The differences among the three major categories were statistically significant: $F = 5.91$, df 2/140, $p = .01$.

Despite the fact that Direct Confrontation was the least dangerous, two of its subtypes, Kamikaze Attacks (2.80) and Dangerous Confrontations (2.82), had the highest levels of danger. This, too, is to be expected because these scenarios are based on very direct threats to police or others. It is only because they constituted a relatively low percentage of the category I cases that the overall category remains the least dangerous of the three major categories. It is also quite understandable that the Disturbed Domestics (II-B) and the Major Crimes (III-A) would be somewhat higher on danger, since both are likely to involve some level of assault and possibly homicide. The differences in danger among the nine types were significant: $F = 4.04$, df 8/134, $p = .01$.

The variable "Lethal" refers to the outcome to the subject. We scored this variable on a 4-point scale, where 1 indicates that the subject was killed (either by police or in a conventional suicide), 2 indicates that lethal force was used but the subject survived, 3 indicates that the subject was overcome by less-than-lethal force and 4 indicates the subject surrendered without force having to be used. Overall differences in lethality were not significant.

In exploring this variable, however, we noted that of the 12 cases where a subject was overcome successfully using less-than-lethal force, 7 occurred with Suicide Intervention (II-A). This difference is statistically significant: chi-square (1 df, $N = 143$) $= 6.60$, $p = .02$. This finding makes intuitive sense. If police are aware that they are involved in a suicide intervention, they may be more prepared to employ some level of nonlethal force. Also, since the subject already is hesitating in the suicide attempt (and turning on the police may be mainly an effort to resolve ambivalence), the subject may be more compliant once some level of force is applied. In any event, because of possible tactical implications, this relationship certainly merits further investigation.

Although not shown in the table, it should be noted that there were 13 females (9.1%) among the 143 SBC subjects. Although this is too few for statistical analysis, it is probably no coincidence that none of the females were represented in the two attack types (I-A and I-B) and only one female subject was involved in a domestic disturbance (II-B).

CONCLUSION

We found that we could reasonably distinguish SBC from a group of related incidents and that SBC involved three basic categories, which we subdivided into nine different types. We achieved reasonable rater reliability in assigning cases to types and we found meaningful distinctions among the types in terms of age, danger and lethality. Before drawing any firm conclusions from this, two problems need to be addressed.

First, the number of cases in several of the types is too small to permit confident generalizations about these types. We would prefer a minimum of 20 cases before placing a high level of confidence in the characteristics of a particular type.

Second, although our sample of SBC incidents is reasonably comprehensive, in the sense of being drawn from several sources, it probably overrepresents cases in which the subject was killed by the police. Such incidents, we believe, are more likely to be noted in the literature, described in the popular media and end up as court cases. A different sampling approach may well find a different distribution of incidents, although we believe the basic 9 types will continue to show up in other samples.

In the meantime, however, this research has shown that meaningful differences exist among SBC incidents and therefore any generalizations about such incidents, especially for training purposes, need to be made with extreme caution. The observation that the use of nonlethal force was more successful with the Suicide Interventions (II-A) is an example of a finding that merits further exploration and is the subject of ongoing research efforts.

Characteristics of Suicide by Police According to Types

	N	%	Age	Danger	Lethal
Suicide by Police (total)	143	100	33.3	3.51	1.34
I. Direct Confrontation	44	30.8	31.2	3.73	1.30
A. Kamikaze Attack	5	3.5	23.0	2.80	1.00
B. Controlled Attack	6	4.2	37.5	3.67	1.83
C. Manipulated Confrontation	22	15.4	33.0	4.41	1.23
D. Dangerous Confrontation	11	7.7	28.3	2.82	1.27
II. Disturbed Intervention	82	57.3	36.0	3.46	1.33
A. Suicide Intervention	29	20.3	36.9	3.66	1.57
B. Disturbed Domestic	24	16.8	38.1	3.21	1.38
C. Disturbed Person	29	20.3	33.1	3.48	1.06
III. Criminal Intervention	17	11.9	26.1	3.43	1.58
A. Major Crime	9	6.3	27.4	3.22	1.67
B. Minor Crime	8	5.6	24.5	3.71	1.50

Note: Danger was rated on a 6-point scale, with 1 representing the highest level of real danger and 6 representing very low danger. Lethal was measured on a 4-point scale, with 1 indicating the subject died and 4 indicating that the subject surrendered peacefully.

Table A

Suicide By Cop: Issues in Outcome and Analysis

Emily A. Keram
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Abstract: The term suicide by cop (SBC) describes the behavior of suicidal individuals who provoke law enforcement officers to kill them. Completed SBCs comprise an estimated 9-28% of officer-involved shootings, although almost all are classified by coroners as homicides and not suicides. All such incidents have two features in common: (1) The precipitator intended to bring about his own death and (2) he did so by creating a threat to the life of another, causing an officer to perceive that only the use of deadly force would resolve the incident. The authors, a forensic psychiatrist and an assistant city attorney, present findings from their work in SBC cases. The following areas are discussed: incident nomenclature and definition, decedent profiles and incident characteristics; psychological sequelae experienced by officers and law enforcement agencies; law enforcement training and issues arising in subsequent litigation.

Key words: suicide by proxy, officer-involved shooting, law enforcement training, SBC

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Suicide by Cop: Issues in Outcome and Analysis

To the officer who shot me. Officer, it was a plan. I just needed to die. Please send my letters and break the news slowly to my family and let them know I had to do this. And that I love them very much. I'm sorry for getting you involved. Please remember that this was all my doing. You had no way of knowing.

Note left by a 19-year-old who precipitated a SBC, November 1997

INTRODUCTION

Suicidal individuals are, in most instances, thought of as being mentally ill. This has had a hidden influence on the terminology developed to describe these incidents. More important, the presence of suicidality profoundly influences those involved in the aftermath of a SBC.

Suicide by proxy incidents are volatile and violent. Hence, the facts are often subject to dispute. This article makes no attempt to assign responsibility in a specific case. It assumes a set of facts in which the individual involved was suicidal and intended to bring about his own death by provoking the use of deadly force by a police officer. The suicidal individual achieves his goal by behaving in a sufficiently violent and life-threatening manner as to create in the mind of the officer the reasonable belief that the threat is so grave and imminent that only the use of deadly force would resolve the incident. Each officer involved in such an incident justifiably feels that he or another person was on the verge of being killed.

METHODOLOGY

This article summarizes observations stemming from the analysis of six incidents that the authors were called upon to examine and from interviews with officers involved in other shootings in which the precipitator was suicidal. Data was generated from open-ended interviews with officers, review of eyewitness statements and police reports, interviews with relatives, friends, neighbors, supervisors and suicide by proxies of the decedents, as well as review of the decedent's school, employment, medical and mental health records.

The characteristics of each officer-involved shooting play a critical role in determining its subsequent effects on the officer, law enforcement agency, family of the decedent and the community. Although statements made by relatives and friends were reviewed, information specifically regarding the effect of these shootings on them was not available, limiting the scope of the present work.

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TERMINOLOGY

Issues Raised in Incident Nomenclature

In incident involving a peace officer shooting, a suicidal individual provokes strong and unpleasant reactions in those who deal with the aftermath of such events, as well as in those who study them. Such incidents involve a variety of agencies, disciplines and other concerned parties, each of which brings differing perspectives and training to the analysis of the incident. The very nature of these incidents leads some to an unspoken and often unconscious desire for ambiguity in the terminology used in discussing them. For example, it is unacceptable for some to use terminology that implies that an officer in some way helped an individual to commit suicide. Others may be incapable of accepting the event as a suicide, finding it impossible to conceive of an officer shooting a suicidal person as anything other than an unjustified homicide. Because suicidality and perhaps mental illness influence the decedent's actions, some may feel conflict about using terminology that conveys that he does not warrant sympathy. Therefore, disagreements have developed over the choice of terminology used to describe the event and its participants.

The most common terms used in describing this type of incident are "victim-precipitated homicide," "officer-assisted suicide," and "SBC." Wolfgang introduced the phrase "victim-precipitated homicide" in 1957. It is problematic for several reasons. The noun "homicide," by virtue of its extreme nature, becomes the operative word in the phrase. The use of the word "homicide" and not "suicide" places the emphasis on the action and by implication on the motivation of the officer involved. The suicidal individual becomes the relatively passive party, even though he is identified as the "precipitator". The term implies that he has precipitated a homicide, not a suicide. Finally, many lay people equate the word "homicide" with murder. Geberth (1993) formulated the phrase "officer-assisted suicide," which offers the benefit of clarifying the motivation driving the event. However, the word "assisted" conveys a sense of unambivalent volition on the part of the officer to take an active role in a suicide. Additionally, the use of the word "assisted" invites comparison to "physician-assisted suicide," a contract entered into voluntarily by both parties with a full understanding of each one's role. This is clearly not the case in these shootings. The origin of the term "SBC" is unclear. The term poses several problems. It is factually inaccurate, implying the suicide of a police officer. It also treats the officer as an unfeeling, inanimate instrument of the suicidal individual and fails to capture or imply the event's emotional impact on him. Finally, the word "cop" is disrespectful, further objectifying and dehumanizing the officer involved.

Proposed Nomenclature

Incident nomenclature should accurately reflect the fact situation and its dynamics. In this instance, due to the involvement of those with varying perspectives in the analysis of the event, it is important that incident nomenclature reflects the common ground and reduces distortions.

Indirect suicide has been described as early as the 17th and 18th centuries (Wolfgang and Ferracuti, 1967). The suicidal individual does not always choose to precipitate the life-terminating act by provoking a law enforcement officer to use lethal force. In an effort to stimulate thought and discussion regarding incident nomenclature, the authors propose the terms "assault with intent to commit suicide" or "suicide by proxy" to be used in these events. Both terms have the advantage of more accurately reflecting the situation and the dynamics inherent in these incidents. The individual is suicidal. The officer is compelled to carry out the individual's wishes. It is not a murder. It is a suicide.

The term "assault with intent to commit suicide" places emphasis on the violent nature of the precipitator's actions, while at the same time maintaining the fact that he is suicidal. This provides a more balanced presentation of the precipitator as being both an aggressor and an object worthy of compassion.

We intend suicide by proxy to describe any incident in which a suicidal individual causes his death to be carried out by another person. Thus the individual who stops his car in the path of an oncoming train has committed a suicide by proxy. Precipitating suicide by provoking law enforcement officers to use lethal force then becomes a subset of suicide by proxy. As the term can be applied to a more general phenomena of indirect suicide, it removes the emphasis from law enforcement and focuses on the precipitator. The term allows for both parties to be viewed as having been harmed in the event. The decedent is a victim of suicide. The officer is the victim of the decedent's chosen method of suicide. It also removes the ambiguity regarding the roles of both parties in planning and carrying out the action. For the sake of brevity, we use this term throughout the remainder of this article.

We prefer the term "precipitator" to characterize the suicidal individual, which reinforces his responsibility for his actions. Alternatively, we use the word "decedent." We use the term "officer" to describe the law enforcement officer involved in the shooting.

DEFINITION

Researchers have identified different elements in defining what constitutes a suicide by proxy. Wilson et al. (1998) included in their study cases in which investigation established "with reasonable probability, that the victim provoked a police officer to shoot at the victim and that the victim had suicidal ideation or intent". Cases involving cocaine intoxication were excluded, as it was felt that this might confound the ability to evaluate suicidal intent. Other types of toxicology were not excluded. Hutson et al. (1998) required cases in their study to show: "1) evidence of suicidal intent; 2) evidence the individuals specifically wanted officers to shoot them; 3) evidence they all

possessed a lethal weapon or what appeared to be a lethal weapon and 4) evidence they intentionally escalated the encounter and provoked officers to shoot them in self-defense or to protect civilians". In 1999, the California Commission on Peace Officer Standards and Training (POST) adopted a definition of suicide by proxy as an incident in which "an individual engages in behavior which poses an apparent risk of serious injury or death, with the intent to precipitate the use of deadly force by law enforcement personnel". The Commission included incomplete suicides in this definition, i.e., incidents that did not conclude with the death or wounding of the suicidal person.

The criteria used to define a type of incident should be factually correct and convey as fully as possible the dynamics inherent in it. This article adopts the POST definition of suicide by proxy. The criteria formulated by Wilson et al. did not make explicit the fact that the officer is compelled into action because the suicidal individual engages in behavior that poses an apparent risk of serious injury or death. Although this may be implied and obvious to those with law enforcement training, it is worth making clear both to educate the public and to support the officer involved. An additional criticism of this study's terminology is that it is conceivable that psychological autopsy of cocaine-intoxicated individuals might reveal evidence of pre-existing suicidal ideation, intent and plan. Inclusion in the Hutson et al. study required evidence that the suicidal individual possessed a lethal weapon or what appeared to be a lethal weapon. This does not take into account the individual who reaches for an apparent weapon.

The POST criteria reflect both the facts and the dynamics that would compel a peace officer to shoot at a suicidal individual. The behavior and the underlying motivations of both parties are made explicit in this definition. It is clear that the suicidal individual is motivated by the desire to die. Through the use of behavior that poses an apparent risk of serious injury or death, he intends to precipitate the use of deadly force by law enforcement personnel. The officer is compelled to use deadly force by his obligation to protect the public and by self-defense.

PSYCHOLOGICAL SEQUELAE EXPERIENCED BY LAW ENFORCEMENT AGENCIES

A multitude of sequelae are experienced by agencies involved in suicides by proxy. A brief review is summarized below:

Impact on Agency Involved

Suicides-by-proxy have an effect on the law enforcement agency involved as well as on the individual officer. Public and media attention and pressure may add to this. Law enforcement professionals may feel exposed, misunderstood, unappreciated and demoralized. Some co-workers may distance themselves from the officer involved in an attempt to maintain that such an event could

not happen to them or that they would have handled things without lethal force. These factors may play a role in an overall sense of demoralization within the agency.

Proposed Agency Response

Suicide by proxy incidents should, in general, be handled in the same manner as any officer-involved shooting, with additional concerns arising out of the unique nature of the event.

The agony of the officer involved may be magnified because of the suicidality or mental illness of the precipitator. The agency therefore must strive to support the officer. Specifically, senior management must act as role models in their response to suicides-by-proxy and should receive training regarding statements to make to the media, other agency personnel, the officer involved and his family. They should acknowledge that the phenomena is real and has an effect on those involved. A department-wide briefing should be considered, being sensitive to risk management issues, with the goal of minimizing gossip and other unhelpful consequences of the event. Hallway discussions regarding how others would have handled the events differently should be explained as attempts at denial and, therefore discouraged. More appropriate venues for processing the event should be made available. A suicide by proxy can be used as a reminder for officers to review their training material.

With respect to agency response to the media, an initial press release should humanize the officer and make clear that he responded to an event that he perceived as a life-threatening assault. Any information disclosed should be qualified with a statement that the investigation is ongoing and that the initial reports are based on what is known at that point. As a segment of the public may be skeptical of the descriptions of the precipitator's actions, management should take the opportunity to educate them about decedent behavior in this type of incident. Firearm instructors who possess special training and expertise in this area should review the initial press release. Management should make efforts to educate local leaders, the news media and the public about suicide by proxy incidents to counter the assumption that police shootings are caused by aggressive, ill-trained officers.

The law enforcement agency should establish procedures with its attorneys and risk manager for dealing with the families of suicide by proxy precipitators. By granting liberal access to the police investigation and attempting to answer fully all questions of the family, the agency can lower the chances that a civil rights suit will be filed that might embroil the officer in a legal proceeding for years.

ISSUES IN THE DEVELOPMENT OF LAW ENFORCEMENT TRAINING PROGRAMS

Suicide by proxy incidents frequently unfold rapidly and without any clues that an individual seeks to provoke an officer to use deadly force to effect his own death. Often they cannot be considered potential suicides until the post-incident investigation is completed. To be prepared to constantly and accurately reassess what is frequently a dynamic situation, it is important that officers

and dispatchers receive training in recognizing behaviors that might indicate a risk of likelihood of suicidality and training in basic strategies for dealing with a person threatening suicide. First responders should be instructed to follow standard officer safety tactics and, where practical, should use elementary verbal intervention skills. These steps may help reduce the risk that deadly force must be used. Obviously, where time and conditions permit, intervention by crisis negotiators is strongly recommended. Use of less than deadly weapons may also be a sound tactic, if they can be deployed safely.

Training and Agency Responsibilities

Advance familiarity with the effects of a suicide by proxy may temper the severity of the consequences experienced by some officers. Professionals should discuss with officers the risks and results of being involved in a suicide by proxy incident. Officers must be prepared for the internal and criminal investigations, potential civil suits, adverse publicity and emotional consequences for themselves and for their families.

In developing training programs and incident-response protocols, agencies should consider the following:

1. Providing training for field personnel and dispatchers that addresses the causes and effects of suicide by proxy, as well as providing training in tactical and post-event strategies to deal with its occurrence.

2. Exchanging information with county mental health staff, who have information and experience relevant to the management of suicidal persons. Relationships between police and county mental health services are not always optimal. Collaborating on problem-solving strategies may affect the possibility of favorable management of potential suicidal scenes and assist in mutually defining organizational responsibilities.

3. Requiring the department's mental health counselors to attend suicide by proxy training.

4. Routinely performing post-incident psychological autopsies on the precipitators of police shootings. This is an important step in building a local database and will allow appropriate incidents to be classified as suicide by proxy shootings.

Post-Incident Analysis and the Use of Forensic Experts

The motivation of the precipitator of an officer-involved shooting often is not readily apparent. A minority of suicide by proxy precipitators make contemporaneous statements such as

"I'm going to make you kill me," or leave suicide notes that express regret to the officer. A suicidal plan or intent will not normally be so clearly expressed. In most cases, a mental health expert is best qualified to form an opinion regarding the presence of suicidal intent. This determination will be based upon review of eyewitness statements, police reports, the decedent's school, employment, medical and mental health records and interviews with relatives, friends, neighbors, supervisors and co-workers of the decedent. Ideally, the mental health expert will be consulted immediately after the incident. The initial interviews with family members and friends often elicit candid and objective information regarding the precipitator's suicidal statements and plans. Without early involvement of a mental health expert, evidence of suicidality may be lost forever.

Before a police shooting is under investigation, mental health experts can assist in developing a checklist of factors reflecting suicidality. Additionally, the mental health expert can provide invaluable assistance in helping to shape goals and strategies for meeting with and obtaining depositions from the precipitator's family and in formulating the content of press releases.

ISSUES ARISING IN SUBSEQUENT LITIGATION

Excessive Force and Civil Rights Litigation

Excessive force claims may be based upon state law protection against assault and battery or federal civil rights violations. The landmark case is *Graham v. Connor*, 490 U.S. 386 (1989), in which the Supreme Court established "objective reasonableness" as the standard for determining whether the Fourth Amendment prohibition against unreasonable seizures has been violated. The Supreme Court directed courts to focus upon the "*reasonableness at the moment deadly forced was used* [emphasis supplied]" and further limited judicial review to "the facts and circumstances confronting [the officers] . . . judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight" (*Id*. at p. 396).

That less forceful measures or weapons may have been available is not relevant, so long as the officer's actions were reasonable at the instant deadly force was used. In *Plakes v. Drinski*, 19 F.3d 1143 (1994), a police officer shot a man who attacked the officer with a fireplace poker. The court concluded that where deadly force is justified, there is no constitutional duty to use non deadly alternatives first.

If courts analyzed whether an officer's actions (e.g., displaying a weapon or approaching the suicidal individual) somehow provoked the precipitator, such reviews would "nearly always reveal that something different could have been done if the officer knew the future before it occurred" (*Plakas*, *supra*). Consistent with *Plakas, Adams v Fremont*, 68 Cal. App. 4th 243 (1998) reversed a $4 million plaintiffs' verdict where the heirs claimed the SWAT team's presence caused the suicidal individual to shoot himself. The decedent's firing of the fatal shot prompted gunfire by the

SWAT team whose members believed they had been fired upon. The general principles summarized above, guide courts in deciding all police shooting cases:

Suicide by Proxy Cases

Police shooting cases turn on whether a police officer reasonably feared that death or serious injury to the officer or a third person was imminent if deadly force was not used. Suicide by proxy shootings likewise focus on this issue. Until recently, suicide by proxy incidents were not recognized as a separate phenomenon and were not considered to have factors meaningfully distinguishing them from other police shootings. As a result, there are few decisions that explicitly analyze whether suicide by proxy evidence is admissible. Plaintiffs' attorneys may object to the admission of evidence of the mental state of a precipitator on the grounds that the officer did not know anything about a suicidal plan or intent. In *Graham v. Connor,* the Supreme Court held that an officer is to be judged based on what he or she knew at the time of the incident. Lawyers representing police officers often will seek to admit evidence relating to suicide by proxy to prove the plan, motive, or intent of the precipitator. This evidence is vital in explaining and understanding the precipitator's actions. It is counterintuitive that an individual would advance aggressively on someone who is pointing a gun at their chest, ordering them to stop and making it clear that if they don't stop, they will be shot. Without information about the mental state and history of the precipitator, the judge, the jury and the public will not understand the officer's description of the precipitator's self-destructive resolve in continuing his provocative behavior in the face of the officer's commands at gunpoint.

RECENT CASES

Two recent cases explore the responsibilities of law enforcement in handling suicide calls and illustrate the difficulties courts face in developing an analytical framework for suicide by proxy cases:

In *Palmquist v Selvik,* 111 F3d 1332 (7th Cir. 1997), the precipitator broke a neighbor's window and threatened to kill the paper deliverer, prompting a 911 call. Upon arrival, the police found Palmquist shouting and brandishing a pipe and fan blade. Palmquist disobeyed commands to drop the weapons. He said the police would have to kill him. As the officers approached to arrest him, Palmquist struck one officer with the pipe. After he swung again, an officer shot and killed him. The entire incident took less than five minutes.

On appeal to the federal court of appeals, the lawyer for the police argued that the trial court improperly excluded evidence showing Palmquist's intent to commit suicide by proxy. The day of the shooting, Palmquist told a friend that he would provoke the police into shooting him. Palmquist had told another friend the same thing a month earlier.

The trial court excluded evidence not known to the officers at the scene relating to the precipitator's suicidal motive, plan and intent. This ruling is consistent with previous cases that excluded information not known to the police at the moment that deadly force was used (e.g., evidence that a weapon was not loaded or that a suspect was unarmed). The court also expressed a reluctance to shift the jury's focus from the precipitator's actions to his mental health, history and condition. In addition, state and federal rules of evidence generally disallow testimony offered to prove that a person acted on a particular occasion in conformance with his or her character. Notwithstanding the trial court's ruling, an expert testified that statements to the police at the scene indicated that the shooting was a suicide by proxy incident. The defense expert was precluded, however, from bolstering his opinion with information about the precipitator's plan to provoke the police.

The dissenting judge would have admitted the suicide by proxy evidence, even though it was not known to the police, because it made it more likely that Palmquist's behavior at the scene was sufficiently aggressive to create a reasonable belief that deadly force was necessary. The dissenter also pointed out the inconsistency of excluding suicide evidence, while admitting evidence of intoxication on the grounds that intoxication made it more probable that Palmquist acted as the police contended that he did.

Although the court of appeals upheld the verdict against the individual officer, it reversed the verdict against the police department for inadequate training, holding 1) that the plaintiff failed to demonstrate that a lack of specific training caused Palmquist's death and 2) that the city could not be held liable for failing to provide "*supplemental* [emphasis in original]" training in handling abnormally behaving people.

In a suicide by proxy case on which the authors worked, the trial judge, applying *Palmquist*, excluded all evidence not known by the officer immediately prior to and at the very instant that he fired the fatal shots. In this case, judgment was granted in favor of officer and city on grounds that the shooting of the precipitator was objectively reasonable (*Baldridge v. City of Santa Rosa,* 1999 U.S. Dist. Lexis 1414 N.D. Cal. Feb. 5, 1999).

In *Wallace v City of Lafayette,* 676 N.E. 2d 422 (Ind. Ct. App. 1997)*,* the appellate court upheld a verdict of $1.4 million for excessive force and inadequate training for handling suicide calls. Davies' heirs sued in state court under federal and state law.

The police went to Davies' home after receiving a report of a threatened suicide. The police learned that Davies had a gun. They also were told that Davies' counselor was en route to the home. A lieutenant instructed an officer to keep the counselor away from the apartment until the police secured the scene. An officer twisted a doorknob at Davies' residence to determine whether the door

was unlocked. Davies suddenly opened the door, stepped forward holding a shotgun and started to assume a shooting position. Officers fired, killing him.

The city argued on appeal that the heirs failed to prove 1) that the officers were inadequately trained and 2) that any failure to train amounted to deliberate indifference to Davies' rights. Deliberate indifference exists where "the need to train an officer in a particular area is so obvious that failing to train would amount to disregarding a substantial risk of serious harm". The jury concluded that the city was liable for failing to train its officers on how to respond to a call involving an individual threatening suicide. The court of appeals emphasized that a threatened suicide call presents difficult choices of the type that training makes less difficult.

The opinion fails to specify the training that would have averted the shooting. Instead, the court stresses the duty of police agencies to provide training on how to handle suicide calls. Absent evidence of training on handling calls involving individuals who are mentally disturbed or a threatened suicide, courts will be inclined to grant broad discretion to juries evaluating the adequacy of training.

Current State of the Law

Courts will be cautious in admitting evidence of the precipitator's motive, plan, or intent. In general, the actions of police officers are judged on the basis of what they saw and heard, not the mental health history of the precipitator. Barring evidence of a suicidal plan, however, is likely to prevent a fair trial for the officer, who describes behavior of the precipitator that is implausible and incomprehensible unless the suicidal plan is explained.

With the recent publication of the Los Angeles, California, Sheriff's Department's first large-scale study of suicide by proxy (Hutson, 1998), law enforcement's attorneys should be more successful in persuading judges to admit evidence of suicidality. To the extent that officers receive training on suicide by proxy, juries often will learn about this phenomenon because the research and findings will have affected the officers' state of mind. In situations where the precipitator has made statements such as "shoot me" or "I'm going to make you kill me," it is already well established that suicide by proxy evidence is admissible (*Palmquist supra*).

CONCLUSION

As awareness of the phenomenon known as SBC has increased, researchers have developed differing nomenclature to describe these events. This article seeks to encourage the continuation of this debate, while offering the authors' suggestions. The officers involved in these events feel that they narrowly avoided being killed in the line of duty. Conducting a post-incident psychological autopsy is helpful in clarifying the motivation of the precipitator. Training is important in event management and may have a future effect on the way courts consider subsequent litigation.

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Identifying the Dynamics of Suicide by Cop

Mark S. Lindsay

Abstract: *We do not know how many cases of suicide by cop (SBC) take place in this country-they are not uncommon. Only now are we beginning to recognize and investigate this very real phenomenon. Education is needed to create awareness of the existence and nature of these incidents within medical examiners' offices, law enforcement agencies and the judiciary. Credible analysis of the variables and dynamics of these incidents will permit us to begin to understand these cases and we can then strive to develop interventions to protect society and the police from the destructive forces of SBC and to dispel its dismissal. This article examines two case studies of SBC and provides a list of diagnostic criteria.*

Key words: diagnostic criteria, suicide by cop, law enforcement, suicide, SBC

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Identifying the Dynamics of Suicide by Cop

INTRODUCTION

A young man rode slowly into camp, while a long sash trailed from his horse. He looked solemn and he sang. People came out of their tepees and followed him. Somebody said "Do not dance." He dismounted from his horse and danced. Some of the old women stepped forward and cheered him on. He remained many days in the camp and danced every night. Once or twice a young, married woman came to his teepee to sleep with him. One day Sioux were sighted. A war party formed and the young man joined. When they encountered the Sioux, the young man rode ahead and charged into their ranks. He was shot in the chest and died.

Victim-precipitated homicide has been around for years, even centuries. Native American Indians called it "Crazy dog wishing to die". The Indian warrior would charge into the ranks of the enemy where he would be shot and killed. To the Native Americans, this was an honorable way to die. If, by the end of one war season even the most courageous exposure to danger had failed to bring him death, he was released from his vow without loss of prestige, alternatively, he could renew his vow. The crazy dog who failed to die because he fought too timidly or briefly was ridiculed and scorned (Andriolo, 1998). In Muslim societies, victim-precipitated homicide is called "Juramentado," translated to mean "taking an oath" (Andriolo, 1998). The Koran forbids suicide, but by being killed by someone else, the victim is not violating religious laws.

Research conducted on victim-precipitated homicide cases in Philadelphia found certain cases where the victim would create an action that would cause him/her to be killed (Wolfgang, 1959). In most of these incidents, the victim would, in fact, intercede in an occurrence where a subject would be armed with a handgun. The victim would escalate the incident. Wolfgang defines "victim-precipitated homicide" as:

> *Those criminal homicides in which the victim is a direct, positive precipitator in the crime. The role of the victim is characterized by his having been the first in the homicide drama to use physical force directed against his subsequent slayer. The victim-precipitated cases are those in which the victim was the first to show the use of a deadly weapon, strike the first blow in an altercation-in short, the first to commence the interplay and resort to physical violence.*

CASE STUDIES

This author began to look at SBC as a result of an incident occurring in 1982, in Baltimore, Maryland. As with all suicides, SBC finds its base in the trunk of what I refer to as the "Suicide Tree". What are the dynamics of these incidents and why are they different than regular suicide and

murder-suicide? In incidents where the subject is a member of a minority, his or her action can be explained as "using the weapons that he or she is most familiar with". In cases of SBC, the weapon of death is the police officer. Whereas Wolfgang found the victim would intercede with a citizen in the 1950s, as time advanced the victim changed his method; the victim would set up an incident where police response was guaranteed and then force a confrontation with the police causing the police to kill.

The change in designation from "victim-precipitated homicide" to "suicide by cop" occurred in the police profession. When the victim changed his or her choice of weapon from "John Q. Citizen" to the police officer, police agencies began calling these deaths "Suicide by cop." Since the seventies, there has been a noticeable increase in incidents of SBC, which falls into two classifications: direct confrontation and hostage/barricade. Direct confrontation occurs when the suspect confronts an officer on patrol. The hostage/barricade occurs when the incident is escalated to this level. Incidents of direct confrontation normally are over within 10 minutes. Incidents of hostage/barricade typically last approximately 4 hours.

Case Study 1

On April 16, 1990, at 6:29 a.m., police received a call about a woman armed with a handgun. Upon arrival, officers received information about a woman inside the house, armed with a handgun, who had been chasing another woman with the weapon. Officers attempted to gain entry at the front door with negative results. The officers then went to the rear of the residence, where they observed the rear kitchen door partially open. One of the officers entered the house and identified himself by calling out, "police officer!" The officer observed a female standing in the living room area with her back to him. The officer called to the subject, who turned and walked towards the officer. The officer observed the subject had a handgun in her left hand. The officer began backing out of the house and alerting other officers. The subject followed the officer onto the rear porch. The subject pointed the handgun at the officer and other officers on the scene. The officers retreated until their backs were against a wall and they had no further avenue of retreat. The officer, along with neighbors who came out to watch the incident, called for the subject to drop the weapon. The subject failed to comply and continued to point the weapon as she advanced towards the police officers. At this time, the officers, fearing for their safety, fired their service weapons, killing the subject.

Investigation by the police department's homicide unit found the following facts: the subject had been diagnosed with a brain tumor; she was taking various prescription drugs in large amounts; the weapon, which was one of many the subject owned, was not loaded but operable. The subject's sister, who had been chased around the house, stated her sister told her she was going to kill her and then commit suicide. The subject had no prior criminal history.

Case Study 2

At 9:34 p.m. on February 15, 1994, police officers received a call to an address about the discharge of a firearm. Upon arrival, the officers parked their marked police vehicle in front of the location and were confronted immediately by the subject who was armed with a .25 caliber semiautomatic handgun. The subject was holding a 1-year-old child and pointing the gun at the child's head. The subject told the officers, "they had better get in here". When the officers asked what the problem was, the subject ran up the stairs and ran into an apartment. The subject came to the window and pointed his weapon at the officers, who took cover behind some trees. The officers then requested assistance.

At 10:00 p.m., the Quick Response Team (QRT) and Crisis Negotiations Team were requested. The QRT secured the perimeter, while the negotiator contacted the subject. While the perimeter was in the process of being secured, the subject came to the window and fired two shots at police. The subject stepped back inside and fired one more round in the apartment. During this time, the subject spoke to the police negotiator. At various times during the negotiations, the subject placed the phone down and came to the window with the 1-year-old hostage in his hand (the subject was holding the child by the neck) and made threatening gestures with the gun towards the child.

Based on advice from the negotiation team and the team psychologist, the on-scene commander ordered a tactical resolution to the event. Again, the subject stopped negotiations and came to the window with the 1-year-old in his arms and placed the barrel of the weapon in the child's mouth. Fearing the hostage was about to be killed, the police counter-sniper fired a single shot at the subject. At the last moment, the subject turned his head and the round, instead of hitting the subject in the bridge of the nose and killing him, entered his mouth and exited the opposite side. The subject came to the phone and told the negotiator he had been shot. The negotiator told the subject the police would come in and take him to the hospital. The subject stated "come in." Once the police QRT entered the apartment, the subject pulled out a handgun he had hidden behind him and engaged the police in a shoot-out. The subject was hit more times but did not die. The subject was subdued and the hostage rescued.

Investigation revealed that the subject had been fighting with his girlfriend, who called the police. The hostage was the child of the girlfriend and another male. Further investigation revealed the hostage had received two gunshot wounds to her face. The subject has an extensive record for assault and weapons violation. The subject, on one occasion, was taken by the Mass Transit Police to a psychiatric ward under an emergency petition (the diagnosis was not known). The subject had an extensive record for narcotics usage.

In both incidents, the police never gained complete control of the incident. The suspect escalated the incident as needed to force the police to kill. The dynamics of the incident remain fluid. The suspect must maintain the intensity of the incident to die. If the suspect fails to maintain the

intensity and the police are able to control the incident, there is a decreased chance of successful suicide and SBC. In incidents I have studied, the suspect makes threatening gestures towards the officers, but may not wish to harm the officer. This can be explained by the fact the officer is the weapon. Should the officer be killed, the suspect successfully cannot commit suicide.

In researching this subject, I have looked at over 300 incidents of police shootings in the Mid-Atlantic region. The preliminary research shows significant differences between incidents of SBC and incidents of regular police shootings. Some of the most significant factors associated with SBC are: the incident is always started by a third party or the suspect, never the police; the incident is always in the form of a felony that will guarantee that the police will respond; there will always be a retreat by the police. This retreat will be as a result of the intuition of a fatal outcome of the incident and not as a result of a movement for better cover. In incidents of regular police shooting, events are normally started by the police officer. The incidents are normally misdemeanors; the retreat by the officer is an ingrained effort to seek cover or concealment and not as the result of a feeling of someone's imminent death.

CONCLUSION

We do not know how many cases of SBC take place in this country-they are not uncommon. Only now are we beginning to recognize and investigate this very real phenomenon. Education is needed to create awareness of the existence and nature of these incidents within medical examiners' offices, law enforcement agencies and the judiciary. Credible analysis of the variables and dynamics of these incidents (see Attachments A and B) will permit us to begin to understand these cases and we then can strive to develop interventions to protect society and the police from the destructive forces of SBC and to dispel its dismissal.

DIAGNOSTIC CRITERIA FOR SUICIDE BY COP

HISTORY (<u>3 of the 5 required</u>)

Mental or chronic physical illness:	The subject may have either diagnosed or undiagnosed. Some may not be found until the autopsy or psychological autopsy.
Drug or alcohol abuse:	May be either legal or illegal substances.
Low socioeconomic background:	When individuals commit suicide they use the means they are most familiar with. Within this category these people have had exposure to law enforcement.
Suicide attempts:	As with all suicide there should be prior attempts.
Criminal history:	The subject will have a history of some type criminal background, most often of an impulsive nature.

EVENTS (<u>8 of 12 required</u>)

Incident initiated:	The subject or a third party approaches the police or causes an action that will lead others to call the police.
Event to ensure police response:	The subject wishes to die at the hands of the police; he/she will create an incident that is designed to bring the police.
Subject forces confrontation:	Instead of surrendering, he/she will take actions that escalate the incident.
Initiates aggressive action:	The subject will become aggressive in order to heighten the officer's level of fear, again causing an escalation.

Attachment A

Threatens officer with weapon: The subject needs the officer to kill him. Therefore, the officer must be placed in fear for his/her life.

Advance towards officers: The subject will make some attempt to approach or appear to advance towards the officer. This is designed to reinforce the confrontation and the belief in aggressiveness on the part of the subject to the officer. Again there is an escalation of the incident.

Refuses to drop weapon: The subject will not heed commands from anyone to drop the weapon. To do so would cause an immediate de-escalation of the incident and interrupt the suicide process.

Threatens citizen with harm: The subject needs to be killed by the officers, and will use citizen (hostages) to maintain pressure on the police.

Presence of deadly weapon: The subject needs to be killed by the officers, and will use citizen (hostages) to maintain pressure on the police.

Recent stressor: As with all suicides, there needs to be a crisis or catalyst for the suicide.

Injured officer or citizen: Normally, if there is only one officer, that officer will not be harmed, as the officer is the instrument of death. If there are citizens or additional officers present, the subject may attempt to harm them in order to escalate the incident.

Retreat by officer: The officer retreats out of fear of his/her life, unlike regular police shooting where the retreat is for cover/concealment. Officers have stated that they knew someone was going to die.

Attachment A (Continued)

SUICIDE BY COP			
HISTORY	**PRESENT**	**NOT PRESENT**	**UNKNOWN**
Mental or Chronic Physical Illness			
Drug or Alcohol Abuse			
Low Social Economic Background			
Suicide Attempts			
Criminal History			
EVENTS			
Incidents initiated by subject, 3rd party, not by the police			
Precipitating event to ensure police response			
Subject forces confrontation			
Subject initiates aggressive action			
Threatens officer with weapon			
Advancement of subject towards officer			
Refuses to drop weapon			
Threatens citizen with harm			
Presence of deadly weapon			
Recent stressors			
Injures officer or citizen			
Retreat by officer			
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Attachment B

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Law Enforcement-Assisted Suicide: Characteristics of Subjects and Law Enforcement Intervention Techniques

Vivian B. Lord

Abstract: *This study describes historical, personality, behavioral and situational factors of law enforcement-assisted suicides, which are also known as suicide by cop (SBC) subjects. It also examines intervention tactics used by law enforcement officers on SBC incidents. Although SBC incidents share several characteristics with other suicide attempts, SBC appears unique due to the involvement of other people. In addition, a large number of SBC subjects had previous contact with officers usually through minor disturbances; so the subject was not an unknown assailant and the officer was not just a uniform. When officers were able to negotiate safely with the subject, discussing what issues were bothering him or her, officers usually were able to prevent injury to the subject. Unfortunately, a large number of SBC incidents begin as an unrelated complaint to a suicide attempt. When the officers are attacked without warning, they only have time to protect themselves and others.*

Key words: intervention techniques, suicide by cop, law enforcement, suicide, SBC

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Law Enforcement-Assisted Suicide: Characteristics of Subjects and Law Enforcement Intervention Techniques

INTRODUCTION

Suicide using law enforcement officers, more commonly known as SBC, has received very little attention from researchers. Perhaps this sparsity is due to the perceived small number of cases as noted by Alan Berman, president of the American Association of Suicidology (Lewan, 1998). While his conclusion may reflect the perceptions of suicidologists, the limited research that has been conducted on law enforcement-assisted suicides suggests that the phenomenon may be more prevalent than generally is realized. For instance, an examination of 384 officer-involved shootings in Los Angeles County between the years 1987 and 1997 found that approximately 10% of the victims met criteria for law enforcement-assisted suicides, or SBCs (Scoville, 1998). These numbers do not indicate the impact that these types of attempts and completed suicides have on a community. Suicidal individuals often include other innocent victims in their plan; the officer who commits the deadly act is left to deal with the fact he or she has killed somebody and the public often questions the need for deadly force. This form of suicide and its involvement of the law enforcement community clearly needs further examination.

In contrast to law enforcement-assisted suicide research, a great deal of research has been conducted on those individuals who, on their own, commit suicide. From the research, suicide victims have a number of characteristics in common. The suicide studies also have found distinguishing characteristics between fatal and nonfatal suicide victims. In a particularly well-known study comparing nonfatal attempts with completions, Maris (1992) found that the primary reasons that suicide completers killed themselves were loss of job, children, or spouse. In contrast, the reasons for the nonfatal suicide attempts of individuals were mental illness, drug abuse and interpersonal problems. Maris noted that attempting suicide might become a conditioned reaction. The attempter might endeavor to cope with stressful life events by self-destructive behaviors and subsequent suicide attempts might be made with more lethal methods.

SBC subjects demonstrate through their actions or communications that they, too, are attempting suicide. However, they are enlisting another person to assist in their death, which could be an important difference from solo suicides and might lead to unique characteristics. To expand our limited knowledge on individuals who use law enforcement officers in their attempts to kill themselves, the current study examined the characteristics of SBC subjects and the law enforcement tactical strategies used in their intervention.

LAW ENFORCEMENT-ASSISTED SUICIDES DEFINED

For the purpose of this research, law enforcement-assisted suicides, or SBCs, were defined as those individuals who, when confronted by law enforcement officers, either verbalized their desire

to be killed by law enforcement officers or made gestures, such as pointing weapons at officers or hostages, running at officers with weapons, or throwing weapons at officers. This study included completed law enforcement-assisted suicides and attempts in which the officers averted the shooting of the subject, bringing him or her out of the situation alive. The study also contained a few subsequent suicides, but only in which the initial gestures or verbalizations were observed and the officers were able to prevent the subject from initiating an assault on them. After an extended period of time, the subject ended his own life. (Note: The current study only discovered male SBCs who ended their own lives).

SBC victims are considered successful in their attempt to have the officer shoot them if they are killed or injured by officers; the subjects were able to carry out their intentions. Subjects who killed themselves during the SBC incident are also considered successful. If the SBC subjects were apprehended by the officer or the officers effected a surrender, they were categorized as unsuccessful.

An example of one of the SBC cases was a white male subject, age 40, who had been committed several times to a mental institution for depression, hallucinations and delusions. He also had been charged with assault against his parents on several occasions. The SBC complaint was received by law enforcement as a hostage situation. The subject's brother had observed the subject forcing his parents to enter his house at gunpoint. Although the subject never made any contact with the negotiator, he did allow his parents to leave. After several hours, the officers introduced OC chemicals into the house. The subject came out on the front porch with his shotgun. He was yelling such statements as, "somebody is going to die out here today". He then walked straight at the officers' patrol cars with his shotgun pointed. He was shot and killed by the officers.

SELECTION OF CASES

Thirty-two local North Carolina county and municipal law enforcement department administrators were contacted personally by the researcher. The officer responsible for the department's tactical unit or the department's negotiator(s) was interviewed. The researcher provided the definition of SBC to the responsible officer and the officer was asked to select cases between the years of 1991 and 1998 that met this definition. To maintain the anonymity of the subject and officers involved, the interviewed tactical officer or negotiator read information from the selected case files to the researcher.

PROCEDURE

Although the law enforcement departments contacted include both municipal and county departments and range in size, they cannot be considered a representative sample. For this reason and because the research on this phenomenon is so new, this study is primarily descriptive in nature. This information is comprised of specific personal, historical, behavioral and situational factors of

the suicidal subject and the incident. Personal information of the subject includes gender, race, age, employment status, use of drugs and alcohol, length of residence in the area, prior law enforcement contacts, criminal and mental health history, social support such as family and friends and disruptions in his or her life. Situational factors are type, season and time of call, indication of planning, previous suicide attempts, length of incident, substance abuse during incident, weapon used by the subject, environmental factors, conversation of subject during the incident and outcome of the incident. In addition, the officers were asked to supply information related to their intervention with the subject. Intervention information included the use of mental health professionals or family members in negotiation with the subject, tactical strategies and verbal interactions between the negotiator and subject.

SAMPLE

Sixty-four SBC cases from 32 law enforcement agencies were examined. The departments represented a variety of differently sized towns and cities, as well as both police and sheriff agencies from North Carolina. SBC subjects were primarily white males between the ages of 25 and 40 (see Table A). The SBC cases included 16 subjects killed by officers, 5 suicides committed during the standoff with police and 43 attempts in which officers either negotiated a surrender or managed an apprehension. These attempts can be further categorized by action taken after the SBC incident. Eighteen subjects were committed to a mental hospital, 15 were arrested for assault on officers or other family members and 9 were injured by officers. As noted within the definition of SBC, subjects killed or injured by officers are considered successful and are merged in the current study's analysis.

CHARACTERISTICS OF THE SBC SUBJECT AND INCIDENT

The characteristics of the SBC subject and incident are categorized by the suicidal risk factors found in the literature. Mental disorders, alcoholism and drug abuse, suicidal ideation, discussion of and preparation for suicide, prior suicide attempts, lethality of method, social isolation, hopelessness, interpersonal problems, work problems, stressful life events, aggression and anger and physical illness are all risk factors for suicide (Maris, 1992; Brown et al., 1992; McIntosh, 1992; Roy and Linnoila, 1986; Weissman and Beck, 1981; Beck et al., 1976). With the exceptions of the more affective areas such as hopelessness and stress, data on these factors were gathered on the current SBC cases.

Additionally, the variable "signs of planning" is included. William et al., (1980) divided suicide attempters into two groups, impulsive and nonimpulsive. Those individuals who reported less than a 5-minute premeditation of their suicidal action were defined as impulsive. These impulsive attempters were more likely to tell someone about the act and think someone would find them within a short period of time. A high proportion of the impulsive attempters thought they would live. If those subjects who are more likely to attempt, but not succeed, are impulsively making

their decisions to cope with their problems by SBC, there should be some differences in indications of planning.

Mental Disorder

In the current study, mental illness was recognized either informally by family members or formally through an outpatient or inpatient commitment history in about 54% of the subjects (see Table B). Usually, the actual diagnosis was not provided to law enforcement, but when known, the subject was often labeled schizophrenic or bipolar. If the subject was not known by law enforcement officers to have a mental health problem or there were no family members available to supply such information, the subject was categorized as mentally healthy. It is, therefore, possible that more of the subjects had mental problems than were so identified by law enforcement.

Substance Abuse

Over one-half of the subjects were considered substance abusers (64%) and well over one-half used alcohol or drugs (74%) during the actual SBC incident (see Table B). Although it is not possible to determine the subject's judgement or the lack thereof, Beck et al., (1976) concluded that subjects under the influence of alcohol overcome their inhibitions and are more impulsive and more lethal.

Social Isolation

With few exceptions, SBC subjects have other people in their lives; only five of the subjects (8%) did not have any close family or friends (see Table B). In addition, over one-half of the subjects (77%) had resided in the area for over a year, with many living their entire life in the area in which the incident occurred. Overall, these subjects were not transient or loners, but rather individuals who were connected to their communities. In addition, over one-half of the subjects had prior contact with law enforcement (51.0%); however, the contact was usually minor with drug offenses reported most frequently (19.9%).

Work Problems

For those subjects whose employment status was known, over one-half (62%) were not employed (see Table B). Specific work problems were not likely to be an issue, though there were notable exceptions. For instance, Case #17 involved a 37-year-old man who had received a promotion on his job, but was terminated soon after the promotion for embezzlement. The termination, in addition to mental and family problems, is attributed to his suicidal actions. The subject first was reported for shooting at cars traveling on a major interstate highway. When approached by a county law enforcement officer, the subject shot at the officer and then raced down the highway in his own car. After a high-speed chase through two counties, the subject was blocked,

at which point he continued to shoot at the officers, refusing any form of communication. A law enforcement sniper finally shot and killed him.

Stressful Life Events

The SBC incidents are categorized around three major stresses-domestic disturbances, mental illness and criminal activity. In general, most of the subjects were experiencing what could be perceived as a stressful event prior to the SBC incident (see Table C). The largest percentage of individuals had either just lost significant people in their lives, or they were experiencing a major family problem (41%). The family problems included the disputes over children's behavior and another subject's attempt to stop his girlfriend from terminating their relationship. The mental illness of some SBC subjects constituted another large percentage of stressors (16%). Six individuals (9.5%) were experiencing multiple stressors that included domestic, financial, or consequences of criminal activity.

While in many cases SBC might have been used more as an attempt to coerce the significant other into remaining in the relationship, in others, as noted by Brown et al., (1992), murderous revenge is one reason for suicide. As an example, one subject returned to North Carolina from Florida after discovering his ex-wife had a boyfriend. The subject was killed by law enforcement after the subject killed his ex-wife's boyfriend and attempted to kill his wife and their two children. After the SBC incident, an audiotape message was found in his car. On the audiotape, he described his plan to kill the boyfriend, his family and himself explaining, "no son-of-a-bitch is going to raise my kids".

Although only two subjects with outstanding arrest warrants were killed, criminal warrants were stressful events in a number of SBC subjects' lives. Many attempted to provoke their deaths after they had told a significant other that they would die before returning to prison. A subject in one case was wanted for felony breaking and entering, armed robbery and an assault on an officer. The day of the SBC incident, deputies were called to a domestic disturbance in which the subject was involved. The subject shot at one of the deputies and then ran into the back yard of a house. He never responded to any of the deputies' negotiation requests, but instead left concealment and shot again towards the deputies, who shot him. His associates informed law enforcement that he had told several people that he would not be taken alive to prison; he would kill somebody or be killed.

Suicidal Ideation or Prior Suicide Attempts

Thirteen subjects (20.3%) possessed prior suicide histories. As noted by Maris (1992), attempted suicide might become a conditioned reaction used to cope with stressful life events.

Over one-half of all the SBC subjects (58.5%) had made some sort of statement or changes in behavior that were interpreted by their significant others (friends or family members) as pre-suicidal gestures. Such behaviors included the subject in Case 35 writing a suicide note to his

girlfriend the day of the SBC incident, but also previously telling his girlfriend that he planned to have law enforcement kill him. More subtle indications were also noted, such as Case 37, who according to his wife, seemed to acquire a "death wish" by beginning to abuse drugs which caused him to lose his job. He then began to rob banks down the east coast. When confronted by the police, he told the passenger in his car that he would not be "taken alive".

Maris (1992) found that as many as 75 to 80% of the suicide victims in his study gave presuicidal clues of their intentions. The current research only provides weak support for Maris' study. However, unless the subject's family members or the officers specifically stated that the subject had mentioned thoughts of suicide, displayed changes in behavior, or attempted suicide before, prior suicide ideation or activities were not included, but rather listed as missing information.

Lethality of Method

Involving law enforcement officers guarantees a high degree of lethality. In addition, a majority of the subjects possessed either a gun (73%) or knife (21%) at the time of the incident, increasing the probability that lethal force would be used (see Table D).

Aggression and Anger

Aggression and anger were quantified in a number of different ways. Previous history of assaults and domestic violence, initial complaint to law enforcement and conversation and actions of the subject during the actual SBC incident that were homicidal were included as measurements of the subjects' hostility and pugnacity toward other people (see Table E).

Over one-half of the subjects had no criminal record (51%). Of those individuals with records, domestic violence was most prevalent (18%). Only 13 of the subjects (21%) actually had been arrested for domestic violence or another personal crime; however, 20 of the incidents (31%) began with a domestic dispute complaint to law enforcement. Although less frequent than domestic violence or suicide attempts, criminal activity was most likely to end in the subject's death or injury by an officer.

Thirteen subjects mentioned the desire to kill another person in addition to themselves (20%). Individuals who chose not to negotiate with officers, or who surprised the officers so that the officers felt their lives were in immediate danger, were likely to be shot by officers. For some SBC subjects, their suicidal actions appear to include a desire to hurt others, as well as themselves. This scenario is also true in cases that the individual spoke of homicide and suicide (36%). In many cases, the homicide conversation was directed at the officers. Such talk probably increased the danger awareness level of the officers.

Physical Illness

Physical illness, considered a risk factor for suicide, would have been listed in the "stressful life events" category. Illness was not considered a major reason for the SBC attempt in any of the cases; however, in two cases in which there were multiple stresses, the individuals had lost an arm or leg.

Summary of Risk Factors

SBC victims and suicide victims in general appear to share several risk factors. A large percentage have identified mental health issues, abuse drugs and alcohol, suffer from stressful life events and have talked about suicide. Physical illness and work-related problems were less likely to be a factor in SBC incidents.

Social isolation, a risk factor for suicide, was not a characteristic of SBC subjects; a majority of subjects possessed a support system. However, it is important to note that the termination of a relationship or family problems were quite often the stressful precipitating event for which officers were called out. The subjects may perceive that they have lost their social support.

Situational Characteristics

The most frequent time that SBC incidents were reported was between 1,700 and 2,100 (43.5%) (see Table F), which is also the most common time for assaults against law enforcement in general (State of North Carolina Uniform Crime Report 1998 Annual Report, 1999). Unlike other suicides that are likely to occur more often in spring and winter, SBC complaints seem to occur most frequently in fall (36.5%) and least frequently in winter (11.5%). Although seasons do not seem to play an important role in the decision to attempt SBC, one of the departments reported an incident that occurred in February. A 44-year-old man had barricaded himself in his house. After several hours of negotiations, the subject went downstairs to get some tobacco. A tactical team member, who was stationed outside a window, saw the subject reach for the tobacco and yelled to him, "I sure would like some of that tobacco. Come on, buddy, it's cold and rainy out here, just give up". The subject surrendered.

Interference of environmental factors is often quite cited as an obstacle to overcome (McMains and Mullins, 1996). Although a large percentage of these incidents occurred without any interference from people, media, or other stimuli (29.4%), in approximately the same percentages of cases law enforcement did have to contend with people (29.4%) and media (23.5%) (see Table F). Contending with the public and the media can be a problem for law enforcement officers attempting to negotiate with SBC individuals. In Case 2, law enforcement received a complaint about a domestic dispute between an impaired subject and his girlfriend. When the police arrived, a crowd was encouraging him to kill himself or attack law enforcement. The officers commanded him to stop and drop the knife. He did not, but rather ran at the police and was killed.

The length of time that an incident lasted appeared to differ between those subjects who were successful in their attempt to get officers to shoot them and those who were not. Those incidents that ended quickly were most likely to result in injury or death of the subject; 61% of those subjects who were in incidents that lasted less than an hour were injured or killed (see Table G). More than likely, officers were surprised by the subject and unlikely to be able to protect themselves. In 9 of the incidents that ended in injury or death of the subject, no tactical strategies were used and the incident lasted less than 1 hour.

INTERVENTION TACTICS

Law enforcement officers have a number of tactical strategies at their disposal when intervening in SBC or other barricaded incidents (McMains and Mullins, 1996). Although this researcher does not propose to suggest that a subject's decision is based on specific strategies, it is worth examining what strategies are used and their relationship to the outcome of the subject.

Negotiators must consider the use of mental health professionals, especially as an additional resource if the subject has a mental health history. Most of the incidents did not include the use of such a professional (89.1%). If a mental health professional was used, it was most frequently the subject's psychologist (10.9%).

Use of family members is also a consideration, but primarily for providing additional information to the negotiator about the subject and the precipitating factors. Although family members were not used very often (75.0%), when used, it was primarily a parent (15.6%).

Potential tactical strategies included: 1) the establishment of a safe perimeter around the subject usually confining him or her to a building or vehicle, 2) distraction devices such as "flash bangs," 3) physical restraint and 4) introduction of gas to force the person into one area or out of an area. The main purposes of such strategies are to confine the individual safely to allow negotiation, to distract the subject so that tactical members might enter his facility and restrain him or to move him from one area into another potentially safe one. Establishing a perimeter was the primary tactical strategy (40.6%) used by officers in the current study. Physical restraint (7.8%), distraction devices (1.6%) and OC gas (12.5%) were used to a lesser extent. As noted earlier, in cases in which officers were unable to use any tactical strategies at all, a higher percentage of subjects were shot or killed by officers (36.0%) than were unsuccessful in their attempt (see Table G).

Negotiation tactics included (1) building rapport with the subject (17.2%) and (2) discussing the subject's problems (43.8%). Just focusing on the weapon was used in over of the cases (25.0%). Interestingly, in those cases in which officers only focused on the weapon ("put the weapon down"), over half of the subjects were injured or killed (52.0%) (Table 7). On the other hand, in those cases

in which negotiators were able to discuss the problems of the subject, most incidents did not result in injury or death (66.7% unharmed).

SUMMARY

In cases in which officers were unable to use tactical or negotiation tools, the SBC incident was likely to be short-lived with lethal results. On the other hand, in cases in which the subject was willing to negotiate and the negotiator was able to discuss the subject's problems with him, the subject was usually restrained without harm. In making these conclusions, it is important to realize that the subject controls his or her own life. Officers are unable to use tactical tools or negotiate with SBC subjects when they are surprised by the subject and must quickly protect themselves and others. Given time to establish a perimeter, develop rapport with the subject and discuss issues with him or her, the officers are better prepared to intervene with the subject.

CONCLUSION

As the data of this study reveal, SBC victims, in general, do share a number of characteristics with individuals who commit suicide on their own. SBC appears to be unique from other types of suicide, primarily due to the involvement of other people. In Maris' Chicago study (1992), 50% of the completed suicides had no close friends. In the current study, only 8% did not have any social support. Social isolation increases the risk of suicide both because of the human need for interaction with others and because of the diminished chances of rescue. Individuals who attempt suicide, but fail to complete the act, quite often believe that they will be rescued (William et al., 1980; Stengel and Cook, 1958). Similarly, in the current study, many SBC subjects began the attempt on their own, but quickly turned the responsibility of the act over to law enforcement officers when they arrived.

In the current study, SBC subjects with mental health problems were most often labeled as schizophrenic or manic-depressant. In contrast, Maris (1992) limited suicide victims' mental health problems to difficulties coping with depression and anger. Monahan (1992) found persons who met the criteria for a diagnosis of schizophrenia, major depression or mania/bipolar disorder to be 6 times more likely to be violent than people who had received no diagnosis.

Although the SBC subject is attempting to provoke officers to kill him/her, the officers' interaction with the subject, as well as the skills and tools available to them, will influence the final result. A large number of SBC subjects had previous contact with the law enforcement department through past, usually minor disturbances; so the subject was not an unknown assailant and the officer was not just a uniform. The level of danger that officers perceive might not be as high with an individual with whom they have dealt on more minor, nonlethal offenses. This is not to say that law enforcement officers can control the choices that the subject makes, only the SBC subject can make the decision to use a weapon to confront officers and get injured or killed.

When officers are able to negotiate safely with the subject, discussing what issues are bothering him or her, officers are usually able to prevent injury to the subject. Unfortunately, a large number of SBC incidents begin as an unrelated complaint to a suicide attempt. When the officers are attacked without warning, they only have time to protect themselves and others.

Law enforcement officers are becoming more aware of individuals who attempt to use police to kill them. Tactical officers and negotiators also are beginning to comprehend the need for some subjects, especially in barricaded situations, to maintain control. Understanding these subjects will continue to help officers successfully intervene. It would be helpful for officers to expand the interview of SBC attempters who live to include information that would help law enforcement's understanding of the motives behind SBC incidents. Future research focusing on successful intervention strategies, particularly in the area of negotiation approaches, also will be helpful.

DEMOGRAPHIC VARIABLES OF ALL SBC SUBJECTS

Variable	Number	Percentage
Sex		
Male	60	93.8
Female	3	4.7
Race		
White	48	75.0
Black	14	21.9
Latin American	1	1.6
Unknown	1	1.6
Age		
Under 25	9	14.1
Betw. 25-39	36	56.3
Betw. 40-59	18	28.1
Over 60	0	0
Unknown	1	1.6
Outcome		
No action	1	1.6
Committed to hospital	18	28.1
Arrested	15	23.4
Injured by officer	9	14.1
Killed by officer	16	25.0
Suicide during SBC incident	5	7.8

Table A

PERSONAL AND SOCIAL CHARACTERISTICS OF THE SBC SUBJECTS

Variable	Number	Percentage
Mental Disorder		
None	29	46%
Symptoms, but no diagnosis	10	16
Psychiatric history	10	16
Commitment history	14	22
Total	63	
Substance Abuse by Subject		
None	24	44
Alcohol	9	17
Prescribed	3	5.5
Marijuana	4	7
Alcohol + marijuana	1	2
Hard drugs	10	18.5
Alcohol + hard drugs	3	5.5
Total	54	
Substance Use during Incident		
None	14	26
Alcohol	32	59
Proscribed	2	4
Marijuana	1	2
Alcohol + marijuana	0	
Hard drugs	3	5.5
Alcohol + hard drugs	2	4
Total	54	
Social Isolation		
No Support	5	8
Partner	13	21
Parents	16	25
Extended Family	25	40
Friends	3	5
Professional	1	2
Total	63	

Table B

Length of Residence

Not a resident	6	11
Resident< one year	6	11
Over one year	41	77
Total	53	

Work Issues

Employed	17	38
Unemployed	28	62
Total	45	

Table B (continued)

STRESSFUL LIFE EVENTS OF THE SBC SUBJECTS

Variable	Number	Percentage
Stressful Life Events		
None	7	11
Termination of relationship	19	30
Family problems	12	19
Money problems	3	5
Mental illness	10	16
Criminal Warrant	6	9.5
Multiple	6	9.5
Total	63	

Table C

SUICIDAL IDEATION OF THE SBC SUBJECTS

Variable	Number	Percentage
Previous Suicide Attempts		
None	42	76%
One	7	13
More than one	6	11
Total	55	
Suicidal Ideation		
No	22	45
Yes	31	58.5
Total	53	
Signs of Planning		
No	32	50
Yes	32	50
Total	64	
Lethality of Method		
None	1	2
Gun	47	73
Knife	14	22
Other	2	3
Total	64	

Table D

INDICATORS OF AGGRESSION AND ANGER OF SBC SUBJECTS

Variable	Number	Percentages
Criminal History		
None	31	51
DWI	6	10
Domestic	11	18
Property crimes	5	8
Other Personal crimes	6	10
Total	61	
Officers' Initial Role		
Suicide Intervention	26	41
Domestic Violence	20	31
Criminal Activity	17	27
Other	1	2
Total	64	
Conversation of Subject		
None	14	22
Direct suicide talk	37	58
Homicide + suicide	3	20
Total	64	

Table E

SITUATIONAL CHARACTERISTICS OF SBC INCIDENTS

Variable	Number	Percentages
Time of Call		
0500-1100	2	3.6
1100-1700	17	30.9
1700-2100	25	45.5
2100-0500	10	18.2
Total	55	
Season		
Spring	16	25.8
Summer	16	25.8
Fall	22	35.5
Winter	8	12.9
Total	62	
Environment		
No Stimuli	15	49.2
People/Crowd	15	17.5
Media	8	12.6
Physical Barrier	1	1.6
People and Noise	12	19.0
Total	63	

Table F

COMPARISON OF INTERVENTION VARIABLES OF SBC INCIDENTS

SBC subjects who were successful in their attempt to be shot by officers are compared with those who were unsuccessful in their attempt.

Variable	Unsuccessful %(n)	Outcome Successful %(n)	Total %(n)
Duration			
Less than 1 hr.	19.4% (7)	45.8% (11)	30.0% (18)
Less than 3 hrs.	33.3 (12)	29.2 (7)	31.7 (19)
Less than 5 hrs.	36.1 (13)	20.8 (5)	30.0 (18)
Between 5 and 24 hrs.	11.1 (4)	4.2 (1)	8.3 (5)
Total	(36)	(24)	(60)
Tactical Strategies			
None	20.5 (8)	36.0 (9)	26.6 (17)
Perimeter	38.5 (15)	44.0 (11)	40.6 (26)
Negotiation	10.3 (4)	12.0 (3)	10.9 (7)
Gas	17.9 (7)	4.0 (1)	12.5 (8)
Physical Restraint	10.3 (4)	4.0 (1)	7.8 (5)
Nonlethal Force	2.6 (1)	0	1.6 (1)
Total	(39)	(25)	(64)
Verbal Intervention			
None	12.8 (5)	16.0 (4)	14.1 (9)
Deal with Weapon Only	7.7 (3)	52.0 (13)	25.0 (16)
Build Rapport	12.8 (5)	24.0 (6)	17.2 (11)
Discuss Problem	66.7 (26)	8.0 (2)	43.8 (28)
Total	(39)	(25)	(64)

Table G

Psychological Effects of Suicide by Cop on Involved Officers

J. Nick Marzella

Abstract: Suicide by Cop (SBC) has been recognized as a subset of suicidal behavior and police officers and researchers alike have toiled with understanding the consequences of this action. This article offers insight into how officers cope with both the short- and long-term psychological effects of SBC. Interviews with officers involved in suicide or suicide attempts, self-labeled as SBC, were reviewed in light of varied psychological effects on the officers. Impact on officers' sense of self, family life, interpersonal relationships and job functions were analyzed in light of the officer's perception and compared to the perception of family members.

Key words: psychological effects, suicide by cop, law enforcement, suicide, SBC

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Psychological Effects of Suicide by Cop on Involved Officers

INTRODUCTION

SBC has been recognized as a subset of suicidal behavior and police officers and researchers have toiled with understanding the consequences of this action. This article offers insight into how officers cope with both the short and long-term psychological effects of Suicide by cop. Interviews with officers involved in suicide or suicide attempts, self-labeled as Suicide by cop, were reviewed in light of varied psychological effects on the officers. Impact on officers' sense of self, family life, interpersonal relationships and job functions was analyzed in light of the officer's perception and compared to the perception of family members.

SCENARIOS

Critical situations can occur in seconds; oftentimes, officers and their families deal with the effects for a lifetime. Follow-up interviews with the involved officers reveal the psychological impact of these critical incidents on the officer's relationships with family, friends, peers and the public. The decision of whether to use deadly force is omnipresent throughout the course of an officer's career. Police officers are intensely trained via shoot/don't shoot scenarios, often on the latest hi-tech simulators. The training is helpful and officers generally exercise prudent judgment when involved in potential lethal situations. Suicide by cop scenarios comprise less than 10% of attempted suicides and represent an even lesser percentage of all officer-involved shootings, but for the officers involved it becomes a life-altering experience.

Case Study 1

Officer T. is a 30-year veteran police officer. He works the public high school and enjoys the students and his family. In 30 years, he has never had a man resist or assault him. He has always been able to talk his way out of every critical situation. On a spring day in April, his streak ended. He was late getting off work because he was finishing an accident report on a lady who "T-boned" him earlier that day. He heard the dispatcher air a "male white with a gun threatening to shoot people at a local pharmacy". He and another officer responded to the scene and found a fellow officer with a gun drawn on the suspect's car. Officer T. opened his door, ready to step out, when the suspect took off in his car, ran over the curb and blew through stop signs. The chase was on and Officer T. could not get his door shut or put his window down. Reaching speeds in an excess of 65 miles per hour, he thought he was going to fall out of the cruiser. He finally secured himself and, as the chase continued, they allowed two marked cruisers to cut in front of them as they were in an unmarked car. Officer T. saw the subject swerve in front of a school bus and yelled, "he's going to take it out". At the last minute, the suspect cut back to the right, narrowly avoiding a major disaster. He finally pulled over to the side of the road and stopped. Officer T. bailed out of the car and saw the suspect's door open. Because school was letting out and they were in a residential neighborhood, "my

intentions were to keep him in the car". The subject exited the car as Officer T. approached and "there was a time when he stood still and we stared at each other". The subject's eyes moved and the last thing Officer T. remembered was him "going to his pants. It was like I was looking from behind me watching in slow motion". He remembered shooting where the subject's hands were and then diving to the ground. After watching a video of the situation taken from his cruiser, Officer T. recalled very little of the situation. He thought he was in a combat stance and didn't move. The video showed him backing away in a defensive stance. Officer T. shot the subject through both hands and his stomach: "It was like I crucified him". The next thing he recalled feeling was fear, because he could not find the subject's gun. He reported feeling guilt, shame and embarrassment "because I shot an unarmed man".

For the next several days, Officer T. did not want to be around anyone, nor did he want to stay at home. He tried to keep busy, but the flashbacks kept intruding. This incessant replaying of the event, in a fruitless effort to cognitively master an unruly situation, was painful to him. He worried about his son, his wife and his parents with little thought of himself. He worried, "how will this affect them?".

As the weeks and months passed, he became more paranoid, making sure that the doors to his home always were locked. He installed a security system and would not allow his 12-year-old son to stay at home alone even for the briefest of time. He became overly protective of his family and waited for retribution. He could not understand the subject's motives. He even thought the subject may have known him: "There were eight officers on the scene. Why did he come at me? How could he be so stupid?". Officer T. reported, "I was ready to break down." A member of the Columbus, Ohio, Police Department's (CPD) Officer Support Team helped him through the initial stages, as did seeking counseling with his priest. Perhaps most helpful to him was the extensive debriefing done by the department psychologist.

Officer T. stated, "I felt like a spring wound tight ready to explode". His levels of irritability increased, culminating in losing his temper at baseball practice where he coached 12-year-old boys: "After I called a 12-year-old a fucking idiot for doing something stupid, I knew I had crossed over the line".

Although Officer T. continues to think about the incident daily, the intensity has waned. The first few weeks postincident found him averaging only 2 to 3 hours of sleep per night. Six months later he averaged 4 to 5 hours per night, but he used to sleep 7 hours or more. His attention and concentration are self-rated as mediocre. He finds it difficult to concentrate on stakeouts and is hypervigilant, "always waiting for the next shoe to drop." His wife has noticed a sense of detachment in that he is not excited about anything and his son has become more clinging. Officer T. reports being more suspicious of people: "Do they have a gun under their shirt; how am I going to react; am I going to go to jail, lose my house; why me?".

Officer T. continues to gain cognitive mastery over the situation, but still faces issues. In spite of the objective evidence supporting his actions, he still feels he "should have found an alternative way to handle the situation." Anger about not having control of the situation and feelings of vulnerability still pervade his thinking. With regard to the subject, Officer T. stated "he wasn't John Q. upstanding citizen; he's a piece of shit, but I still have to live with this. He took control". After 30 years of being able to successfully resolve situations verbally, Officer T. was put in a position of disaster. Summarily, he stated, "I'm ready to retire . . . I've had enough of this".

Case Study 2

Involved in the same situation was Police Lieutenant B., a 30-year police veteran as well as a Vietnam combat veteran. He had been working on a wage negotiation committee all day and decided to stop in the substation to check his messages prior to going home. He was in plainclothes when he heard a dispatcher air the call regarding "a man with a gun threatening folks at a pharmacy". Without forethought, he jumped into a cruiser and got involved in the pursuit of a subject, who by this time had left the scene driving erratically. Several marked cruisers were involved and at one point the subject swerved in front of an oncoming school bus, looking as though he was going to take himself out along with the school bus. At the last second, he swerved back into his lane and the chase continued. A blown tire did not stop him or slow him down as he continued fleeing on three tires and a rim. Lieutenant B. thought he saw the subject throw something from the car, but was unsure. Finally, the subject careened off the side of the road and came to a stop. Several officers, as well as Lieutenant B., exited their respective cars and ran toward the subject. The subject exited and ran to the rear of his car, assumed a crouched position and pointed his clasped hands towards the officer. Lieutenant B. thought he yelled "the S.O.B. has a gun," and then he heard a gunshot. From the corner of his eye, he saw a fellow officer roll to the ground and immediately thought his partner had been shot and killed. Lieutenant B. was approximately 8 to 10 feet away from the subject and remembered firing one round and thinking, "Why is this guy still standing?". His first shot sounded muffled and upon firing again, he did not hear his weapon discharge, nor did he remember hearing the reports of six other shots fired by officers. Lieutenant B.'s first shot was based strictly on reaction and training. He reported sensory distortion, in that everything happened in slow motion. He focused on the subject's gun with tunnel vision. He feared his fellow officer had been shot and killed and reported being completely oblivious to the sounds around him.

Approximately 6 months postshooting, Lieutenant B.'s recollection of the incident is just as vivid "as if it happened yesterday". In spite of viewing a videotape of the chase and shooting taken by an in-cruiser video camera, he still does not consciously remember most of what he saw on the video. He does experience sequelae of the critical incident, including flashbacks while driving by the scene of the incident and anger directed towards the subject. "Why did you do this to me; why did you choose us?" are but some of the questions that haunt him. Similar to other officers involved in SBC, control issues surfaced, manifesting in the form of self-questioning and self-examination:

"Normally I'm used to calling the shots, but he called the shots here and forced my hand. Why did you want us to do it?". All of these unanswered questions produce feelings of guilt, anger and frustration.

Since the incident, Lieutenant B. reports viewing life a bit differently. He suggests he is more cautious on the job, especially "if I don't see their hands." He has become less trusting and when called on similar runs, many associated thoughts run through his head, e.g., "I hope I don't have to shoot".

The impact of SBC is not isolated to the involved officer. For a long time, the lieutenant's family did not want to talk about this situation for fear of upsetting him. They were concerned and afraid of a reoccurrence and even wanted him to retire. Relationships with friends also were altered. He felt uncomfortable around nonpolice friends and thought all they wanted to do was talk about the incident in spite of his reluctance to do so. Most of his police friends simply did not say much about the incident unless he brought it up and he appreciated that courtesy.

While some of his emotions have dissipated, others have not. Still dominant are feelings of frustration and anger promulgated by the many unanswered questions: "Did I jeopardize my partner's life? What if he'd been killed?". Additionally, the realization of just how little time one has to make a decision has made great impact on him: "We had less than a second to make the decision. When the subject came out of the car in a shooter's stance, how do you know it was a cell phone and not a gun, how do you know?".

Case Study 3

Suicide by cop not only affects the officers involved in the shooting, but also can negatively affect those officers on the scene who don't shoot. Officer A. is a 35-year-old female police officer who has been a police officer for 2 years. While working a single car, she was dispatched on a gun run and responded. The subject fled and a brief chase ensued culminating in the subject running off the side of the road, bailing out of his car and pointing a gun at an officer responding to the scene. Officer A. arrived on the scene, heard gunfire and drew her weapon to cover her fellow officer. She saw the subject shot and lying on the ground and appropriately backed off, holstered her weapon and helped secure the scene. All of her actions were recorded on an in-cruiser video, which showed no inappropriate actions whatsoever on her part. She, however, felt her reactions were inappropriate. She was unsure if she should have shot and questioned her actions. She began having vivid dreams with themes of fear, cowardness and helplessness. She questioned her adequacy as a police officer and berated herself for not shooting the subject in spite of obvious negative crossfire implications. She became anxious and angry at the subject for "putting us in the position of shooting him". Her sleep was interrupted and she thought about resigning from her job. She lost objectivity toward herself and was overcome with self-doubt.

All of these emotions were relatively short-lived and she was able to recover adequately with expert debriefing and a few follow-up sessions with the department psychologist. Returning 3 months postincident, she was once more functioning effectively on her job. Six months postincident, she reported "rarely thinking about it," and having it "pretty much out of my mind". Her nightmares subsided, interest levels returned and she even reported feeling generally better prepared to handle the unexpected. Over time, she felt the incident made her stronger and no feelings of hypervigilance, emotional numbing, guilt, failure, or problems with concentration or attention were reported. Her take on the incident at this point was rationally stated as "he forced the situation; he put us in a position of shooting him. He took away our control and I'm angry about that".

Case Study 3

Another officer involved in the same scenario reacted somewhat differently, given his involvement. Officer J. arrived on the scene, heard shots fired, but could not return fire because a fellow officer was in his crossfire. He felt helpless and angry: "Why did he put me in this position?".

Officer J. said the subject had a "determined look" on his face and thinks he wanted to die. Shortly after the SBC, Officer J. found himself being more irritable than usual with his wife and family.

He felt detached, desensitized and became hypercritical and analyzed everything. His family responded in both a supportive yet concerned manner. They realized policing is "not a game" and can be deadly serious.

The critical incident is the third one Officer J. has been involved in; however, it's the first suicide by cop. Reflecting on the situation, he recounts several changes in his life. He reports cherishing time with his family and being more protective of them. Insignificant events seem even smaller to him now and he better prioritizes his life. While he hated to see the situation occur, he realized "the world is screwed up," and he becomes irritated when he thinks of any impending lawsuits born from this situation.

Although Officer J.'s anger has dissipated over time, he still reports "waiting for the next one," exhibiting some signs of hypervigilance. Even with additional training, he feels more vulnerable on the street; he summarized the incident by stating "the guy put us in a position to kill him; he's the dumbass".

Case Study 5

Whenever an officer is involved in a shooting, it becomes a life-altering event. Some 16 years after his involvement in a Suicide by cop, Officer L. still experiences intense memories when discussing his shooting. As a SWAT team member, he had responded to dozens of barricade situations and they always had been resolved successfully. This situation involved a man who took

a few shots at some uniformed officers and subsequently barricaded himself in a trailer. He vowed to kill anyone who tried to come in after him. Apparently, the subject decided to set the trailer on fire while he was in it and then tried to put it out. He exited the trailer brandishing a 9 mm gun and pointed it towards the officers.

He came toward Officer L., who offered a police challenge, telling him to drop the gun. Telling subjects to drop their weapons had always worked before and Officer L. was surprised when the subject did not drop. Instead, Officer L. heard a shot and out of the corner of his eye he saw his partner go down. His immediate thought was "Oh my God, he just killed my partner". He experienced tunnel vision focusing on the subject's weapon and fired two shots. The first round hit the subject in the chest and Officer L. remembered seeing the subject's white shirt turn red immediately. In the short time between hearing the first shot and firing his two shots, Officer L. was racked with guilt, imagining that he was responsible for his partner's death. In reality, the subject hadn't shot; he had only pointed his weapon at the officer. Officer L.'s partner had shot one time and then rolled for cover. Hearing the report, seeing the subject's weapon and feeling threatened, Officer L. appropriately shot the subject.

This shooting was the first fatal one in the 9-year history of SWAT. Heretofore, all situations had been resolved successfully and Officer L. felt as though he let his team down. In the ensuing months, he wouldn't allow himself to feel anything. He became cold, unemotional and did not care about what kind of father or husband he was becoming. He believed his wife had to be prepared "to go it alone" in case he did not survive the next critical incident. He became detached, withdrawn and had no tolerance for anyone other than police officers. Long working hours turned into horrendous working hours and he became obsessive about safety. In spite of trying to repress and ignore his emotions, he was unsuccessful. Nightmares and bizarre dreams with themes of inadequacy, failure and being shot became recurrent. No matter how much he threw himself into work, he faced the unrelenting self-mandate "I should have controlled the situation".

Years later, the effects of his shooting are still with him. He remains passionate about police work and has gotten beyond the emotional numbing that was present for almost 2 years postshooting. Although he thinks of the shooting infrequently, when talking about it or responding to a shooting scene, "it takes me right back to my shooting". With regard to family life, his relationships with his children have become overly protective. His marital relationship has suffered and the fear of losing his wife through being shot has been handled by staying detached from her. Perhaps his most overriding thought regarding the shooting has to do with anger: "Being in control is important to police officers-he made me do something I just did not want to do".

Case Study 6

Suicide by cop is not necessarily a large-town, large-department phenomena. Officer E. is an 18-year police veteran who grew up in the town he is now sworn to protect. He married his high

school sweetheart and they have 3 daughters. Many of his family members live in town and he has always considered the town a good place to raise his family. Being a police officer in a small town has afforded him both the opportunity and sometimes the disadvantage of knowing most of the people. In a relatively small town protected by a 30-person police department, the first police-involved shooting in years was a suicide by cop. A day or 2 prior to the shooting, Tim, a factory worker with a legal history, picked up a 14-year-old boy, bought him some beer and gave him $20 to perform fellatio on him. The 14-year-old was of diminished mental capacity, with an IQ of 59. He told his father what happened and his father called the police. Tim, a known pedophile, had been arrested three times previously; however, all charges were pled down. Earlier that day, the police had stopped Tim for questioning, but let him go. Apparently, after being stopped by the police, Tim decided to skip work and went to his mother's house, where he got a gun and called for a family meeting later that evening. Apparently, he was going to apologize to his wife and 3 daughters for his past behavior.

Later that afternoon, 4 cruisers waited for Tim to come home and surrounded him as he pulled up in his van. Officer E., who knew Tim, approached the van and told him to get out, as they just wanted to talk with him. Tim responded "I'm not going to jail". Officer E. again told him they just wanted to talk and tried to coax him out of the van. At that point, the officer saw Tim reach between the seats of his van and jump out, pointing a weapon at the officers.

When Tim jumped from his van, Officer E. yelled "gun," and heard a shot. When Tim pointed the gun toward Officer E., he fired 1 time. Turned by the impact of the bullet, Tim whirled around and pointed the gun once more at Officer E., who fired once again. Tim fell to the ground, got back up and again pointed his weapon at Officer E., who fired another shot. Lying on the ground in his own blood, he screamed "I just wanted you to kill me". Tim's gun was unloaded; he had left the clip and ammunition in his house. Officer E. and the 4 other officers at the scene fired 14 shots, hitting Tim 13 times.

Several months postincident, Officer E. recalled the shooting, stating "it was hell". He continued to think about the incident every day and periodically experienced waking flashbacks. Shortly after the incident, he felt distracted and detached from his family and friends. He felt fear and anger because Tim "took control and pissed me off". The sensory distortion he experienced during the incident passed and the ensuing months saw his life return to a more normal state of functioning. However, he does recount the emotional impact of the critical incident, stating "it stinks; I did not want to have to do that". He reports feeling closer to his family and being happy "to see the sun every morning". His interest levels and normal activities have been reported as more intense and he is not only more aware of his own sense of mortality, but also tries to "live every day to the fullest". With regard to his relationships with family and friends, Officer E. says most people "don't bring it up," but feels as though his friends have been "99% supportive". Although he watches people more and is more aware of his surroundings, he denies a sense of hypervigilance, startle responses, or detachment. Nonetheless, he reports "now I've got 16 eyes instead of 4."

Case Study 7

On the same SBC scene was 27-year-old Officer S., who had been a police officer for less than two years. Previously, she was a dispatcher, becoming a police officer because she wanted to be on the street and "thought she could help people". She described herself as a very trusting person; having a social work background, she tried to see the good in everyone.

The afternoon of the SBC, she was driving a single-person car and responded to what she thought was a felony stop. As two other officers approached the stopped van, she heard them ordering the subject out of the van. She exited her cruiser and drew her weapon to cover the two officers: "In 3 seconds, he came out of the van with a gun," pointing it at the officers. She immediately experienced tunnel vision, seeing the subject only "from the waist up with a large gun". She fired four times, but only remembered one muzzled flash. She thought the subject was shooting at her.

In the hours after the shooting, a debriefing team from a local agency tried to debrief all the officers. They did not want husbands or wives of the officers in the debriefing and the officers and debriefers got into an argument over this point, negating any positive effects of the debriefing. Officer S. remained off work for 2 months. In addition to all the standard emotional sequela of a critical incident, she began to experience anxiety attacks complete with heart palpitations, feeling clammy and shortness of breath. Her sleep was disturbed. She was extremely apprehensive and experienced migraines every other day. Additionally, she was due to get married the next month. She returned to work, but was uneasy and continuously second-guessed herself. She was bothered by the fact she could not remember every detail at the scene and needed to know if some, all, or any of her shots had hit the suspect. Her self-doubts turned into frustration and irritability. She began somaticizing her conflicts through migraines and panic attacks and almost called off her wedding. She stated "every time I sat in the car I did not feel comfortable; it's not the same, I just did not want to be there". Her frustration turned to anger, initially towards the department "for not being as understanding as they should" and then towards the subject and even herself. Feelings of failure were present as she thought she failed to control the situation and feelings of vulnerability also washed over her.

Initially, she was detached from her family and friends. Perhaps as a defense mechanism, she distanced herself from her fiancé and almost called off her wedding. A once self-described "very trusting" person, she would not trust anyone after the incident, yet has returned to more middle ground. She no longer has panic attacks, nor does she feel angry. Officer S. resigned being a police officer to return to dispatching and is functioning well on her job. Dispatching not only allows her to feel more in control of her environment, but also allows her to feel safe and still be involved.

CONCLUSION

In compiling the effects of SBC on involved officers, several themes emerge. The short- term effects of SBC seem to mirror psychological sequela experienced by officers involved in most critical incidents. Replaying the event over and over, disruption of sleep, feelings of irritability, detachment, hypercriticalness, sensory disturbance and hypervigilance form the key components of the experiences, but certainly do not exhaust the list. Officers involved in SBC certainly experience some or even all of the above phenomena; however, the most overriding emotion officers experience is anger. Anger toward the subject for taking control away from the officer and placing the officer in a no-choice situation dominates self-reports by officers and their families. Feelings of vulnerability, becoming more protective of family and becoming even less trusting of the general public are outgrowths of SBC commonly reported by involved officers. While most of the officers interviewed professed a greater respect for life and a realization of what is and is not important in their lives, they also seemed to develop a lesser tolerance for the mundane. Additionally, over half of the officers interviewed seriously considered retiring or quitting the department subsequent to the SBC. Oftentimes these thoughts were reinforced by family members, who experienced intensified fears of loss of their officer.

In terms of helpfulness in transitioning through their difficult times, officers reported psychological debriefing as being particularly important. However, not all debriefings were perceived as helpful. Timeliness and appropriateness need to be considered when debriefing officers. Not all officers are ready to be debriefed immediately after the incident, nor did many officers report hearing an incessant litany of war stories by some debriefers as being helpful. Similar to many popular trends, critical incident debriefing has seemingly become a cottage industry and not all debriefers are adequately trained. Access to a department psychologist or a psychologist familiar with policing was perceived as highly important and effective, as was support from co-workers and family. When possible, debriefers familiar with the department or at least chosen by the department seem to have more credibility than those bent on relating their own war stories. Verbal skills, listening, empathic understanding, expertise and attending to the officer's emotional needs instead of the needs of the debriefers are of tantamount importance in helping officers through difficult times.

Suicide by cop is a life-altering event for everyone involved. Usurping control from an officer may accomplish the subject's intent, but often the officers and their families become the true victims.

Suicide by Cop: Strategies for Crisis Negotiators and First Responders

Thomas F. Monahan

Abstract: Since the development of crisis negotiations in the early 1970s, law enforcement increasingly has been willing to resolve situations involving individuals who are emotionally disturbed with patience and nonviolence. While many suicide by cop situations are highly volatile and dynamic, requiring life-or-death decisions in microseconds, others are more protracted, allowing for the response and assistance of trained crisis negotiators. Regardless of the amount of crisis-intervention training, certain strategies can be applied by first-responding police officers and crisis negotiators. The primary goals of establishing a rapport with the subject, assessing the violence and suicidal potential and instilling hope within the subject always should be pursued. Directing the subject away from suicide by cop and toward suicide is a strategy that can be employed. As the commitment to suicide by cop subsides, then the officer can begin traditional suicide-intervention techniques.

Key words: crisis-intervention strategies, suicide by cop, suicide, first responders, SBC

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Suicide by Cop: Strategies for Crisis Negotiators and First Responders

INTRODUCTION

Some consider it a form of euthanasia, while others use it as an example of how the police are out of touch with the communities they serve, failing to discern that it is a disruptive, criminal act of someone who is mentally ill. One thing is for certain: suicide by cop (SBC) is a real phenomenon and will put the officer involved, his or her agency and the community at large under severe stress.

Simply put, SBC occurs when an individual bent on self-destruction opts to provoke a deadly force reaction from a law enforcement officer rather than commit suicide by his or her own hand. Medical and legal professionals also have referred to this phenomenon as "victim-precipitated homicide" or "victim-assisted homicide".

WHY SUICIDE BY COP?

There can be no definitive answer to this question, just as there are no singular precipitators of suicide. The reasons are numerous and often remain unclear or unknown. Reasons given by those who have survived SBC attempts generally center around the wish to kill themselves, but the inability to actually complete the act themselves. They turn to those whom they perceive as professionals. As one woman in Woodbridge, New Jersey, who committed SBC stated in a note, "I don't have the guts to do it myself so I'm using this weapon just for show and if I'm lucky, W.P.D. will shoot to kill" (Lewan , 1998).

Others see the police as emotionless executioners, able to take a human life as simply another aspect of the job, a perception likely the result of popular movies and television shows where a fictional police officer is involved in a deadly shooting and continues about the shift without any emotional or organizational reaction. In Las Vegas, Nevada, James McClintick demanded that police shoot him to end his life. When the negotiator inquired as to what McClintick thought about how the officer might react to the shooting, he responded, "I don't care. They have the training. It's their job" (McClintick, 1997).

It has been suggested that SBC is simply a means by which persons with guilt or shame atone for their sins by receiving punishment from society's authority figures (Parent, 1996). Dr. Harvey Schlossberg, a founding father of police crisis negotiations, summarizes, "Police symbolically represent social conscience. Sometimes suicidal people feel guilty about something real or imagined. They seek punishment" (Geberth, 1996). Some commit SBC out of fear that life insurance policies will not pay the beneficiaries if the death is a result of suicide, while others feel that SBC allows them to die in a manner consistent with Christian doctrine prohibiting suicide. Many choose SBC because they are looking for a certain death. One 19-year-old man stated during his hospitalization

after a failed attempt at SBC, "I might have lived through it [driving his car into a concrete wall] and been paralyzed. But with a gun at close range, it'd be more likely to kill me". The young man was shot by police after threatening the officers with a broken champagne bottle and challenging them, "You'd better kill me or I'm going to kill you" and "Shoot me, Shoot me" (Lewan, 1998). The young man was shot once in the abdomen by police and survived, disproving his theory of certain death.

Regardless of why a person resorts to SBC, one thing is for certain—the police must somehow confront the suicidal person before the suicidal act can be completed. In short, to commit SBC, you need a cop.

INITIAL RESPONSE

In almost every case, the subject deliberately will commit a criminal act knowing that law enforcement will respond. In Las Vegas, Nevada, in 1998, a man who had been accused of sexually abusing his daughter the previous night called the police and told the operator that he was going to a particular intersection, where he would kill the first person he found. Patrol officers found the subject in a vacant lot at that intersection. After a short standoff, the subject was shot by police when he lunged at them wielding a knife. The subject had earlier told family members of his plan to be shot by the police so that he would not have to go to prison (Puit, 1998).

A 19-year-old male tried to attract the attention of police by speeding recklessly down a highway in New Jersey. To his dismay, no law enforcement officer noticed him. Still wanting to commit SBC, he raced his car around a police station, squealing tiresand honking his horn. Finally, when the police took chase, he sped off. The pursuit continued through different towns and, at times when the police terminated the pursuit, he would double back so they could continue. The final time, he deliberately crashed into a police car and challenged the officers with a champagne bottle (Lewan, 1998).

In almost every circumstance, patrol officers are the first to confront the subject intending SBCand, because it is widely recognized that the actions of the first-responding law enforcement officers are the most important factors in determining the outcome of a hostage-taking or a barricaded-subject incident, never will the instincts and training of the officers be put to the test as they will in suicide by cop confrontation (Dolan and Fuselier, 1989).

Needless to say, officer and citizen safety are paramount in these types of situations. The importance of maintaining adequate cover cannot be overstated. The officer is duty-bound to use whatever force is necessary to defend human life. The officer always must remember that homicide and suicide are the two faces of the same coinand a person determined to end his own life may decide to ensure a deadly force reaction by the police by shooting an officer or a hostage. In 1981, William Griffin killed his mother and wounded his stepfather in their Rochester, New York, home, then took hostages at a bank. His intent was SBC and he left a note in his bedroom that outlined his

plan to "enter a neighborhood bank and demand the sheriff and state police take my life for not allowing me the position of liberty here in the dominion of earth" (Van Zandt, 1993). When police resorted to negotiations, Griffin ordered a female hostage to the front glass doors, where he promptly executed her. Griffin then placed his forehead to the plate glass front window, at which time police snipers granted his wish to commit SBC.

In August 1999, 26-year-old Devin Monfils shot at passing vehicles at a busy interchange in Las Vegas, Nevada. When responding units arrived, Monfils turned his gun on the officers and fired several shots, narrowly missing the officers. The officers returned fire, nonfatally wounding Monfils in the arm. When interviewed by detectives after the fact, Monfils disclosed that his intention was to provoke the officers into shooting him, attempting SBC (Manning, 1999).

Once the officers have assumed positions of adequate coverand no bystanders are in imminent jeopardy, the situation can be assessed to determine if they are faced with a suicide by cop scenario, an individual who is deranged and bent on committing random acts of extreme violence, or a felon interrupted in the commission of a criminal act. A subject may be planning SBC if he or she:

- deliberately commits a criminal act to elicit a police response;
- states a desire to be killed by the police;
- has an elaborate plan for his/her own death;
- has set a deadline for his/her death;
- presents no plans for freedom or escape;
- indicates a desire to "go out big" or in a " blaze of glory";
- has a history of violent confrontations with the police;
- provides a verbal will, or otherwise sets his/her affairs in order or
- expresses feelings of hopelessness and helplessness. (Van Zandt, 1993)

Once it has been determined that the subject's intention is SBC, the officer should resist the impulse to demand surrender repeatedly. In a typical SBC confrontation, the responding officer demands compliance, threatening to shoot the subject if he fails to comply. Clearly, this strategy is ineffective, because being shot is exactly what the subject wants. When the subject fails to drop the weapon as ordered, the commands usually become more forceful (and oftentimes more profane), causing tensions and emotions to elevate on both sides. These forceful commands typically degenerate to urgent pleas from the officers; essentially begging the suicidal person to surrender. An alternative strategy can be employed, the same that is used on more traditional suicidal person situations—crisis intervention.

Generally speaking, there are two types of crisis negotiation strategies: instrumental and expressive (Noesner, 1998). The instrumental negotiation strategy is most effective when used in situations where there are instrumental demands made by a hostage taker. In SBC situations, the only

demand is that the police kill the subject. The subject may take hostages, but "as a person, the value of the hostage is rather a device or a tool for gathering an audience or attracting attention to one's self" (Schlossberg, 1979). In these cases, the expressive negotiation model, or crisis intervention, is more effective.

Although many SBC incidents unfold so quickly and so dynamically that crisis intervention cannot be introduced, a great number of subjects intending SBC are sufficiently ambivalent and uncommitted to self-annihilation that crisis intervention can be initiated. In Rochester, the standoff with William Griffin lasted 3.5 hours before he was killed. In Las Vegas, James McClintick held police at bay for over 1.5 hours before he engaged the SWAT team. When this happens, tactical teams and trained crisis negotiators should be asked to respond.

NEGOTIATION STRATEGY

Mullins and McMains (1996) outline 3 basic and primary goals when dealing with suicidal persons: establish a rapport with the subject, assess the violence and suicide potential and instill hope. These three goals are also applicable when the suicidal person hopes to provoke law enforcement into taking the subject's life.

In his study of self-destructive and self-annihilistic persons, noted psychoanalyst and author Karl Menninger identified three elements in every suicidal person: the wish to kill, the wish to be killed and the wish to die: "Suicide is a death in which are combined in one person the murderer and the murdered" (Menninger, 1938). These three elements are commonly known as the Menninger Triad. When the three elements are elevated symmetrically, a self-destructive suicide likely will result. When one of the elements is elevated out of balance with the others, a homicidal or SBC reaction may result (see Figure A). Menninger noted, "In many suicides, it is quite apparent that one of these elements is stronger than the others" (1938), which explains the phenomenon of SBC as well as the phenomenon of physician-assisted suicide. Using this postulate, the person who opts to commit SBC has the wish to kill overwhelmed by the wish to be killed, with the wish to die remaining constant.

In a suicide by cop scenario, the following strategy is suggested as part of the overall tactical plan. As callous and insensitive as it sounds, the negotiator should attempt to direct the subject away from SBC and direct the subject toward suicide.

The logic for this strategy is based on Menninger's Triad. If the desire to be killed greatly outweighs the desire to kill, a suicide by cop situation is likely to be viewed by the self-destructive person as the final solution. Menninger theorized that, in suicidal persons, the wish-to-be-killed element is balanced by the wish to kill. The wish to kill is then directed inward. Thus, when equalizing these two elements of the suicidal person's psyche, the negotiator has succeeded in

reducing the need to be killed instead of raising the wish-to-kill element, with the wish-to-die component of the triad remaining constant. In this theory, 2 assumptions are made:

- The subject's wish to kill is low. A relatively large number of SBC situations have been documented wherein the suicidal subject threatened the officer with an unloaded, inoperative, replica, or toy gun. In the case occurring in Woodbridge, New Jersey, the suicidal woman pointed an unloaded weapon at police and in her note, she acknowledged that she knew it was unloaded. In Syosset, New York, a 19-year-old male pointed a plastic toy gun at police officers during a traffic stop. After the officers shot him to death, they found a note in his car apologizing to them, stating unequivocally that his intention was to provoke them into firing. In Las Vegas, Nevada, a suicidal male purchased a .22 caliber rifle, then purposely destroyed the firing mechanism by banging it against a rock; effectively rendering the weapon inoperative. He later confronted the police and aimed the rifle at them until he was shot. He survived the wounds and later explained to the police, "That's why I made sure the rifle wouldn't shoot. I didn't want to shoot nobody" (Ramos and Vaccaro, 1996).

- The wish-to-be-killed element is lowered, instead of the wish to kill raised. The natural consequence of crisis intervention and the use of active listening skills has demonstrated repeatedly that emotions are lowered while rationality is increased.

Once the triad elements once again are brought into balance, the crisis negotiator or the first responder can continue the intervention, working to lower the third component of the triad—the wish to die. If the SBC situation is to be negotiated successfully, there must be a desire by the subject to live.

A person may have a strong desire to kill a particular antagonist, such as an abandoning lover or an abusive parent, yet the person acts upon this rage not as a homicide, but rather a suicide. The suicidal person wants to punish the antagonist by showing him or her "the pain you have caused" or telling him or her "see what you have done". Persons attempting to commit suicide in this fashion often will try to attract an audience, including the antagonist. Experienced crisis negotiators long have recognized this behavior and thus have warned against allowing former lovers and family members to talk to suicidal persons for exactly this reason.

When the wish-to-be-killed component is lowered, the wish-to-kill impulse may become dominant. Assuming that all bystanders have been removed from the danger zone and perimeter integrity is maintained, the wish-to-kill element probably will manifest itself as rage against the police negotiator. As with all cases of crisis intervention, the negotiator should allow the subject to vent his anger and should not become incensed, nor become equally emotional when the subject directs his fury at the negotiator. Needless to say, the subject still could be very violent and these

negotiations only should take place from behind cover, with armed officers providing support. By continuing to use active listening skills to build rapport and show understandingand through use of proper voice control (volume and tempo), the subject can work through the crisis without resorting to violence. Once the crisis has been stabilized, any instrumental issues, such as hostages, can be addressed. To begin addressing these issues or to begin problem solving before the subject has vented and a rapport has been established will cause the subject to revert back to a crisis state, further delaying the negotiation process and endangering any hostages.

If a person is negotiated successfully out of suicide, the surrender ritual also can be problematic. Once again, patience is the key. Law enforcement officials should allow the subject sufficient timeand not rush the process, which can push the subject back into crisis. The subject may consider his failure to successfully commit SBC as another example of failure in a life filled with failures. The subject also may be considering the consequences of his actions. The criminal act that was intended to lead to his death now is leading to his incarceration. As noted FBI Crisis Negotiator Dr. Thomas Strentz said, hurrying the subject can lead to "snatching defeat from the jaws of victory" (Strentz, 1995, personal communication).

ORGANIZATIONAL RESPONSE

Two programs that are used by law enforcement agencies to mitigate the danger and fallout caused by SBC incidents are the use of specially trained crisis negotiators coupled with tactically trained and equipped personneland the creation of employee or peer support groups to aid those officers forced to take a human life. Another important component of the organizational response by a law enforcement agency is a proactive and accessible public information official.

With the widespread availability of crisis negotiations training, there is no legitimate excuse for not training law enforcement personnel in this discipline. The basic training, which ranges from 40 to 80 hours, is available at no cost from the FBI through each of the 56 field offices. Additionally, many larger police organizations will provide trainingand regional organizations throughout the United States offer refresher training on a regular basis. Likewise, the proliferation of tactical teams throughout the country means that specialized equipment and personnel likely will be available if requested. Organizationally, it must be stressed that, whenever possible, a posture of patience and discipline is preferable to a violent ending, even if that is the intention of the suicidal subject.

Employee assistance programs and peer support groups are becoming commonplace in law enforcementand most agencies have policies in place with regard to the emotional support of those officers involved in fatal shootings. The importance of these critical incident stress debriefings cannot be overstated. Feelings of guilt and anger almost are universally expressed by the officers, who wonder "Why did he make me do it, why didn't he just do it himself"?

There are a great many critics of law enforcement, some of whom have absolutely no idea of the incredible speed in which life or death decisions must be made. Nicholas Pastore of the Criminal Justice Policy foundation has argued that the phenomenon of SBC... "cries out for 'smarter' policing. We need cops who listen to communities instead of telling them what they need; cops who understand that mental illness is more than just disruptive behavior; cops who are trained to think, 'hey, is this a crook or a person crying out for help?'" (Lewan, 1998). Additionally, a suicide-by-cop death of a minority may cause tension and strain on a community, as well as on the agency. The organization best can address these issues by educating both the officers as well as the communities they serve about the phenomenon of SBC.

A proactive public information official who provides timely and accurate information relating to the incident also will prevent misinformation and rumors from spreading. The public information official should be well-versed in the phenomenon of SBC, to the degree that he or she can answer basic questionsand refer journalists to those who are better acquainted with it. If the standoff takes place in a public area, bystanders, the mediaand the subject's family may not understand the strategy employed by the negotiator. Many times, the subject's family insist that they are the only ones who successfully can persuade the subject to surrender.

Understanding that the motivation of the deceased or wounded person may not be known immediately, it may be prudent for the spokesperson to caution the media that the situation has not been fully investigatedand that the possibility exists that the shooting may be a result of a suicide by cop intention. A statement of this sort should only be made by the spokesperson for the unit responsible for investigating the shooting. Once the shooting has been determined to be the result of a SBC intention, the subject should be referred to as the "deceased" or "the suicidal person". To refer to the subject as "the victim" implies that the officer acted criminally or negligently.

CONCLUSION

Suicide by cop is a real phenomenon that has existed for probably as long as law enforcement has had the ability to administer deadly force. Since the development of crisis negotiations in the early 1970s, law enforcement increasingly has been willing to resolve situations involving individuals who are emotionally disturbed with patience and nonviolence. While many suicide by cop situations are highly volatile and dynamic, requiring life-or-death decisions in microseconds, others are more protracted, allowing for the response and assistance of trained crisis negotiators.

Regardless of the amount of crisis intervention training, certain strategies can be applied by first-responding police officers and crisis negotiators. The primary goals of establishing a rapport with the subject, assessing the violence and suicidal potentialand instilling hope within the subject always should be pursued. Directing the subject away from SBC and toward suicide is a strategy that can be employed. As the commitment to SBC subsides, then the officer can begin traditional suicide-intervention techniques.

By educating law enforcement officers, as well as the public they serve, on the phenomenon of SBC and by providing the media with factual and timely information through an identified spokesperson, the disruption to the community and the organization will be minimized.

RELATIONSHIP BETWEEN TWO ELEMENTS OF MENNINGERS TRIAD
(WISH TO DIE = CONSTANT)

Wish to be Killed (+)

Suicide by Cop   Suicidal

Wish to Kill (-)   Wish to Kill (+)

Normal   Homicidal

Wish to be Killed (-)
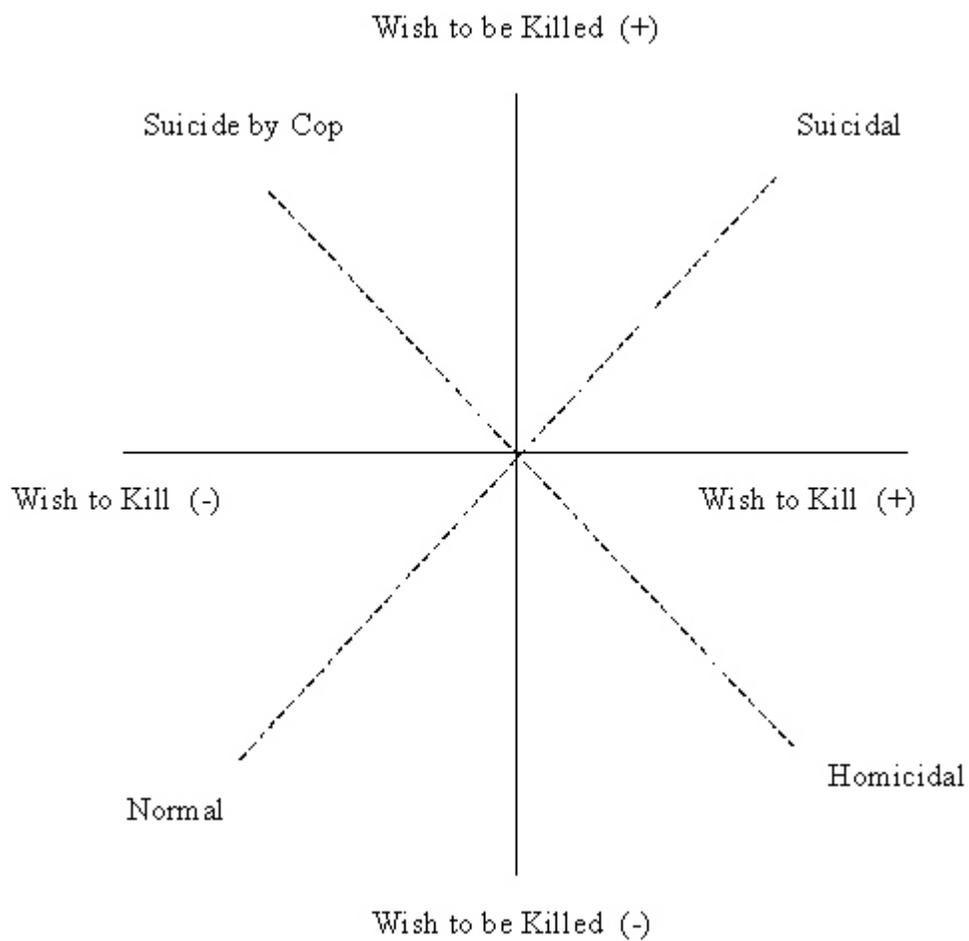
Figure A

Police Reactions to Suicide by Cop

Carol K. Oyster

Abstract: Suicide by Cop (SBC) represents a currently understudied and most probably under reported phenomenon that deserves serious attention. Police officers are involved in situations in which they not only lose control of the confrontation, but also become the means to the end in a civilian's death. The phenomenon can be examined from a social psychological perspective by considering the interaction between the motive for suicide and police attitudes and culture.

Key words: police culture, suicide by cop, law enforcement, suicide, SBC

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Police Reactions to Suicide by Cop

INTRODUCTION

> The police cruiser's lights silhouetted the angry young man standing in front of the vehicle, pounding on the hood with an unopened bottle of champagne and screaming at the officers, "Shoot me!" The frightened young officer complied.

Thus began Louise Pyers' experience with the phenomenon coming to be known as SBC. Fortunately for Ms. Pyers and her son, the wound to the stomach was not fatal. Indeed, by some suggested diagnostic schemes, this scenario would not even qualify as a potential SBC. However, the reaction of the officer involved in the suicide, his evident distress at having shot the young man and his subsequent stress reaction fit well within the concerns for the welfare of police officers who may find themselves involved in a similar incident. The officer's distress about his response to the situation was so evident even to the victim that the young man's first words to his mother upon regaining consciousness in the hospital following surgery were, "Tell the officer I'm sorry". Ms. Pyers was able to convey this message to the involved officer, who repeatedly apologized to her for his actions. The situation resulted in Ms. Pyers (who possesses a master's degree in counseling) seeking employment with an organization (the Connecticut Alliance for Better Law Enforcement) that serves as an employee assistance referral for police officers involved in SBC situations (Pyers, 1999).

What was going on in this situation that resulted in the shooting of a formally dressed young man of 19 years of age, armed only with an unopened champagne bottle? The young man was on the way home from a formal dinner and had just broken up with his girl friend. He had been drinking and believed that he wanted to die and that he could use a police officer as the means to his suicide. The problem becomes one for police officers in identifying truly dangerous situations and differentiating them from situations that, if properly handled, could rapidly de-escalate. It is also a problem for police departments in handling officers involved in such situations that escalate to the use of deadly force.

SUICIDAL MOTIVES

The first piece of the puzzle presented by potential SBC situations involves the motives of the individuals attempting suicide. One of the earliest theories of the reasons for suicides identified three basic motives: 1) the desire to kill; 2) the desire to be killed and 3) the desire to die (Menninger, 1938). Two of these motives can readily be identified as based in hostility-which in the case of suicide, is turned inward, but is hostility, nonetheless. Later work by one of the nation's foremost suicidologists, Edwin Shneidman, discussed the five clusters of frustrated needs satisfied by suicides (Shneidman, 1996). These thwarted needs are: 1) thwarted love (such as the break-up

of a desired relationship); 2) frustrated control (when the individual feels that they cannot control their life, but can exert some control over their deaths); 3) avoidance of shame, defeat, or humiliation (perhaps after the loss of or inability to find or retain employment); 4) grief over ruptured relationships (e.g., fights with parents or partners) and 5) excessive rage, anger, or hostility. Of these categories, individuals with the motive for suicide based upon classes 2, 3, or 5 might represent good candidates for SBC attempts. Such attempts would allow the individual in his mind (and most SBC candidates are male (Parent, 1998 and Hutson, et al., 1998) to regain control, to reduce their defeat by "winning" a confrontation, or to express their rage against an authority figure. Theory states that the means of suicide chosen is often integral to using suicidal behavior as a form of control: "The choice of method represents a convergence of cultural and personal significance. A particular method may serve as a form of communication of both personal and social needs" (Hendin, 1995).

Seiden, in his research at the University of California at Berkeley, found that 60% of those attempting suicide had tried such aggressive techniques as disobedience to authority, defiance and rebellious behavior (Evans and Farberow, 1995). In a comparison control group of matched individuals who had not attempted suicide, less than 18% had employed such tactics.

To summarize, then, at least some individuals whose ultimate goal is to end their own lives would take satisfaction in implicating an authority figure in the process. For such individuals, SBC could serve as the ultimate act of thumbing their noses at society and those in authority positions (even perhaps using some sort of Freudian substitution of the police officer for a parental figure). Of course there are other factors to be considered in this equation, as will be discussed below.

POLICE CULTURE

It has been noted in numerous sources that the culture within police departments differs significantly from that of other workplaces and rightfully so (Bouza, 1990; the Independent Commission on the LAPD, 1991 and Sulc, 1995). Police officers must depend upon each other to an extraordinary degree. They must often rely on their partners in situations that are inherently dangerous. Because officers cannot know in advance much about the situation they are about to enter, officers are likely to develop "an us-versus-them mentality that makes many officers distrustful of those they may encounter on the street" (Sontag and Barry, 1998), predisposing them to anticipate danger. Thus the development of the legendary "brotherhood in blue"-the bond between officers that tends to create a chasm between the police and civilians (Bouza, 1990). While this attitude has undoubtedly saved the lives of many officers and civilians alike, such a distrust of the civilian population, particularly those in groups profiled as belonging to high-crime groups, may result in unnecessary levels of violence in response to situations. Police may become hypersensitive to any behavior from civilians that might be perceived as a threat to their control of the situation-including such benign behaviors as wisecracks or videotaping police response (Sontag and Barry, 1998). In extreme situations, such as those found in the Los Angeles Police Department (Independent Commission on the LAPD, 1991), violent responses become part of the police culture-

as evidenced by monitoring Mobile Digital Terminal communications. Between November and March of 1989 "there were hundreds of improper messages including scores in which officers talked about beating suspects" (Independent Commission on the LAPD, 1991). While police brutality may not represent a widespread problem, police officers put their lives on the line every time they put on their uniforms. Frequently forced to make split-second, life-or-death decisions, they never really know when such instances will arise. Their antagonists on the streets and in the alleys are often unpredictable or, if predictable, predictably bad. (Sulc, 1995) This need to control the situation and to enter situations with distrust or downright fear may play into the hands of individuals who have identified the police as their chosen means of suicide.

Suicide by Cop

Thus we have the stage set for the phenomenon of SBC. How frequent is this phenomenon? Estimates vary, primarily based upon the criteria chosen for identification. Hutson et al. (1998) created a set of criteria to qualify a situation for inclusion in the statistics as SBC: a stated wish to die and asking police to kill them, evidence of written or verbal suicidal communication to a friend or family member, possession of a lethal weapon or what appeared to be such and evidence of intentional escalation of an incident or provocation for officers to shoot them (Perrou, 1999). Employing these strict criteria, Hutson et al., (1998) identified 25% of fatal shootings by police in Los Angeles, with 28.3% of the fatal shootings in 1997 matching the criteria. The opening vignette, lacking either communication to a friend or family member or possession of a lethal weapon-unless the bottle could be perceived as such-would not meet these criteria. (Griffiths, et al., 1998), in research covering shootings from 1980 to 1994 in British Columbia, identified 58 instances of police faced by potentially lethal threat with 27 resulting in police killing individuals, half of whom could be identified as SBC. Louise Pyers reports that in New England in 1999, roughly one-half of situations in which an officer shot and killed a civilian could be identified as SBC. Thus we are not considering a rare phenomenon, but rather one which occurs with relative frequency and one for which many (if not most) officers are untrained and unprepared.

Police Reactions

Officer-involved shootings are always a source of psychological stress. Stress is a significant problem for police officers, resulting in frequent burn-out, high rates of divorce, substance abuse and officer suicide. SBC may present an exaggerated stressor as it turns the officer's own values (such as controlling the situation) against them. The officer responsible for shooting Pyers' son in the incident cited at the beginning of this article reported extreme levels of guilt for having almost killed a young man who could clearly have been dealt with effectively in a less violent manner. In a letter published in the *Los Angeles Daily News* (Rosamond, 10/27/97) an officer involved in what was clearly a SBC reported being "haunted" by the incident. It was only meeting the mother of his victim ten years later that allowed the officer to come to terms with the incident.

But he had suffered for ten years. As he stated: "For those of you who want a police officer to do your suicide for you, you are only passing your pain to him or her and their families".

Another reaction to being "had" by being forced to respond in a SBC scenario is anger. As mentioned above, police officers are trained from the academy to control the situation. In a SBC it is the victim who is in control. This anger may be turned outward, increasing the perception by the police that every situation is dangerous and may actually increase the probability of additional such incidents.

What then to do? First, officers must be trained in assessment of potential SBC situations. Understanding the situation may significantly reduce the probability of a tragic outcome. Pyers reports a situation in which an intoxicated individual was located in an isolated park with a firearm who, when confronted, begged the police to shoot. Having verified that there were no bystanders or hostages in danger, the officers simply backed off and eventually the individual went to sleep on the bench, at which time the situation was resolved without violence. Useful in such training would be templates for evaluating the situation, such as the one developed by Perrou (1999). Knowing when to back off and when the situation warrants a violent response can help in the initial stages of the encounter and may also reduce guilt on the part of the officer if deadly force is found to be necessary.

Swift intervention in the form of a Critical Incident Debriefing may also lessen the impact on the officers of the incident. Psychological research is clear that the single most effective buffer against a negative psychological or physical reaction to stress is social support. And in situations such as SBC, it is important that the support come from within the police establishment. This validates the officers' perceptions of their own competence and reduces the chances that residual stress will be taken home-where it will most probably not be discussed with the family ("civilians don't understand"), but will be enacted in behaviors likely to damage the home support system.

DISCUSSION

The phenomenon of SBC is not going to disappear. There are two types of outcomes that may occur. In the absence of proper training and intervention with officers involved in such situations, it can be predicted with reasonable confidence that increasing amounts of damage will be experienced by involved officers and that the stress, guilt and self-blame may drive officers from police work or to suicide themselves. The already dubious reputation of police as "trigger happy" will also be enhanced by the failure to appropriately prepare officers for such situations. Proper training will increase officers' confidence in their ability to identify and maintain control of such situations and support from the organization will help to reduce incident-related stress reactions.

Another, much grimmer outcome is also possible. Police officers are chosen as the means to the end of suicide in SBC because the officer is known to be armed and can be counted on as a

"sure thing" if sufficiently provoked. There is strong evidence that individuals determined to commit suicide will simply switch methods if their first choice is unavailable (Stone, 1999). Stringent gun-control legislation that reduces access to firearms by civilians (given that a significant percentage of completed suicides employ firearms as the means) may force desperate individuals to turn to the "sure thing," and result in the involvement of innocent bystanders as the suicide uses the only means to death they perceive as available. This scenario would also predict an increase in situations of SBC.

CONCLUSION

The phenomenon of SBC is unlikely to disappear from the array of incidents in which police officers are involved, it would appear that training in the assessment of potential SBC situations and organizational support for individuals involved in such situations represent the most effective and humane solution to all concerned. Failure to adequately train and intervene with officers involved in SBC situations can be predicted to increase the stress levels of what is already one of the most stressful professions and may eventually result in a diminished pool of candidates for police careers. Either way, society as a whole is the collateral victim of SBC.

Suicide by Cop in North America: Victim-Precipitated Homicide

Richard B. Parent

Abstract: This study examines the underlying causes of lethal threats against police personnel in North America that directly can be attributed to incidents of suicide by cop (SBC). This study analyzes over 500 separate, documented incidents in which police personnel in the United States and Canada have been confronted by a potentially lethal threat. Through the examination of police investigations, coroner inquests and media reports and through interviews with police officers, this study reveals that in roughly 10% of fatal police shootings officers reacted to a potentially lethal threat that was victim-precipitated and suicidal in nature. As a result, this study argues that the so-called "victim" must share some of the responsibility in police shootings.

Key words: lethal threat, victim-precipitated homicide, suicide by cop, law enforcement, SBC

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Suicide by Cop in North America: Victim-Precipitated Homicide

INTRODUCTION

For law enforcement personnel, the decision to use deadly force is of such significance that the appropriateness of the action always will be questioned. In contemporary society, police use of potentially lethal force only can occur in those rare situations in which no other reasonable option is available. The use of deadly force is dependent upon both the unique circumstances of the incident and upon the particular decision-making strategies of the individual officer.

When police officers in North America use firearms against individuals, it may be assumed that they are using lethal force. Generally, officers who discharge a firearm or use other forms of potentially deadly force are attempting to immediately incapacitate a perceived lethal threat to themselves or another individual. This decision-making process usually will transpire at a time when the individual officer is under considerable stress, leaving him or her open to the influence of a variety of physiological and psychological factors.

It is within this setting that roughly 400 individuals are killed by U.S. law enforcement personnel each year. In Canada, there have been over 200 fatal police shootings since 1980. These willful killings are classified as "justifiable" or "excusable" based upon the results of law enforcement investigation. In addition, roughly 300 individuals are "justifiably" killed by private citizens in the United States each year. Justifiable homicide is defined as and limited to the killing of a felon by a law enforcement officer in the line of duty or the killing of a felon by a private citizen during the commission of a felony (Uniform Crime Report, 1997).

Added to these figures are also numerous documented incidents where law enforcement personnel in the United States and Canada have faced a lethal threat, but the death of a felon did not occur. This includes those incidents in which a police officer used potentially deadly force by discharging his/her firearm, but death did not result. In these instances, the felon either survived his/her wounds or, in other instances, the felon was not hit by the police firearm discharge.

Finally, it must be emphasized that there are also countless incidents of lethal threats to law enforcement personnel that are resolved each year without the discharge of a firearm. During these instances, the officer was able to use alternate tactics or less lethal compliance tools, such as pepper spray, to subdue the individual who was posing a lethal threat. Often, this method of resolution has occurred with an increased risk to the police officer.

It is within this complex framework that researchers have attempted to understand and explain the underlying causes of lethal threats against police personnel. In their attempts, researchers have derived a number of theoretical perspectives, each providing a viewpoint that must be considered within the unique circumstances of the individual lethal-threat incident. In particular, the field of victimology and its focus upon the role of the victim has led to a series of unresolved questions.

What role does the so-called "victim" play during a lethal or perceived lethal encounter with the police? How does the victim's behavior factor into a police shooting incident? Are there implications for police training in relation to victimology? Can the police use of deadly force be linked to a broader social policy?

VICTIM-PRECIPITATED HOMICIDE

The term "victim-precipitated homicide" refers to those killings in which the victim is a direct, positive precipitator of the incident. Victim-precipitated homicide, which is essentially an act of suicide, refers to those incidents in which an individual determined to self-destruct engages in a calculated, life-threatening criminal incident to force a police officer or another individual to kill him- or herself.

The characteristics associated with an individual predisposed to victim-precipitated homicide generally are defined within the category of suicidal behavior. Schneidman (1981) identifies the main elements of high-lethality suicide as being the desire to die; a direct and conscious role in bringing about one's own death and the fact that death results primarily due to the deceased's actions. Specific psychological characteristics associated with suicide include a general sense of depression, hopelessness and low self-esteem on the part of the decedent. Often, these characteristics are displayed overtly by actions such as self-inflicted wounds, statements of suicide, or statements of the desire to die. During victim-precipitated incidents, these factors result in the suicidal person confronting an assailant with a real or perceived lethal weapon, forcing the assailant to respond with deadly force.

Geller and Scott's (1992) analysis of this phenomenon revealed that usually these cases are difficult to discover, as there is little or no documentation of the victim's intent. Unfortunately, the actions of the victim have led to his/her demise without the benefit of a postshooting explanation for his/her behavior. Police investigators have equally confounded this situation by failing to examine, in detail, the root causes of the victim's behavior.

All too often, the police shooting has been explained as a "crazy person who came at the officer with a knife or a gun". It is only within the last few years that police and conflict-management trainers within the United States have begun to examine and make reference to the phenomenon of victim-precipitated homicide as a cause of police shootings (Geller and Scott, 1992).

SUICIDE BY COP IN NORTH AMERICA

One of the findings of a current study concerns the frequency and degree of victim-precipitated acts that have constituted lethal threats to police personnel in the United States and Canada. Through the examination of official police investigations, coroner inquests and media reports and through interviews with police officers, the characteristics associated with victim-

precipitated homicide appear to be a significant factor in roughly 10% of over 500 fatal police shooting cases which have been analyzed to date.

During these instances, the victim caused or contributed to the lethal threat of a police officer by intentionally provoking the officer to use deadly force. In several of these cases, the individual's statements and actions clearly reflected his or her intent to commit suicide at the hands of the police.

In addition, it is important to emphasize that numerous other instances of suicide by cop (SBC) do not result in death. In these cases, the suspect was either wounded and survived the injuries or was dealt with by alternate means. Nonetheless, in all of these instances the subject posed a lethal or perceived lethal threat to police personnel. To what extent this phenomenon occurs is unclear, but it is believed to extend well beyond the 10% figure attributed to the specific category of fatal police shootings (Parent, 1996). The nature and scope of this phenomenon are delineated in the following description of fatal police shooting cases.

Case 1

In a state in the Southwest, a 30-year-old woman noted a deputy sheriff on patrol and followed him in her car to the parking lot of a community hospital. When the officer exited his police vehicle to attend to an unrelated incident inside the hospital, the woman subsequently parked her vehicle two stalls down from his. Later, when the deputy returned to enter his vehicle, the woman suddenly appeared beside her vehicle and stated to the deputy, "I want to talk to you". As the officer approached the woman, she suddenly went to the rear of her vehicle and produced a .357 magnum handgun. She then pointed the loaded gun at him. In response, the deputy immediately drew his firearm and fired a fatal single shot. Later, upon checking the deceased woman's car, a note was found:

> Please forgive me. My intention was never to hurt anyone. This was just a sad and sick rouse to get someone to shoot me. I'm so very sorry for pulling innocent people into this. I just didn't have the nerve to pull the trigger myself. P.S. My name is . . . I live at . . . .

Case 2

In a state in the Northwest, police officers were summoned to an apartment complex in response to a male vs. male domestic incident involving a knife. The first officer to arrive was met by the suspect's father. He advised the officer that his son, the suspect, was inside the residence holding an adult male (the suspect's cousin) at knifepoint.

The necessity of the situation required that the officer act immediately, rather than wait for other units to arrive. As a result, the officer went to the doorway of the apartment and looked inside.

When the officer glanced inside the apartment, he observed a 22-year-old male standing at the opposite end of the apartment holding a knife.

Upon seeing the police officer, the suspect said, "I'm glad you're here." The suspect then raised the knife above his head and began to advance at a fast pace towards the officer. In response, the officer began retreating with his gun drawn, ordering the suspect to drop his knife. As the officer repeated his commands several times, the suspect replied, "Shoot me. Shoot me".

When the officer was in immediate danger, he fired one shot, striking the suspect fatally in the chest. In response, the suspect collapsed and fell to the floor. As the suspect lay dying on the floor he looked up and smiled at the officer who had just shot him. He then stated, "Thank you, you did just what I wanted you to do. You killed me".

It later was learned that from the time that the officer first made visual contact with the suspect until he fired the fatal shot, a total of five seconds had elapsed.

MENTAL ILLNESS, SUBSTANCE ABUSE AND IRRATIONAL BEHAVIOR

At times, an individual's statements and actions clearly reflect their intent to commit SBC. However, it is important to emphasize that each case is unique and that there are varying means of suicidal documentation. For example, in many of the cases examined, the individual did not make a clear suicidal statement at the time of his or her death, nor was an explicit police-assisted suicide note left behind.

In these cases, the conclusion is drawn that the individual was suicidal on the basis of analyzing a wide range of his or her actions and bizarre behavior. The actions and behavior documented within the case studies are consistent with the behavior and characteristics most frequently associated with suicide.

Also noteworthy is the fact in several of the cases examined the perpetrator of a lethal threat had a documented history of mental disorder or suicidal tendencies. In addition, documentation in several of the cases indicated that the victim had a high blood-alcohol reading at the time of his or her death. In some instances, alcohol, substance abuse, mental disorder and suicidal tendencies were added to the complex picture of irrational behavior. This is illustrated in the following cases.

Case 3

In a state in the Midwest, police were dispatched to a call of a possible suicide in progress. The incident involved an individual originally reported as being armed with a knife. The subject

threatening to take his own life. While police were responding, the subject's wife re-called to advise that her husband was now attempting to retrieve a shotgun in the upstairs bedroom.

When the attending police officer arrived he was met by the wife, who was standing outside of the residence. She explained that her husband was threatening suicide and that she was afraid that he would "do it". As the officer was about to ask the woman further questions pertaining to the situation, a muffled gunshot was heard from inside. It was feared that the individual had taken his own life.

A short time afterwards, the subject appeared at the open, front door of his residence. He stepped out with a shotgun. In response, the police officer identified himself and ordered the individual to put his gun down. Upon hearing the command, the subject replied, "How do I know you're the police?".

Located near his marked police vehicle, the uniformed officer advised that it was obvious that he was a police officer and for the subject to put his weapon down. The subject would not obey the officer's command and once again asked, "How do I know that you're the police?".

Then, suddenly, the subject began advancing toward the police officer into the open public area. The officer responded by moving for cover while continuing to order the subject to put down his gun. As this occurred, the subject continued walking toward the officer holding his gun at port arms, saying that he didn't know who the officer was.

When the individual was roughly 60 feet away from the officer he stopped and said, "I guess you're going to have to kill me". The subject then brought his weapon to his shoulder and aimed it at the police officer. Upon doing so, he immediately was shot and killed by the officer.

Case 4

In a state in the East, police officers were summoned to deal with a suicidal male who was attempting to kill himself. The subject was a diagnosed schizophrenic who had a detailed history of suicide attempts. He had tried twice to take his life with a razor blade. In the preceding 2 weeks he had been hospitalized after he tried unsuccessfully to commit suicide by lighting himself on fire.

On this occasion, the subject had taken a knife and locked himself in the bathroom of his parent's residence. He advised his father that he intended to kill himself. He also stated that if the police were to arrive, they would have to kill him.

When police personnel arrived, the subject remained locked in the bathroom. As the officers stood outside the door they attempted to talk the subject out of his suicidal plan. The subject advised

that he intended to die and that he had just "cut a good vein and was now bleeding good." This was then followed by a period of silence.

The officers, who feared that the subject was bleeding to death, decided to kick in the bathroom door. As the door opened the subject immediately came at one of the officers, holding an 8-inch knife in a threatening manner. When ordered to drop the knife, he refused, stating, "I have to die". As he continued to advance, he was shot and killed.

THE PERCEPTION OF A LETHAL THREAT

For law enforcement personnel intervening in a domestic dispute or proceeding in the apprehension of the alleged criminal, the circumstances may seem somewhat routine. However, the situation may deteriorate quickly, with the individual suddenly posing a perceived lethal threat to the police officer for no apparent reason or motive.

A significant finding of this study is that indicators associated with SBC are not detected readily in all fatal police shootings. At times, a holistic investigative approach must be taken to make some sense of the perceived lethal threat faced by the police officer.

In these instances, it is unclear why the decedent confronted the police officer with a perceived lethal threat as well as why they continued in their behavior, ignoring police commands for compliance. During these cases, the individual clearly was confrontational and "macho," acting in a reckless and suicidal manner—for what purpose remains unclear. This is illustrated in the following cases.

Case 5

In a Midwestern state, a seasoned officer was summoned to attend a call that he had dealt with numerous times before—a drunk male pounding on the doors of an establishment after just having been evicted. When the officer approached the area, he noted an individual matching the suspect's description standing outside in the shadows of a nearby restaurant. As a result, the police officer exited his vehicle and began to walk towards the individual. When the officer was roughly 10 feet away, the suspect suddenly stepped out into the street light and stated, "You've just fucked up!". While making this statement, the suspect adopted a Weaver stance, leveling a .25 caliber semi-automatic pistol at the officer's chest.

In response, the police officer instantaneously drew his firearm, stating, "Drop the gun! Drop the gun!". When the suspect continued to point his firearm at the officer, the officer discharged his firearm, killing the suspect. Upon checking the suspect's weapon, it was learned that it was in fact a "toy cap gun". A subsequent autopsy revealed that at the time of his death the suspect had a blood-alcohol reading of .245%, as well as traces of the drug Valium.

Case 6

In western Canada, a motel clerk who just had been assaulted flagged down a marked police vehicle patrolling in the area. The lone officer was advised of the altercation and given a description of the suspect.

Within minutes, the officer had located the fleeing suspect running down the street. Now joined by a second officer, the police officers pursued the suspect on foot until he was finally cornered in a parking lot. Upon being cornered, the suspect suddenly stopped and turned toward one of the officers. He then reached into the front of his pants and pulled out a black object. The suspect then adopted a combat shooting stance.

The pursuing officer responded to the actions of the suspect by ordering him to "freeze" and to "drop it". These commands were stated several times. The suspect did not comply to the police demands. Instead he appeared to be angry and agitated, repeatedly saying, "Fuck you! Fuck you!" to the officers. The suspect then suddenly swung around and pointed the black object directly at one of the police officers. The officers responded to the perceived threat by firing their weapons. The suspect fell to the ground and died.

It was learned later that the suspect was unarmed. The black object in the suspect's hand was in fact a black portable radio. A subsequent autopsy revealed that at the time of his death, the suspect had a blood-alcohol reading of .240 mgs.

DEATH AT THE HANDS OF THE POLICE

Durkheim (1897/1951) defined suicide as "death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." Thus, by virtue of this definition, suicide becomes an intentional act and not an illness. Often, suicide is the end result of a complex interaction of a number of neurobiological, psychological, cultural and social factors that have had an impact on a person (*Suicide*, 1994).

Committing suicide by self-inflicted "traditional methods" requires decision and commitment on the part of the victim. Psychological, emotional, or physiological influences may override an individual's self-despair, making it difficult for them to take his or her own life.

Van Zandt (1993) adds that the police specifically are singled out by suicidal individuals because they are the only community agency equipped with firearms and the training to react to potentially life-threatening situations with accurate and deadly force. This has been reinforced by the entertainment industry, which often portrays the law enforcement profession as one equated with violence and death.

In other instances, the individual's death plan may include self-destruction in a "blaze of glory". A high-profile self-induced death also may serve to mitigate the actions of the irrational individual, while placing the police officer's decision to use deadly force under scrutiny and possibly, public contempt.

In many instances, it is not clear why the individual confronted the police. Was the individual mentally ill and suffering from delusions of paranoia? Did the individual actually believe that he or she was confronting the police, or did the individual believe that he or she simply was protecting themselves from a distorted threat?

In other cases, alcohol or drugs appear to have influenced and shaped the individuals suicidal behavior leading to a confrontation with the police. Was the individual's ability to think grossly impaired by alcohol and drugs to the extent that he or she failed to recognize the individual as a police officer, or so much so that he/she failed to readily obey the police officer's commands?

Finally, in other documented instances, the individuals adopted confrontational positions that posed a lethal threat to the police officers. In these cases, the behavior by the decedents was clearly reckless and self-destructive. Their motivation for this behavior remains unclear. Did the individual challenge the police officer so that he or she could simply "get a reaction"? Was the "flash" of a toy or simulated weapon only meant as a hoax that went terribly wrong? These complex questions remain unanswered.

CONCLUSION

As this article illustrated, it remains unclear why some individuals confront police with a lethal or perceived lethal threat. However, the findings of this study indicate that the phenomenon of suicide by cop remains a significant factor among the lethal threats that law enforcement personnel within the United States and Canada face. Individuals predisposed to suicide have, in many instances, confronted armed police in an attempt to escalate the situation in which they have placed themselves.

In other instances, this study has noted that alcohol, substance abuse, mental disorder and suicidal tendencies were added to a complex picture of irrational behavior. Individuals acting in a bizarre or irrational manner have confronted armed police with either inferior or imaginary weaponry resulting in their deaths.

Regardless of the subject's motivation or mindset, it remains clear that these individuals chose to pose a perceived lethal threat to law enforcement personnel. In this regard, the so-called victims must share some of the responsibility during a police shooting as it is their actions which often precipitate the final outcome.

These findings illustrate the complexities that surround lethal threats to police personnel and how individual officers often are given seconds to decide how to resolve a potentially lethal conflict. In many instances, police officers will have no other option but to resort to deadly force.

Death at the Hands of Police: Suicide or Homicide?

Elizabeth M. Prial

Abstract: The Office of Chief Medical Examiner (OCME) is responsible for determining the cause, mechanism and manner of death in natural and violent deaths that occur within its purview. Suicide by police is unusual in that it meets the criteria for both homicide and suicide; it is the only "death at the hands of another" that is not always ruled a homicide by the OCME. Classifying the manner of death suicide-by-police or homicide-by-police is an interpretive process for the medical examiner. The accuracy of the medical examiner's determination is critical to the legal and psychological outcome for all involved parties. The present article explores the medical examiner's investigative process leading to the final manner of death determination in a "death at the hands of police." A comparison of police shooting cases investigated by several OCMEs in a large metropolitan area reveals that it varies by office and by examiner. The final classification by the OCME results in different psychological and legal sequela for both the shooting officer and the victim's family.

Key words: medical examiner, suicide by cop, law enforcement, police-assisted suicide, SBC

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Death at the Hands of Police: Suicide or Homicide?

INTRODUCTION

Imagine you are a police officer who has just been involved in a deadly force situation (see Attachment A). An individual pointed a gun at you, necessitating that you shoot and kill the person holding the gun. You did as you were trained to do. You call for backup and, upon its arrival, you are taken to the hospital for evaluation. After being treated for ringing in the ears, you are brought to your own precinct house for questioning by homicide detectives. Your heart is still racing, your blood pressure elevated, your hands are sweating and you can't seem to stop trembling. A thousand different thoughts are rushing through your mind at once. Your gun is removed and logged into evidence for ballistic examination. You are separated from your partner and others involved in the shooting. You now are being interrogated by your own department. They are asking you to recount, in precise detail, the most terrifying moments of your life, where you came face to face with imminent death. You feel numb and unfocused. You wonder how this happened to you and more important, what will happen next.

The crime scene detectives return to the precinct and show you a toy silver gun recovered at the scene. You are confused as to why someone would point a toy gun at a police officer. The investigators then show you the aforementioned note found on the body of the deceased. Does it make a difference in your reaction to the event?

SUICIDE BY COP

The scenario described above is a classic and true example of a phenomena called Suicide by Cop (SBC). It occurs when an individual decides to end his or her life by provoking the police into using deadly force and also is referred to as a "victim-precipitated shooting". Not every case of SBC is as clear-cut as the one presented. Who decides whether a police shooting is homicide or suicide? And what are the implications of that decision for the shooting officer and victim's family?

In most states, the legal definition of homicide is "death at the hands of another". Even cases of assisted suicide such as those espoused by Dr. Kevorkian are considered homicide by the Office of Chief Medical Examiner (OCME) in the majority of cities in the United States. The only exception, one that must be supported by a preponderance of evidence, is a police shooting that is determined to be a planned suicide by the victim. The OCME's reason for this exception is that when an individual commits SBC, the police officer is used as the instrument of death by the victim, because the officer is required to shoot in certain circumstances.

Every police shooting is investigated initially by the responding police department as a homicide and usually is overseen by the District Attorney's Office, Internal Affairs and the FBI. The firm determination by the OCME as to manner of death is part of this investigation and is a multi-

faceted process that varies by examiner and by office. This is of significant concern because manner of death is critical to the psychological and legal outcome for both the shooting officer and the victim's family.

ROLE OF THE OFFICE OF CHIEF MEDICAL EXAMINER

The first use of forensic medicine in death investigation dates back thousands of years as a response to legal and religious edicts against suicide (Fisher, 1980). Primitive societies believed suicide was a crime against humanity and that the person who committed suicide was possessed by evil spirits. The legal and religious condemnation of suicide by ancient societies necessitated a medicolegal opinion as to manner of death to render the appropriate penalty, such as burning the home of the suicide victim or denial of funeral rights. Suicide became a crime in England in the 10th century and, in 1184, the condemnation of suicide became part of the canon law of the Roman Catholic Church. The decisions as to manner of death were made by investigation of the circumstances of the death without specific physical examination of the body until the late 16th century when the first forensic autopsies were performed in Europe. This led to the development of the coroner system in England and, subsequently, the modern-day medical examiner system in America for the investigation of violent or unnatural deaths (Fisher, 1980).

Currently, the OCME may perform forensic autopsies in natural and violent deaths occurring under given circumstances within their jurisdiction. The purpose of the forensic autopsy is to determine cause, mechanism and manner of death. The cause of death is the disease or injury responsible for initiating the lethal sequence of events and is etiologically specific, such as "gunshot wound". The mechanism of death is the altered physiology and biochemistry whereby the cause exerts its lethal effect. An example might be "perforations of heart, lungs and aorta". The manner of death explains how the cause arose—naturally or violently. Natural deaths are those caused exclusively by disease. Violent deaths encompass those caused by accident, homicide, or suicide and those that are undetermined. Manner of death is determined by history and circumstances. While the medicolegal definition of homicide is "death at the hands of another," suicide or intentional self-murder is defined as "the act or instance of taking one's own life voluntarily and intentionally". SBC is atypical in that it fits both definitions. Because mixed classifications of manner of death are not permitted, it is incumbent on the medical examiner to make the distinction. A determination of suicide always requires the highest degree of evidence, because it determines both the victim and the murderer (OCME, *Definitions*, 1999).

POLICE-INVOLVED DEATH

Police-involved deaths are given substantial attention because the OCME's manner of death determination contributes to political and legal implications for the shooting officer and the victim's family. Police shootings also must be determined "legally justified" or "not justified". A justified police shooting means the officer was acting within the scope of his or her duties in accordance with

his or her department's deadly force policy, which requires the application of deadly force in the defense of life. Prior to 1989, the OCME of a large metropolitan city labeled the majority of police-involved deaths "unclassified". This may have been to avoid the burden of making a judgement that has political and legal ramifications. Policy changes resulted in the classification of these deaths according to the usual categories described above and the death certificate changed to include the notation "police intervention"or "shot by police". The final determination as to manner of death is based on the following three factors:

- reasonable degree of medical certainty based on information available at the time,
- consultation with other medical examiners and the Chief Medical Examiner and
- totality of the circumstances.

A determination based on a reasonable degree of medical certainty is one that has a 50.01% probability or the one that is more likely than all others; it does not require the same criteria of proof required in criminal proceedings when considering reasonable doubt. New information can lead to an amended death certificate or reclassification, although this is rare. If a police shooting is ruled a homicide, the case is referred to the local district attorney's office or to federal authorities if it is within their jurisdiction. The difficulty faced by the medical examiner in classifying a suicide is determining the intent or state of mind of the decedent. Only approximately 24% of suicide victims leave a note indicating their purpose (Westveer et al., 1997). Because intent is an intangible construct, it must be inferred from the behavior of the decedent and is subject to interpretation. In a police shooting, the onus is on the medical examiner to judge the deceased's intent, or lack thereof, to distinguish between a homicide and a suicide. A classification of suicide is held to the highest standard of proof, because it involves inferring the state of mind of someone who is not able to refute it. In addition, the medical examiner may not be provided with all the information necessary to make this decision if the victim's family withholds evidence indicating suicidal intent for personal, religious, or financial reasons. This creates a great deal of variability in the final outcome.

One method of investigating the possibility of SBC in a police shooting is for the medical examiner to conduct a psychological autopsy, a postmortem examination of the victim's behavior prior to death (Westveer et al., 1997). Ideally, the psychological autopsy should involve a personality assessment to include demographic and background information such as history of mental illness with particular attention to depression and bipolar disorder; history of psychiatric treatment and medication; substance abuse; recent behavioral changes; problems or difficulties in the deceased's life; major stressors or lifestyle changes such as divorce, death of a loved one, arrest, unemployment, job change and personal or work-related stress. The investigation should focus on the deceased's behavior just prior to death: increased risk-taking behavior, updating a will, putting one's business and personal affairs in order, giving away possessions, attitude changes, verbalizations about death, socially inappropriate behavior, foreshortened sense of the future, uncharacteristic expressions of love and saying goodbye, or presence of a suicide note. Exploring these areas will give the medical examiner insight into the deceased's thoughts and feelings prior to death, giving rise to intent.

The medical examiner also considers the following demographic characteristics that correspond with suicide in the United States: between 1994 and 1998, suicide was the third-leading manner of death for white males between ages 15 and 24 (following accident and homicide) and the fifth-leading manner of death for white males between ages 25 and 44. Firearms were the most common method of suicide for both men and women (OCME, *Statistics*, 1999).

REVIEW OF CASES

The current research, although limited, shows that a thorough examination of the circumstances is sometimes, but not always, conducted, nor are all the circumstances always included in the manner of death determination made by the OCME. A review of five recent cases of police-involved deaths that occurred in a large metropolitan area demonstrated the variability of outcomes.

Case 1

The first case is the one briefly described earlier. A highway patrol officer traveling eastbound on a busy expressway at approximately 10:30 p.m. during a rain and snow storm in the winter of 1997 noticed a green vehicle driving erratically at a high rate of speed. When the officer pulled the car over, the driver exited and waved his arms around. The officer told the driver over the loudspeaker to return to his car, but his command was ignored. The driver pulled a silver revolver from his waistband and waved it in the air. The officer commanded him to drop the gun, radioed for "man with a gun," and took cover behind his marked patrol car while drawing his weapon. A second patrol officer noticed this situation from the service road, exited his car and advanced toward the driver. The second officer also commanded the driver to "drop the gun," whereupon the driver turned and advanced toward the second officer, pointing his gun at him. The second officer fired several shots yet the individual continued to advance toward him. The first officer fired two shots and the second officer fired three more until the driver fell to the ground. As the second officer approached the driver to check his pulse, he noticed the gun was a toy.

Subsequent investigation revealed the deceased was a 19-year-old white male who left 11 suicide notes at the scene, one addressed "To the Officer who shot me"! He told his friends the previous evening, "tomorrow I'm going to get pulled over, have a fake gun and have the police kill me". Prior to pulling him over, the police received calls concerning a green vehicle on the highway as a possible DWI and a man with a gun in the vehicle.

Homicide detectives and the district attorney's office determined this was a suicide. The OCME agreed; however, the manner of death classification on the autopsy report and death certificate reads "homicide (planned suicide by decedent)." The family of the decedent implored the OCME to remove the "suicide" notation, but the OCME did not. Although this was a planned suicide, the OCME followed the medicolegal classification for "death at the hands of another" as

homicide, but included clarification. Other medical examiners interviewed indicated they would have classified this case as a suicide.

Case 2

The second case involves a 26-year-old white male who was seen menacing people in the city with a silver gun. It was late on a Saturday night and he used a taxicab to travel about the city, pointing a gun at several passersby and at a drug dealer after making a purchase. When the taxi was pulled over by police officers, the individual exited and pointed the gun at the police officers, who subsequently shot and killed him. Subsequent investigation revealed the deceased was wanted for murder in another city. He had a criminal history and history of prior incarceration. He had arrived at his mother's house the previous evening and had made statements to his mother such as, "I broke one of the Ten Commandments, I hurt someone badly—the worst thing you can do. If they get me I don't have a chance, I'll never get taken alive, I won't go back to prison," and so on. Before leaving his mother's house, the deceased pulled a silver gun and pointed it at her. He pulled the trigger and a flame emerged as a lighter. She warned him not to use that, because it looked real and he responded, "That's okay, the first thing they'll do is shoot". Thirty minutes after leaving, he called his mother and told her to look under the coffee table, where she found his driver's license torn up and a suicide note.

Homicide detectives closed the case as "justified." The OCME determined cause of death to be "multiple gunshot wounds to torso with perforations of heart, lungs and aorta," and classified the manner of death as "suicide (deliberately provoked fatal shooting)." The decedent had a blood-alcohol content of .06% and .1 mg of cocaine was detected in his blood. The medical examiner who performed the autopsy explained that the circumstances of death and the victim's behavior just prior to death led to this determination. The medical examiner inferred that the victim intended to commit the intentional destruction of self, because there is no other reasonable explanation for pointing a fake gun at the police and others. The presence of the fake gun indicated that he did not intend to hurt anyone with it although his method of suicide by police put innocent bystanders at risk of being shot.

Case 3

A third police shooting case reviewed involves a 61-year-old black male who entered an inner-city precinct house at midday and attacked a desk officer with a knife. The man subsequently was shot and killed by 2 police officers in the precinct. The police department closed the case as a justified shooting in defense of life following a knife assault. The autopsy indicated no presence of drugs or alcohol in the decedent's blood or urine. The OCME's report labeled cause and mechanism of death as "gunshot wounds with perforations of heart, liver, spinal cord and kidney". The manner of death classification was "homicide (shot by other persons)." On a standard checklist administered by the OCME during a body identification, the victim's aunt (with whom he had resided) denied

any history of mental illness or psychiatric treatment of the decedent. No records indicated whether an attempt was made to obtain background or precipitating information from the decedent's aunt. The medical examiner who performed the autopsy arrived at the manner of death decision by considering this a "death at the hands of another" with no known evidence indicating suicidal intent.

It is important to note, however, that absence of evidence is not evidence of absence. It seems reasonable that a nonintoxicated person without mental illness would be aware that attacking a police officer in a precinct will result in that person's certain death, especially when bringing a knife to a gunfight.

Case 4

The fourth case involves a 44-year-old Hispanic male who shot his girlfriend of 3 years, then ran across the street, stood against a wall with a shotgun in his mouth and held a handgun to his head. When police responded to the scene, the man lowered his pistol and fired 2 shots at the police. The police returned fire, which resulted in his death. The autopsy revealed a blood-alcohol content of .17% at the time of death and .1 mg of cocaine, indicating a high level of intoxication. The cause and mechanism of death were "gunshot wounds of body with perforations of lung, kidney and spleen." The manner of death was "homicide." The decedent's sister identified the body at the OCME and denied any mental health history on the checklist. No records indicated whether an attempt was made to obtain background information or circumstances other than the evidence indicating he killed his girlfriend just prior to his death.

The medical examiner who performed this autopsy arrived at this decision by stating that it was a "death at the hands of another," which constitutes homicide. The medical examiner added that if the victim provoked a civilian to shoot him, suicide would not even be considered. The CME supported the homicide classification, however, offering the explanation that although the man had a shotgun in his mouth, he did not actually pull the trigger and did fire shots at police. In addition, it may have been an impulsive act, not a planned suicide, by a man with diminished capacity to form intent due to his intoxicated state. Because these variables cast doubt as to the actual intent of the decedent, it was classified as a homicide. On the other hand, had the police not intervened, this may have been a planned homicide-suicide scenario orchestrated by the man.

Case 5

The fifth case involves a 55-year-old white male with a history of bipolar disorder. He called a police department precinct repeatedly (up to 50 times a day) stating that he had a shotgun, that he slept with his shotgun and that if they sent a police officer to his house he would kill the officer. After repeated phone calls and a previous attempt to speak to the man and have him brought to a psychiatric hospital, several officers were dispatched to arrest the man with a warrant for aggravated

harassment. Upon approaching and surrounding the residence, the man would not allow the police inside and spoke to them through the door. As two officers approached the door, the man was seen through a window to lift the shotgun and point it at the officers, who then shot him through the door in self-defense. They immediately began resuscitation procedures and called for an ambulance.

The homicide investigation found this to be a justified shooting. The OCME designated the manner of death as a homicide. Subsequent investigation indicated the decedent had a history of alcoholism and had lost both his job and his wife in the past year. He previously had threatened his wife and children with the shotgun and had a history of psychiatric treatment. The autopsy revealed the presence of alcohol and codeine in his system. The determination of homicide was explained by evidence that the decedent may have had diminished mental capacity to form intent or to plan his self-destruction via police. Furthermore, he pointed a loaded shotgun at police upon their arrival, as he had promised to do when he called police. There was no indication of further investigation into such variables as past suicide attempts or verbalizations. It is not feasible for the medical examiner to determine whether the decedent was acting on a subconscious death wish, although it appears he deliberately provoked the police into a fatal shooting.

As one can see from this sample, there is no set protocol, guidelines, or policy for the OCME's determination as to manner of death in this type of police shooting. The decision varies according to the individual medical examiner's judgement and lacks regulation by the OCME. There were a total of 46 deaths that resulted from police shootings in a large northeastern city from 1995 through 1998. All except the one described above were ruled homicide. This absence of clear guidelines can result in misclassification of death and have adverse implications for the parties involved.

IMPLICATIONS FOR THE POLICE OFFICER

When a police officer is involved in a shooting, it is initially treated as a homicide regardless of the circumstances and the following administrative and legal procedures occur. First, the shooting officer(s) and officers present are taken to the nearest trauma center for treatment and evaluation. Depending on department and union policy, the officers then are interrogated by homicide detectives at that time or 24 hours after the shooting. Their guns are removed and logged into evidence and the officers are put on unarmed administrative duty, making the officer a "house mouse". These administrative procedures may create a number of difficulties for the officer. One of these difficulties is the feeling of being stigmatized by being taken off the street and removed from his/her usual duties, carrying with it the implication that he/she did something wrong, despite the fact he/she is trained to act in self-defense. Additionally, the police department usually reserves comment until the investigation is complete, further limiting the officer's perception of support from the department. Desk duty without a weapon usually makes an officer ineligible for overtime, which often constitutes the majority of a police officer's salary. This creates an unexpected financial burden, which can lead to personal or marital strain. Being the subject of a homicide investigation by the officer's own

department is obviously stressful and the involvement of the internal affairs department can create future difficulties with career advancement.

Furthermore, in some cities, the Civilian Complaint Review Board (CCRB) conducts an independent investigation by interviewing witnesses, victims and interested parties. Particularly in urban areas where there is a great deal of political and racial unrest, the media and activists can cause undue attention to the officer as well as to his or her past and present actions. Many police shooting cases become the subject of an investigation by the FBI as a possible civil rights violation. The officer's department is notified of this investigation and the local investigation comes under the scrutiny of federal authorities. In addition to the possibility of criminal proceedings, a civil suit may be brought by the victim's family in pursuit of financial compensation for the death. All of this can weigh heavily on the shooting officer and affect his or her job performance, personal relationships, emotional and psychological well-being, future career outlook and financial security.

PSYCHOLOGICAL REACTION

Legal and administrative issues notwithstanding, perhaps the greatest strain results from the psychological sequela the officer experiences after taking someone's life. The primary duty of police officers, drilled into them from their first day at the Police Academy, is "to serve and protect". Their mission is to "protect life and property." Being forced to take the life of another is a contradiction to their job as well as to their human nature. The majority of police officers interviewed in this sample were trained as emergency medical technicians to save lives on-scene without having to wait for an ambulance and their first reaction after shooting someone was to administer CPR and other life-saving procedures while awaiting an ambulance. It is a dichotomy not easily reconciled without a great deal of psychological introspection and support. Unfortunately, political and departmental pressure to solidify one's justification of self-defense often prevents officers from having a safe atmosphere to express and explore their emotional reaction to the shooting.

The officers who participated in this research, though legally justified and satisfied that the shooting was necessary to defend their own or another's life, expressed symptoms typical of post-critical incident stress—a normal reaction to a life-threatening event. They described the following reactions.

Initially, many officers experienced disbelief. They did not think they would be involved in a shooting, believing "it only happens to someone else". For several weeks following the incident, each officer reported sleep disturbances, intrusive thoughts, chronic replaying of the incident and second-guessing their actions. Such issues as wondering whether they should have shot sooner in response to the imminent danger or waited to verify whether the weapon was real, occurred frequently. Most officers relived the experience in their mind in excruciating detail. They reported experiencing tunnel vision and a slow-motion effect for events lasting several seconds. They instinctively called upon their early tactical training regarding how to respond to any situation in an

appropriate and safe manner. This included avoiding crossfire and injuring innocent bystanders. The incident led the officers to consider their own mortality following the close call with death. It brought home the inherent risk of the job and the reality of putting one's life on the line. The officers interviewed believed that, like the majority of law enforcement officers, they would work their entire careers without ever having to fire their gun. They took the oath "to serve and protect" seriously and their involvement in a fatal shooting was unexpected.

During the first several weeks, the officers constantly thought about the event in addition to responding to questions by family and friends. Some avoided media reports of the incident and others followed closely. One officer involved in the highway suicide read the suicide note in the newspaper; the other has never read it. All of the officers wanted to return to work shortly after the event, reasoning that the longer they stayed away, the more difficult it would be to return. Several years later, officers are still reminded of the incident when near the location of occurrence or responding to a similar situation. Although all the officers stated that they were tactically sound prior to and during the incident, they reported using increased tactical awareness when responding to situations similar to the incident and reacting in a more authoritarian manner, taking control of the situation immediately for the safety of themselves and others. These reactions are common following any police shooting and are not specific to SBC scenarios.

Officers involved in a SBC situation have mixed reactions upon discovering the death was a suicide. All felt relief with regard to the aforementioned administrative and legal issues. They also received a great deal of support from their colleagues. Some officers expressed anger toward the victim for involving them and using them as an instrument of death, causing unnecessary stress and complications for the unwitting officer. The officers felt it a cowardly and irresponsible act on the part of the victim, who was unable to take his own life and forced someone else to do it for him. The victim's failure to take responsibility for his own self-inflicted death put the lives of others in danger, as innocent bystanders could have been hit by the bullets. If someone else had been shot in addition to the suicidal victim, it would have increased the officer's distress and postcritical incident symptomology and it also would have had additional administrative and legal consequences, such as criminal and civil litigation by the injured bystanders.

Surprisingly, other officers expressed compassion for the victim and wished the decedent had received psychological help prior to choosing to commit suicide. They reported difficulty understanding why anyone would choose to take their life, much less to be shot by another person. The officers questioned why it happened to be they that were provoked into taking the fatal shot and wondered if it could have been avoided. The discovery of the victim's suicidal intention helped the officers understand that the victim was determined to commit suicide and would have continued their high-risk behavior until they accomplished their death, with the possibility of injuring others in the process. The officers felt it was more distressing to unknowingly shoot a suicidal individual possessing a toy gun than it would be to shoot an armed criminal who posed a real danger to their lives. One officer compared being involved in a SBC situation to being the engineer of a train in

front of which someone intentionally jumps. The engineer may feel responsible for the death even though he or she clearly is not to blame. The presence of a suicide note or determination of suicide does not alleviate any of the postcritical incident symptoms for the officers, one of whom stated, "It never goes away—a note doesn't make it all right. You still killed someone and it bothers you. If it doesn't bother you, you shouldn't be on this job.".

IMPLICATIONS FOR THE VICTIM'S FAMILY

The family of the victim of a police shooting has different concerns from those of the police officer. If the police shooting is classified "suicide," the family typically feels guilt for not being aware or for being aware and not being able to help. Family members often feel responsible for not preventing the death of their loved one. They also experience shame due to the stigma attached to suicide. The family may have the religious conviction that suicide is a sin and this may place restrictions on funeral and burial services. Financial issues affect the family as well, such as when insurance policies do not provide benefits in cases of suicide. Families with this problem often request the OCME to alter the manner of death and may initiate a lawsuit in an attempt to change the determination, although these are generally unsuccessful. Furthermore, death certificates are public record and families prefer to keep these matters private. A family history of suicide generally is indicative of a family history of depression or mental illness, something most people are reluctant to acknowledge. For these reasons, families may cover up evidence or fail to admit suicidal intention on the part of the victim. They prefer to blame someone else for the death of their loved one and the shooting officer becomes the target of their blame.

If a police-involved death is classified "homicide," the family benefits from the support of political activists and the community. It opens the door to civil litigation against the police department and possible criminal proceedings against the officer. More important, it may help the family deflect the stigma and blame away from themselves toward an institution such as the police department. Civil litigation also offers the family financial compensation for their pain and loss. When the victim is mentally ill, the family also may hold the police department responsible for not instituting policies and training for the safe and effective handling of suicidal individuals.

CONCLUSION

The Office of Chief Medical Examiner is an independent entity charged with determining cause, mechanism and manner of death in natural, violent and unusual deaths. SBC is uncommon in that it falls into two classifications: suicide and homicide. The medical examiner must investigate the history and circumstances of death to make an accurate determination. The medical examiner must infer the presence or absence of suicidal intent from the victim's behavior prior to death. This interpretive process is subjective and the final determination is left to the medical examiner's judgement within a reasonable degree of medical certainty. A lack of information indicating intent often leads to a classification of homicide. The legal and psychological implications

of this determination for the shooting officer and victim's family often are directly opposed. It is clear SBC is a rare but disturbing and disruptive method of suicide that creates another victim—the police officer.

SUICIDE NOTE
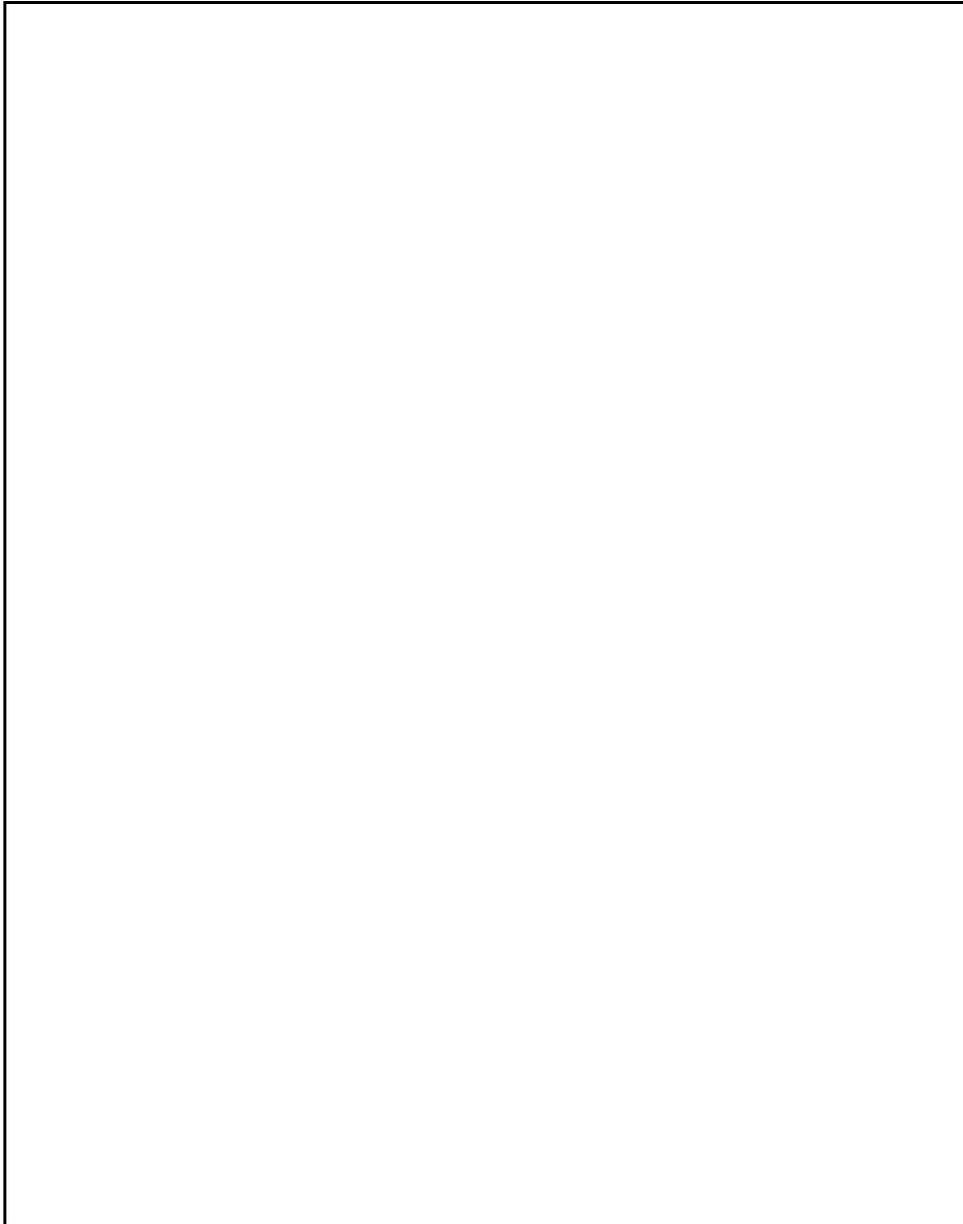
Attachment A

Victim-Precipitated Homicide: Incident and Aftermath

Ralph L. V. Rickgarn

Abstract: This article presents and discusses a set of training materials for police departments aimed at helping police officers cope with victim-precipitated homicide. These materials focus on providing officers with a range of intervention strategies to attempt to reduce the risk associated with these situations for both the officer and the perpetrator. These strategies are intended to facilitate prevention and intervention. The focus here, however, will be directed toward the reactions of officers and units to victim-precipitated homicide and toward both intervention and postvention strategies to assist the officer and the unit in their recovery from this traumatic event. The area of practical training has been neglected in previous discussions.

Key words: police department training, victim-precipitated homicide, suicide by cop, suicide, SBC

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Victim-Precipitated Homicide: Incident and Aftermath

INTRODUCTION

In 1983, the acting chief medical examiner for the county of Los Angeles, California, Dr. Karl B. Harris, reviewed cases where officers had fatally shot an individual. Dr. Harris wanted to determine if there were cases where the victim may have precipitated his or her own death. His research confirmed that there were incidents where the victim had engaged in a deliberate provocation forcing the officer to take self-protective, lethal action. Was this a suicidal act? A definition of a suicide act is "a potentially self-injurious behavior for which there is evidence (either implicit or explicit) that the person intended at some level to kill himself/herself. A suicidal act may result in death (completed suicide), injuries or no injuries" (O'Carroll, 1996). Based on his research evidence, Harris created the term suicide by cop (SBC), which has become a colloquial expression for victim-precipitated homicide. The expression "victim-precipitated homicide" will be used in this article, because it places responsibility on the individual whose behavior facilitated his or her suicide death; unfortunately, the expression SBC focuses upon the officer's actions and may imply the officer's sole responsibility for the individual's death. Victim-precipitated homicide can be identified not only by the technical description given above, but also by the suicidal individual directly and positively engaging in calculated, life-threatening, criminal behavior that compels an officer to use deadly force. Should the officer not respond to the original behavior, the individual will escalate the situation to provoke the officer. The individual may act alone or may involve others by threatening other lives or by taking hostages. As in other instances of suicide, the individual may leave a suicide note that clearly meets the definition of explicit evidence.

Victim-precipitated homicide is illustrated clearly by the case of Moshe "Moe" Pergament of Syosset, NY, who was depressed because of gambling debts and other problems. Pergament bought a silver-colored toy revolver and, after being pulled over for speeding and erratic driving, got out of his automobile and threatened officers with the revolver. Pergament refused to drop the revolver when asked and walked toward the officers who fired two to three times before killing him. In his car were good-bye cards and a suicide note that read:

> "Officer, It was a plan. I'm sorry to get you involved. I just needed to die.
> Please send my letters and break the news slowly to my family and let them
> know that I had to do this. And I love them very much. I'm sorry for getting
> you involved. Please remember that this was all my doing. You had no way
> of knowing," Moe Pergament (Valencia-Stincelli, 1998).

While Pergament provided the officers and investigating officials with explicit evidence of his intent, this type of "absolution" has little effect upon the profound psychological impact experienced in such incidents, particularly by the individual officer. It also impacts on the officer's unit. This type of

incident, as exemplified by the Pergament case, often takes place in circumstances where the officer would not suspect the true motive of the individual and where the situation can develop rapidly and escalate unexpectedly. In such a situation, the officer responds as trained. This is a critical incident, however and not a part of the officer's normal day-to-day duties. Training materials have been developed that focus on providing officers with a range of intervention strategies to attempt to reduce the risk associated with these situations for both the officer and the perpetrator. These strategies are intended to facilitate prevention and intervention.

The focus here, however, will be directed toward the reactions of officers and units to victim-precipitated homicide and toward both intervention and postvention strategies to assist the officer and the unit in their recovery from this traumatic event. The area of practical training has been neglected in previous discussions.

REACTIONS

Officers may find themselves in difficult situations following a victim-precipitated homicide. Their department will have regulations concerning investigations into the use of deadly force and the incident will be handled in a routine manner. In many instances, this will mean that the officer is placed on paid leave or suspension pending the outcome of an inquiry. This may mean that the officer is not permitted to come to the unit's headquarters or to have contact with other officers or administrators for anything other than official business, yet it is at precisely this time that the officer needs the support of the unit. If possible, providing the officer with an internal position that allows for interaction with peers can preclude a sense of isolation (unless the officer is already alienated from peers). In addition, the officer also may find that local newspapers and magazines—and perhaps even national ones—may print stories about the incident with headlines similar to "Officer Kills Man in Standoff—Victim Had Toy Revolver". Consequently, not only does the officer have to cope with an internal investigation, the officer also must face public scrutiny and possibly adverse publicity without all the facts being known or reported.

Posttraumatic Stress Disorder

It is in this type of situation that an officer can develop the symptoms of Posttraumatic Stress Disorder (PTSD), which is a common result of a traumatic event that can significantly interfere with the ability to function or deliver required services. The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed) of the American Psychiatric Association (1994) lists the following symptoms of PTSD, many of which clearly are present in a victim-precipitated homicide:

1. The person has been exposed to a traumatic event in which both of the following are present:

a.   The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

b.   The person's response involved intense fear, helplessness, or horror.

2.   The traumatic event is persistently re-experienced in one or more of the following ways:

a.   Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

b.   Recurrent distressing dreams of the event.

c.   Acting or feeling as if the traumatic event were recurring (including a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes including those that occur on awakening or when intoxicated).

d.   Intense psychological distress at exposure to internal or external causes that symbolize or resemble an aspect of the traumatic event.

e.   Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

3.   Persistent avoidance of stimuli associated with the trauma and numbing general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

a.   Efforts to avoid thoughts, feelings or conversations associated with the trauma.

b.   Efforts to avoid activities, places, or people that arouse recollections of the trauma.

c.   Inability to recall an important aspect of the trauma (psychogenic amnesia).

d.   Markedly diminished interest or participation in significant activities.

e.   Feeling of detachment or estrangement from others.

f.   Restricted range of affect.

g.   Sense of a foreshortened future.

4.   Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

a.   Difficulty falling or staying asleep.

b.   Irritability or outbursts of anger.

c.   Difficulty concentrating.

d.   Hyper vigilance.

e.   Exaggerated startle response.

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Other Symptoms

Research by Brown (1998) and Valencia-Stincelli (1998) demonstrated that officers have reactions that closely approximate those of PTSD. In some instances these reactions occurred immediately and, in other instances, several months later. Valencia-Stincelli's research found that officers reported the following symptoms (in order of frequency):

1. resentment
2. disbelief
3. a preoccupation with the incident including frequent recollection of the event
4. nightmares
5. anxiety
6. hyper vigilance
7. diminished self-confidence (may be temporary or long-term)
8. social avoidance
9. changes in eating and sleeping patterns
10. hypersensitivity
11. depression
12. ambivalence
13. feeling a loss of control
14. memory difficulties

Other symptoms include anger, depression and anxiety, as described by two officers involved in victim-precipitated homicide (Valencia-Stincelli, 1998). "There was a lot of anger toward the subject for his actions. I remember the terror during the incident and the agitation afterwards. I experienced so many emotions, but the most prevalent was anger. I was angry with the woman for forcing me into this situation. I was angry with the resident who knew she was armed, mental and still told me nothing."

Repercussions

Consequently, even after being cleared of any fault in the incident, an officer still has to cope with his or her own emotional reactions for having to use deadly force. There are many reasons to provoke an officer to such deadly force: because someone wants to die but finds that it is "just plain hard to pull the trigger" (Connor, 1999); because someone knows that the police have been trained to react to life-threatening situations with deadly and accurate force (Lewan, 1998); because someone wants to find a "manly" or "macho" way to die (Van Zandt, 1993); because someone wants to avoid the stigma and social taboos associated with suicide (Geberth, 1994); or any combination of these reasons, plus possible others.

Consequently, the officer also becomes a victim of the incident and looks to the unit as a source of support. The psycho social environment of the officer has components that may be protective, detrimental, or both. Part of the officer's usual protective psychological shield is a feeling of invulnerability that enables the officer to face traumatic situations with a strong inner resolve that it can be managed effectively. Once this shield is penetrated, however, the feeling of invulnerability may quickly become one of extreme insecurity. In the instance of victim-precipitated homicide, the officer may feel that she or he may have violated some regulation, that there will be a lack of support for the action and that peers and superiors will doubt the officer's competency. The officer also may be concerned about a possible wrongful death lawsuit from survivors. These factors may be exacerbated by the possibility of a lack of public support or even public disapproval. Under these circumstances, the shield of invulnerability is cracked and the officer becomes very vulnerable.

Another component is emotional detachment or depersonalization. Officers often are faced with horrific situations that require immediate action and challenge all of their senses (e.g., fires, multiple homicides, suicide, vehicle crashes, child abuse). Practically, some degree of emotional detachment or depersonalization is necessary to handle traumatic situations effectively and efficiently. Again, however, this same protective factor also can lead an officer to depersonalize or detach to the point of escape/avoidance, creating an "automaton officer" and the manifestation of PTSD symptoms.

Also, the police role is one that places the officer in a position of high trust and an expectation of a high degree of competency by the general public. In positive situations, this factor provides considerable support and comfort to the officer. In negative situations, the lack of public support or, worse, the public denigration of the officer's actions, compounds the officer's feelings of failure and lack of control.

The officer's unit also can be both protective and detrimental. Units are established with militaristic rankings and organization. This formal structure provides security for and cohesion among officers; officers may perceive themselves collectively as "us" against "them" (the dark side of the world). There is a camaraderie that provides resilience for emotionally charged situations. However, this same situation may become constricting, disallowing the expression of emotion and a vulnerable officer may develop a feeling that it is "me" against "them" (other officers and superiors). The officer may develop strong feelings of abandonment, particularly if there is a suspension during an investigative period. Within the unit, the officer may have to cope with "behind-the-back" discussions relating to the officer's competency. More devastating, however, may be the inability of officers within the unit to discuss what has happened openly and to admit its emotional effect not only upon the involved officer, but also upon others within the unit. Lastly, the officer's actions may be perceived as a disgrace to the unit (particularly if there is a high degree of negative media and public reaction), resulting in an effective isolation of the officer.

DEBRIEFING

Debriefing should follow an incident of victim-precipitated homicide. Departments should have critical incident stress debriefing (CISD) personnel who can engage the officer, focusing not only on the physical aspects of the incident, but also on the equally important psychological aftermath of the incident. While this service should be directed primarily toward the officer and others who were present during the incident, it also should be available to other officers within a unit. For both the individual officer and the unit, a sense of unresolved loss will be a powerful emotional chink in their psychological armor.

Loss is significant to individuals and to groups, whether it be the loss of another person, a favorite pet, a valued object, a job, divorce, or a disability (to name but a few). Human beings tend to make strong affective bonds with others. Even those individuals who are met for only a short while have an impact. This is particularly true in the case of victim-precipitated homicide where the contact is short but intense and results in a death. For involved officers the dynamics of loss begin with their questioning their actions: "What could I have done to have this happen differently?"; "Did I do the right thing?"; "How could I know he had a toy revolver?". Confronted with an event involving death or serious injury and feeling intense fear, the officer afterward may feel a sense of helplessness or horror such as that experienced with PTSD and exemplified by the officer's statements quoted previously. This combination of factors creates the dynamics of unresolved loss involving the experiences of bereavement, grief and mourning associated with the death of an individual. Officers will experience bereavement, grief and mourning in varying degrees depending upon their psychological state, their previous experiences both personally and professionally and the degree of support from within their unit.

In the incidence of victim-precipitated homicide, there is a sense of bereavement. The word "bereavement," derived from Old English, means "to be torn out at the roots," bereavement entails strong feelings of traumatic loss. The officer is deprived of the sense of normality that is expected even under difficult circumstances. The officer has been forced to commit an unwanted act—to kill another human being. Thus, the officer may feel a loss of control.

The officer also experiences a sense of grief, responding with anger, sorrow, disgust, self-pity, fear and other common emotional reactions. In debriefing an officer, it is important not to attempt to define the limits of the officer's emotional responses, as this reduces the possibility of the expression of and the acceptance of, the myriad of emotional responses that are present and need to be explored, expressed, understood and resolved.

GRIEF

Grief in such circumstances takes unusual forms. Doka (1989, 1999) has developed the concept of "disenfranchised grief," which can account for many of the manifestations of grief

encountered in a victim-precipitated homicide. Doka states that there are a number of factors involved in the concept of disenfranchised grief, including the following:

1.	The loss is not recognized or acknowledged. In some instances, it may well be that the incident is not recognized by the officer's peers or supervisors as a true incident of loss. It is, however, very real to the officer.

2.	The relationship is not recognized. In this instance, there is a relationship, however fleeting, that has developed between the individual challenging the officer and the officer attempting to diffuse the situation. Two human beings in a face-to-face situation have a powerful, immediate sense of contact; whether this contact lasts for a few minutes or an extended period of time, a relationship is formed.

3.	The griever is not recognized. The grief that an officer experiences may not be recognized, because the officer's actions may be thought of as a "normal" part of the duties and an essential part of protecting the officer's own life.

4.	The death itself is disenfranchised (not recognized). Because a victim-precipitated homicide may be viewed as a suicide, its impact upon the officer may not be recognized or it may be devalued.

5.	The manner in which individuals grieve may not be recognized. There may be culturally unacceptable actions, or there may be institutional patterns of grief. This factor may apply to a police unit, where demonstrating emotional vulnerability may not be an acceptable part of the invulnerable image that is desired.

Grieving Symptoms

It is important to avoid this disenfranchisement for the grieving officer. While one victim is dead, there is a second victim: the officer, who is alive and who will demonstrate the following grief dynamics:

1.	The officer will want to be able to tell his or her story again and again. The repetitive

2.	The officer will want to have his or her feelings accepted and to be believed. The officer is experiencing the pain of loss and grief, Worden's second task of mourning. Depending upon the officer, this action may be a more instantaneous cathartic experience or may occur over a period of time as the officer becomes comfortable with discussing his or her emotional state. Regardless, it is important to recognize that the experience of loss can continue over an extended period of time. Violanti

(1996) states that "the officer whose traumatic experiences penetrate this psychological shield may feel vulnerable for a long period afterward and never again regain the sense of being uniquely protected from harm". In the instance of victim-precipitated homicide, an officer may question his or her ability should he or she again face a similar situation.

For the individual who is listening/counseling the officer, it is extremely important not to discount their emotional state. The time-worn cliché "I know how you feel" is neither accurate nor valid and may well be met with resentment and a statement such as, "The hell you do"! Clichés and other discounting statements imply that the listener is not comfortable with the officer's situation, wanting to fix the situation quickly so that the listener feels better.

3.   The officer may want to seek out others who have similar experiences. This may be difficult due to the relatively low incidence of this phenomenon. This sharing of similar incidents develops some sense of normality in a highly abnormal situation. These last two dynamics are part of Worden's third task of mourning. The officer now is adjusting to the environment following the incident and moving toward the withdrawal of emotional energy from this situation and investing it in other areas, part of Worden's fourth task of mourning.

4.   The officer may not want to take medications to relieve stress or to aid in sleeping. Likewise, he may not wish to enter into a counseling interaction immediately. In the process of working through this trauma, the person selected as a confidante must be someone the officer trusts.

5.   Lastly and most important, the officer does not want to be told not to think about the incident. That is an impossible request that indicates more discomfort on the part of the individual making the statement.

MAINTAINING HEALTH

It is important for supervisors and peers to provide the officer with a number of ways to remain emotionally healthy. This may be accomplished by:

1.   recognizing the necessity of the action
2.   providing meaningful debriefings
3.   providing the officer with information on the symptoms of PTSD; this may normalize the officer's symptoms
4.   providing the officer with information on anxiety management and, if appropriate, counseling. This can also include self-care guidelines relating to getting enough sleep

and exercise, avoiding dependence upon alcohol, setting limits, planned rest and renewal periods, development of support systems (personal, professional, spiritual) and finding ways to express emotions

5. forming, if possible, small, informal, confidential groups for individuals who have encountered this or similar experiences. In these groups, the sharing of reactions can be done openly and honestly, again as part of the normalization process. Brown (1999) has developed information on police-stress therapists and has provided Internet links to referral resources.

Finally, in the incorporation of the experience of loss and the outward acknowledgment of the loss, the officer needs to understand that this is a long-term process that may continue for months. Groups, cultures and families often define the mourning behaviors that are expected and acceptable for the individual within a particular societal culture. Police units also develop cultures that define these behaviors of their members. While these may be comfortable for the officer under normal circumstances, they also may preclude a full exposition of the officer's true sense of mourning during this critical period. Grief and mourning may not follow in a sequence. They may appear intermittently over a period of 1 to 2 years. They also may recur if the officer is faced with a similar situation that evokes past memories and emotions. It should be expected that counseling and other support will be needed at various times during the grief and mourning process as the officer works toward resolution of the incident.

Thus far, the concentration has been on the individual officer. However, the impact can reach into the unit, where the officer's friends and colleagues also may share some similar emotional reactions. This presents an opportunity to meet with officers and discuss their reactions to the incident. This intervention may preclude other deleterious events within the unit.

Coping

The primary preventive tactic is that of permission. All officers, regardless of their degree of involvement in the incident or rank, need to have permission to express their emotions in an appropriate setting. Officers need to know that their reactions are normal and that engaging in counseling will not affect their efficiency rating. This may mean the development of a support group for psychological debriefings (e.g., by a police chaplain, a trained officer, or a psychologist) if one is not already in place. Often, it is beneficial to have an individual (officer or civilian) from outside the unit conduct the debriefing or other sessions. This allows for a more open forum where the facilitator, not knowing the officers involved, can listen objectively to their concerns and note their emotional state. However, in the event of serious stressors or PTSD symptomology, it is clear that professional assistance is needed. This should be available to officers without any stigmatization relating to counseling. Indeed, the mark of an effective officer is that the officer knows when help is needed, knows where to go to obtain it and works to resolve whatever issues are present.

A specific response team also could be developed to work with officers and units experiencing traumatic situations. A response team has been proven effective within a university setting for students, faculty and staff (Rickgarn, 1987); a similar response team also could be effective within a police department. This response team could be composed of officers, clergy, psychologists, psychiatrists, social workers, grief counselors and other professionals and paraprofessionals trained to work with traumatic incidents. The objective of this response team would be to provide both educational and therapeutic interventions. The educational intervention would provide information on the reactions that occur following a traumatic event. The information presented above for individual officers would be an integral part of this presentation. The objective of the educational intervention is to provide some normality to a disturbed and disturbing situation. The therapeutic intervention would involve facilitating individual and group reactions onsite following an incident, as well as follow-up consultation and counseling services for officers, either short-term or long-term referrals to resolve particular issues. The very presence of a team designed to meet these needs provides officers with a sense that the department desires to be involved in a personal manner by providing officers with support at a critical point in their professional careers.

CONCLUSION

It is important to remember that an officer under stress from a victim-precipitated homicide can become depressed and suicidal. Then, what began as a SBC can become a police suicide, creating even more stress and powerful emotional reactions within the unit. These efforts are examples of intervention becoming prevention and it is an important part of a unit's positive and proactive psycho social environment to cope with the aftermath of a victim-precipitated homicide.

Suicide by Cop Syndrome: How Law Enforcement Successfully Can Meet the Challenge

John E. Roberts

Abstract: *This paper will discuss the suicide by cop (SBC) syndrome and the role of training. Law enforcement agencies need to provide training that will improve safety, performance and awareness. A primary concern for law enforcement trainers is properly addressing the balance between giving information and possibly generating hesitation on the part of the officer to react appropriately. In training an officer to identify suicidal characteristics, agencies must remember that not all situations faced by the officer involving a suicidal person are going to afford the officer an opportunity to analyze beyond the threat of deadly force.*

Key words: police training, suicide by cop, law enforcement, suicide, SBC

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Suicide by Cop Syndrome: How Law Enforcement Successfully Can Meet the Challenge

INTRODUCTION

Over the past several years, the improved means of data collection, communication and media coverage has enabled researchers to compile some alarming information. Various researchers across the nation report a significant number of officer-related shootings being examples of a growing phenomenon called SBC syndrome. Other names for the phenomenon include "victim-precipitated" homicide and "police-assisted" suicide. These titles describe situations where a person intending to die threatens an officer with deadly force, hoping the officer will kill them. Studies indicate that as many as 10 % to 1 in every 6 officer-related shootings involve the SBC syndrome.

DEPARTMENT RESPONSES

Department attempts to develop an appropriate response to the SBC syndrome usually involve basic law enforcement certification programs and department academies offering initial response training for calls involving suicide situations. Training typically includes identification of basic suicidal behavioral cues, officer safety and communication tactics designed to properly address distraught people. However, there are problems with how most departments and law enforcement training programs respond specifically to the SBC syndrome. Some problems originate with misinformation provided to the public from entertainment and media sources, leading to public misconceptions of what officers should do in life-threatening situations. Often, these misconceptions are created when the entertainment industry portrays fictional law enforcement characters such as "T. J. Hooker" using a baton to disarm lawbreakers, or "Walker, Texas Ranger" using martial arts to stop a deadly threat without anyone being injured. While some officers succeed in performing these incredible feats, the odds do not favor the officer emerging unharmed. In real situations, when an officer uses deadly force the public often responds with claims of improper department training or officer wrongdoing if information later reveals the offender's weapon was fake or unloaded.

Public allegations of excessive force, poor training, callousness, or prejudiced personnel prompted many departments to make ill-advised changes in training programs and policies, potentially subjecting officers to unnecessary risks. These risks not only include physical dangers, but also increased chances of criminal or civil litigation and damage to officers' mental health. In many departments, changes in words or phrases of policies governing the use of force result in stricter limitations than originally provided in state and federal law. In doing so, departments place additional constraints on how or at what point an officer may respond with deadly force. This knee-jerk reaction to the problem may cause officers to hesitate when faced with deadly force for fear of punishment from department or court sources. Proper liability training, coupled with clearly written policies mirroring the law, will provide officers with the information they need to make intelligent decisions when faced with a deadly force situation.

In response to public inquiries, department officials sometimes hesitate in providing information to the public while investigating an officer-related shooting, especially SBC encounters. Clear communication with the public, include explanations from a department spokesperson. They describe the incident and how the officer's response coincided with department policies. Officials usually will answer questions the public may have. In doing so, accusations or suspicions of excessive force, conspiracy, cover-up, or improper conduct, diminish.

When an officer uses deadly force in a SBC encounter, the investigation and subsequent review board meeting are vital to closure for all involved parties. Determining the details of what transpired and collecting all available evidence indicating how the offender acted or planned the outcome require careful attention and documentation. Although hearing or disclosing information can prove painful or difficult, family members, friends, or witnesses may provide key information revealing the attitude and mindset of the offender. In many cases, the offender made comments or gestures indicating thoughts of self-destruction, including specific references to using a law enforcement officer to achieve death. The timely release of confirmed material answers public questions and supports an officer's actions, while reducing claims of excessive force.

Department administrators have specific responsibilities to officers when addressing SBC encounters, or any deadly force situation. Of these responsibilities, training is the most significant. Training should supply balanced information describing how to identify and contend with suicidal individuals, while still providing for the new officer's need to respond appropriately and effectively to a potential life-threatening situation.

TRAINING

The training and tactics used in responding to SBC situations need to ensure the highest possible degree of officer safety. Officers should be taught to assume that all weapons pose a potential deadly threat, no matter what color the weapon is or what modifications it may have and regardless of whether the officer thinks it is unloaded or not real. Departments should not place an officer in jeopardy of being killed or injured because of irrational fears of public reaction or lawsuits, because of inadequate training, or because of department policies being stricter than actual law. Departments using training involving live role-playing, simulation drills, computer-generated judgmental use of force scenarios and careful review of SBC incidents will increase an officer's ability to respond safely and appropriately to deadly force incidents.

Some departments report situations where offenders exploited the hesitation of officers created by training, department policies, or fear of litigation. Incidents with firearms painted or modified by offenders to resemble toys in an attempt to create a delay in an officer's reaction to a deadly threat have been documented. Departments must understand reaction will never beat initial action. They must realize an officer's hesitation puts the odds in the offender's favor. Unfortunately, many offenders recognize the flaws in law enforcement training better than some departments.

Most department supervisors agree that officers need to receive additional training to properly identify and deal with suicidal persons. Training should include material from subject-matter experts working in law enforcement and material from professionals from the psychological field. Again, a careful balance between relevant information concerning the SBC syndrome and proper training in how to respond when faced with a life-threatening situation must be maintained. The training provided by departments must give sufficient information enabling responding officers to respond with minimal hesitation when facing a potentially suicidal person who exhibits the intent, ability and opportunity to harm themselves or others.

An officer involved in a SBC incident requires immediate attention. In any deadly force situation the officer experiences a physically and mentally destructive force. Officers feeling unsuitable to remain in law enforcement are common and many leave the profession shortly after experiencing a SBC encounter. Some report their confidence damaged beyond repair and they question their ability to determine when to use deadly force. Feelings of being used by the offender to fulfill a suicidal goal are common. How a department responds to an officer's needs has a tremendous impact on how well the officer's recovery progresses. Contact with fellow officers and department officials for support, continually updated information and constant reassurance promote recovery and help officers avoid feelings of alienation.

ASSISTANCE

Counselors, therapists, unit meetings and religious contacts should be offered and encouraged by departments in helping officers involved in SBC encounters recover. Many seem reluctant to accept help or to acknowledge having problems after experiencing a SBC or other deadly force encounter. They may neglect addressing personal problems because of the fear of being considered soft or weak. Officers may utilize inappropriate means to cope with the feelings and stress experienced. Incidents of suicide, alcoholism, drug abuse, domestic violence, divorce and stress-related deaths are examples of what may occur if an officer does not receive proper assistance in this critical time of need. Departments need to recognize these problems and take steps offering support to the officer and family members. Group and individual therapy provided by qualified personnel should be offered to officers and family members. Along with traditional therapeutic and counseling methods, several departments offer "in-house" critical incident counseling by officers who have themselves survived critical incidents such as SBC encounters.

Of the department responsibilities mentioned, officer training clearly remains the most important. A course for disaster is set if the priorities of training shift from officer safety to being politically correct. When officers confronted with an offender bearing a weapon capable of causing death or serious bodily harm fail to react appropriately because of a fear of department sanctions or litigation, it signifies a problem. The problem intensifies when department policies and training prove inadequate or misguided because of poor planning, fear of public opinion, or lack of concern.

CONCLUSION

Without proper training and department support, officers will continue to react improperly when faced with potential life-threatening situations like the SBC syndrome. Departments should see a reduction in the use of deadly force when officers receive training to make sound decisions and utilize practical force options provided in policies. Appropriate response to deadly force situations with less hesitation may result in more self-committed suicides due to officers recognizing SBC scenarios and making better decisions concerning the use of deadly force. Proper training, clear policies and department support offer opportunities to reduce officer hesitation and encourage proper action. Hesitation can kill; department administrators must accept this fact and not allow inadequate training or flawed policies to cause unnecessary lawsuits, injuries, or death.

School Shootings: Implications for Suicide by Cop

Philip S. Trompetter

Abstract: Studies of subjects who commit suicide by cop (SBC) have identified several characteristics that may help peace officers identify when an incident is intended to be a police-assisted suicide (Hutson et al., 1998). As yet, however, no studies explain the connection between school shootings and suicide by cop. This article reviews many contemporary incidents of school shootings, displays some commonalities of the involved juveniles and, most important, highlights how many of these juveniles intended to end the event by drawing law enforcement into a deadly confrontation where the student would die by police deadly force.

Key words: school shootings, suicide by cop, law enforcement, police-assisted suicide, SBC

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School Shootings: Implications for Suicide by Cop

INTRODUCTION

In the early 1980s, law enforcement identified a form of suicide where a peace officer is lured into inflicting the force necessary to cause the death of a suicidal subject. Identified as SBC (Van Zandt, 1993), the phenomenon was described by Harvey Schlossberg, who many consider to be the founder of hostage negotiations, as "another form of euthanasia, like when people reach out for Dr. Kevorkian—only here, people are in mental pain and the doctor is the cop" (Lewan, 1998). By now, most agencies have had confrontations with such suicidal citizens. Recent studies in Oregon and Florida (Wilson et al., 1998), Indiana (Harruff et al., 1994) and Los Angeles, California (Hutson et al., 1998) suggest between 6% and 25% of officer-involved shootings are SBCs.

In the 1990s, a coinciding phenomenon confronting law enforcement emerged where middle and high school students, usually ages 14-16 (range 11-18), brought firearms to school and committed a mass or spree murder. While much detail about these juveniles is not available because of confidentiality, enough information has been released to recognize that many of these youngsters plan suicide, often at the hands of responding law enforcement officers, to conclude the incident.

The SBC studies to date have identified several characteristics of these subjects that may help peace officers identify when an incident is intended to be a police-assisted suicide (Hutson et al, 1998). As yet, however, no studies explain the connection between school shootings and SBC. This article reviews many contemporary incidents of school shootings, displays some commonalities of the involved juveniles and, most important, highlights how many of these juveniles intended to end the event by drawing law enforcement into a deadly confrontation where the student would die by police deadly force.

SCHOOL SHOOTINGS

1/18/93: 2 deaths; East Carter High School, Grayson, Kentucky; Gary Scott Pennington.
1/23/95: 1 death; Sacred Heart School; Redlands, California; John Sirola.
10/12/95: 3 deaths; Blackville-Hilda High School; Blackville, South Carolina; Toby Sincino.
11/15/95: 2 deaths; Richland High School; Lynnville, Tennessee; Jamie Rouse.
2/2/96: 3 deaths; Frontier Junior High School; Moses Lake, Washington; Barry Loukaitis.
2/19/97: 2 deaths; Bethel Regional High School; Bethel, Alaska; Evan Ramsey.
10/1/97: 3 deaths; Pearl High School; Pearl, Mississippi; Luke Woodham.
12/1/97: 3 deaths; Heath High School; West Paducah, Kentucky; Michael Carneal.
3/24/98: 5 deaths; Westside Middle School; Jonesboro, Arkansas; Mitchell Johnson and Andrew Golden.
4/24/98: 1 death andrew J. Parker Middle School; Edinboro, Pennsylvania andrew Wurst.

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5/21/98: 5 deaths; Thurston High School; Springfield, Oregon; Kip Kinkel.
4/20/99: 15 deaths; Columbine High School, Littleton, Colorado; Eric Harris and Dylan Klebold.
5/20/99: 6 injured; Heritage High School; Conyers, Georgia; Thomas "T. J." Solomon, Jr.

PREFACE

Most of the school shootings before 1996 received little media attention. Consequently, this article opens with a brief discussion of 5 school shootings about which there is little published information, with the remaining incidents containing more detail and commencing with the school shooting in Moses Lake, Washington, on February 2, 1996.

Vignettes

On January 18, 1993, 17-year-old Gary "Scott" Pennington entered his high school English class in Grayson, Kentucky, shot and killed his teacher with a .38 revolver and then held his class hostage. He then shot and killed a janitor who attempted to intervene and threatened to shoot another teacher. His motive was vengeance against the teacher and the weapon belonged to a family member. He was an honor student from a poor socioeconomic background and his parents were divorced. Before the incident, he presented a book report on Stephen King's (a.k.a. Richard Bachman) *Rage*, a story about a student who shoots his teacher in front of the class and exchanges gunfire with law enforcement. He wrote in his journal, "They don't give out awards for what I have planned."

On January 23, 1995, the principal of Sacred Heart School in Redlands, California, disciplined 13-year-old John Sirola who walked home, retrieved a sawed-off shotgun, returned to school, shot and wounded the principal, then killed himself.

On October 12, 1995, 16-year-old Toby Sincino walked into his Blackville, South Carolina, high school math class armed with a .32-caliber handgun. He shot and killed a teacher, another teacher died of a heart attack and the student killed himself. He had been suspended the day before for making an obscene gesture and returned the next day looking for the principal.

On November 15, 1995, 17-year-old Jamie Rouse entered his Lynnville, Tennessee, high school, shot and killed a teacher and a student and wounded another teacher. His motive was vengeance and his weapon was a hunting rifle given to him by his father as a gift. He was angry about a traffic collision with fellow students the day before. He told a friend of his plan before the shooting.

On December 15, 1997, 14-year-old Joseph "Colt" Todd, concealed in a wooded area on school grounds, shot and wounded 2 students with a .22 rifle as they entered Stamps High School in Stamps, Arkansas. The motive was vengeance against peers for picking on him.

Barry Loukaitis

On February 2, 1996, 14-year-old Barry Loukaitis entered his fifth period algebra class at 2 p.m. at Frontier Junior High School in Moses Lake, Washington, a small town with a population of 11,700. He carried 2 handguns and a .30-30 lever action deer rifle. At the end of his rampage, 1 teacher and 2 students lay dead and 1 student was injured. Loukaitis was an honor student with an above-average I.Q. of 116, described as reserved and interested in reading and writing. Physically thin and awkward, he became obsessed with death and killing, according to his friends, pouring over gun magazines at the town library. 28 books by Stephen King were found in his bedroom, including *Rage*, which was found on his nightstand. Loukaitis had told one of his friends that it would be "cool" to kill people and that he would like to go across the country killing people like the characters in the movie *Natural Born Killers* and wrote in a poem for his English teacher about "killing with a cold ruthlessness of a machine" and "killing a bastard that deserves to die."

At school Loukaitis was teased relentlessly and pushed around by bigger boys who called him "dork" and "gay lord." One of these boys was Manuel Vela, Jr., who became Loukaitis' targeted victim. On the day of the shooting he wore all black. On each hip was a holster with a loaded handgun, a .22 caliber revolver and a .25 caliber semiautomatic pistol. Across his body, Rambo style, he draped 2 fully stocked ammunition belts. On top of it all he wore a long black trench coat or duster. He cut a hole in one of the pockets so he could slip his hands through and carry his father's lever action .30-30 rifle underneath. It was just before 2:00 p.m. and Loukaitis burst into algebra class firing 3 times, striking 3 students. Vela was shot in the chest and a teacher was killed instantly. He then took the rest of the students hostage until he was subdued by a teacher.

Barry Loukaitis had watched the video for Pearl Jam's "Jeremy." This 1992 music video was based on a real incident in Richardson, Texas, telling the story of a tormented teenage boy who goes on a classroom shooting spree after being taunted by classmates and ignored by his parents.

Evan Ramsey

On February 19, 1997, 2 minutes before classes were to start at 8:50 a.m. at Bethel Regional High School in Bethel, Alaska (a town of 4,674 people), Evan Ramsey, age 16, walked into the school commons area with a 12-gauge shotgun. From about 10 feet away, the 16-year-old shot another sophomore, Josh Palacios, in the stomach, killing him and wounding 2 others before entering the hallway. There, he shot up at the ceilings while teachers begged him to put the gun down. Ramsey was looking for the principal. When he found him, Ramsey fatally shot him in the chest. Ramsey put another shotgun shell in his gun and said "This 1 is for me," then put the barrel of the shotgun under his chin while teachers begged him to put the gun down. He could not bring himself

to fire. Police arrived at the school, Ramsey ran through the hallways to get away and then he shot at 1 of the officers, 2 of whom returned fire. He then yelled, "I don't want to die," and threw down his gun. Ramsey's shooting was intended to end in a SBC." He was planning to die that day at the hands of the police, although he apparently changed his plans after police engaged him.

Students sometimes teased and taunted Ramsey as "brain dead" and "retarded." Ramsey said other students would taunt him by throwing wadded toilet paper at him. He shaved his head and wore black t-shirts all the time, some of which said "666." Two years earlier, he had threatened to shoot himself with the same shotgun in front of a friend. At night, unable to sleep, he wandered his neighborhood for hours, he said, amusing himself by tossing rocks at dogs.

He had left a note at his house that said, ". . . so I killed a little and killed myself." His suicide letter went on to say how he felt rejected and told "everyone" of his plan. He told a television interviewer that one of the triggers was his girlfriend breaking up with him: "Goodbye—no more you." Ramsey was convicted and sentenced to 2 99-year terms.

Luke Woodham

On October 1, 1997, in Pearl, Mississippi, 16-year-old Luke Woodham stabbed his mother 7 times, slashed her arms more than 11 times as she tried to defend herself and beat her with a baseball bat until she died at 5:00 a.m. A few hours later, he loaded his mother's vehicle and then walked into Pearl High School, killed his ex-girlfriend and another girl and then wounded 7 others. The shootings at Pearl High School occurred at 8:10 a.m. as the school buses were arriving in this town of 22,000 people. He was subdued at gunpoint by the assistant principal.

The motives first identified were anger and jealousy at the breakup he had with a girlfriend 1 year prior. As for the killing of his mother, he claimed, "she always never loved me." The father had been absent since the Woodhams divorced in 1992. Upon further investigation, authorities discovered 6 other friends of Woodham who comprised "The Kroth," a name taken from satanic writings.

Woodham was described as bookish and awkward. He was an intelligent student with no previous discipline problems. He was teased for being a nerd. He said he felt like an outcast and alone. He told the teacher who took him into custody at gunpoint after the shooting, "the world has wronged me and I couldn't take it anymore". Previously, Woodham described how he beat his dog, then set it on fire and threw it in a pond.

Michael Carneal

On December 1, 1997, Michael Carneal, age 14, a freshman and B student at Heath High School in West Paducah, Kentucky, came to school on a Monday with a .22 caliber semiautomatic handgun and opened fire into a school prayer group. He fired 8 shots from his 11-bullet clip; he hit 8 targets (5 head shots). He had wanted to have 1 bullet left which, he had said a month before, would allow him then to kill himself. Three more loaded clips were in his possession, plus rifles and shotguns wrapped and taped in brown paper. The shootings left 3 dead and 5 wounded. Ultimately, the prayer group's leader was able to talk Carneal into dropping the gun, but not before Carneal begged this student to shoot him, a variant of suicide by cop.

Carneal was a member of the school band. He was into the skateboarding crowd and alternative music. He was small for his age and was teased. He would often wear t-shirts with slogans of defiance such "Authority Sucks" or "666." Carneal's family was one of the wealthier families in town and was respected. His father was a prominent attorney in town. They were active as parents in the school, especially band supporters.

Despite the surface of normality, Carneal was not a happy child. He had been entertaining thoughts of suicide since the seventh grade, 2 years earlier. He was paranoid and wrote school essays about feeling weak and picked on. In the spring of 1997, while in the eighth grade, the school newspaper published an item in its "Rumors" section that said he and a male friend "have feelings for each other," which resulted in teasing and accusations that he was homosexual. He talked of being angry and had warned another boy and a girl, not to attend the prayer meeting that Monday because "something big was going to happen". He later told authorities that his act was influenced by a dream sequence in the movie *Basketball Diaries* in which Leonardo DiCaprio's character walks into school with a shotgun and guns down a teacher and several students. Carneal had some, but not much experience, with real guns, having more experience with simulated guns in video games such as *Doom* and *Quake.* The principal described him as a physically small and emotionally immature person who had been a good student with no serious discipline problems.

Mitchell Johnson and Andrew Golden

On March 24, 1998, in Jonesboro, Arkansas, a town with a population of 41,500, Mitchell Johnson, 13 and Andrew Golden, 11, having stolen a small arsenal primarily from Golden's grandfather, packed the guns into a van and drove to Westside Middle School in head-to-toe camouflage fatigues. They had skipped school and around 12:30 that afternoon Golden pulled a fire alarm, forcing the students into the schoolyard, where he and Johnson opened fire from the woods about 100 yards away. With 3 rifles and 7 pistols the boys were able to get off 27 shots (15 hits). When the shooting was done, 9 students were wounded along with a teacher and 4 girls were dead as well as one teacher. The boys ran, but a witness had seen where the boys had laid in ambush and informed the police, who easily subdued them before they got back to their waiting van.

The day before the killings Mitchell Johnson had stated to classmates, "Tomorrow you're all are going to find out if you live or die," and left saying "Got a lot a killing to do". A friend of his former girlfriend, Candace, said that Mitchell previously had threatened to shoot Candace "because she had broken up with him," and said, "he was going to shoot Candace and then kill everybody else in the building".

Mitchell was described as pudgy and was teased about his physical appearance. Johnson's father said he rented video games like *Mortal Kombat*. Mitchell's mother had said that she taught her son how to shoot a shotgun and that he had taken a 3-week course. Mitchell Johnson was also a big fan of gangster rap songs; his favorite artists were Bone Thugs-N-Harmony and Tupac Shakur.

When Andrew Golden was captured, he had 3 loaded 30-shot clips in his pocket. The rifles in their possession were replicas of an M-1 carbine and a Remington .30-06 hunting rifle. Andrew Golden had a history of interest in militia and shooting. His father taught him marksmanship. He had a long-time exposure to guns. He was given a gun by Santa Claus at the age of 6 and was an expert sharpshooter in the Practical Pistols Shooters Club a few years later. His parents, both of them postmasters, had been married for years. He had no history of discipline problems, though he was considered a troublemaker because he made fun of others, but he often was teased as well. The days before the shootings Golden also warned others of the impending attack.

Andrew Wurst

On April 24, 1998, on a Friday night at a Year 8 graduation dance in Edinboro, Pennsylvania (population of 5,000) andrew Wurst, age 14, turned up at the dinner party for pupils graduating from Parker Middle School and fired off four rounds, killing teacher/chaperone John Gillette before going inside the party hall in search of more victims. He was carrying a .25 caliber handgun and a small amount of marijuana. The incident ended when the banquet hall owner, armed with a shotgun, was able to convince Wurst to drop his gun and give up peacefully. Wurst kept repeating "It doesn't matter anymore. He's already dead". When taken into custody and placed in the back of a patrol car, he was smiling.

Wurst had spoken about killing people and then committing suicide about 1 month before, but it was considered a joke; he had said, "I'm going to go to the dinner dance and kill some people." He was described as an unpopular boy with a difficult home life. In trouble with his parents for poor school grades, he frequently was taunted and nicknamed "Satan" by one of his friends. He was a fan of Marilyn Manson music. In a written report to the judge, a psychiatrist said Wurst considered Adolf Hitler to be an idol. Wurst used his father's handgun to shoot Gillette in the back and head. He told a defense psychiatrist that he was embarrassed earlier that evening when Gillette gave him a door prize at the dance.

Kip Kinkel

On May 21, 1998, in Springfield, Oregon (population 40,000), Kip Kinkel entered his high school (1,450 students). He went to the cafeteria where students usually congregated before classes in the morning. He had been suspended the previous day for possession of a .32 caliber gun in his locker, which he had purchased that day in school from another student. Dressed in a khaki trench coat and standing atop a cafeteria table, Kinkel produced a rifle from under his coat, which he swung from his hips while firing into the crowd of students. Three classmates eventually tackled Kinkel and knocked him to the ground where he said, "Just shoot me. Shoot me now," a variation of suicide by cop. Unfortunately, 3 students already were dead and 23 were wounded. The atrocity does not end here—at Kinkel's house were the dead bodies of his parents, with booby traps rigged to sophisticated explosive devices.

Several students had heard Kinkel boast on the school bus that day that he was going to "do something stupid someday." He also was described as a mean kid who bragged about torturing animals. One of his friends said, "He'd always talk about torturing animals; bombs and guns. He was odd, just really odd. But he was more of a talker." "He liked to play with bombs, was always building little bombs and he even said that he blew up a cow," said a 15-year-old friend. He had radically changed his circle of friends. He had experimented with alcohol, smoking and drugs. He claimed to have killed small animals for enjoyment.

Kip Kinkel's only criminal record prior to his arrest the day before on charges of trying to purchase a stolen gun at the high school was for throwing rocks off an overpass during a ski trip to Bend, Oregon, in January 1997. Voted in middle school twice as most likely to start World War Three, Kinkel once gave a speech in class on how to build a bomb. In class journals, many of his stories expressed murderous fantasies. On the Internet, Kinkel listed his hobbies as "role-playing games, heavy metal music, violent cartoons/TV, sugared cereal, throwing rocks at cars and DC Comics." In the seventh grade, he started getting into a "skater look." Where he had always loved polo shirts, he started wearing punk rock tee-shirts. His musical tastes were purely alternative. A CD by Nine Inch Nails was found in his bedroom, but his favorite CD was *Never Mind* by Nirvana. He expressed his admiration for Kurt Cobain, Nirvana's lead singer, who died by suicide.

He was a youngster who did not enjoy school, although he was considered bright. He was disinterested. He had been diagnosed at the age of 11 with attention deficit hyperactivity disorder and a learning disability. His parents had him on Ritalin for a time and later, when he was diagnosed with depression, Prozac. He was small for his age. His parents had long been concerned about his temper. When he was younger, he was home-schooled briefly and was seen by a psychiatrist. He had an obsession with guns that worried his parents. Kinkel's father, after some argument, had given in and bought his son two guns (unfortunately a .22 caliber semiautomatic rifle and a semiautomatic handgun). When Kinkel began using them without permission the guns were taken away, which infuriated him. Days before the shooting, he was grounded for toilet-papering a house. Once, when

Kinkel was asked why he was so obsessed with guns, he stated, "when I snap I want to have all the firepower I can so I can kill as many people as I can."

While in his detention cell at the police department after being arrested, Kinkel brandished a knife he had taped to his calf that had eluded the initial pat-down and lunged at an officer. The officer was able to avoid injury and to subdue Kinkel with pepper spray. He was considered suicidal by the detention staff after his incarceration and he said that he had hoped to be killed by the police.

Eric Harris and Dylan Klebold

On April 20, 1999, at Columbine High School (1,900 students) in Littleton, Colorado (population 35,000), 2 students dressed in black trench coats entered the school at 11:21 a.m. with 2 sawed-off shotguns, a semiautomatic rifle, a semiautomatic handgun and 67 homemade bombs. They timed their entry to the school to coincide with the detonation of a diversionary bomb on a timer they had placed 2 miles from the school. It failed to explode as planned, only starting a fire and consequently did not draw the planned police response. Before killing themselves, they killed 8 male students, 1 male teacher and 4 females.

Eric Harris, 18 and Dylan Klebold, 17, were the youngest sons of two-son, intact suburban families. They were considered "computer geeks". They were both very bright and school work came easily. They were described as members of a group called the Trench Coat Mafia (TCM) that ascribed to Neo-Nazi beliefs and were considered Goths (gothic). Eric was described as "dark and weird," prone to rantings about weapons, violence and Nazi Germany. He wanted to get into the military, but was rejected 5 days before the incident and was filled with rage at the smallest slight. For a year, he had been taking an antidepressant medication, Luvox. He was pushed against lockers by school athletes and called names like "fag" and "pussy". He threw himself into violent video games, becoming an expert at the games *DOOM* and *Duke Nuke Em*. Their musical interests were the groups KMFDM and Rammstein, which feature music with brooding and violent lyrics that Eric often copied and sent out to friends through the Internet. He was knowledgeable about computers and had his own Web site where he wrote, in part:

> I will rig up explosives all over a town and detonate each one of them at will after I mow down a whole fucking area full of you snotty asshole rich mother fucking high strung godlike attitude having worthless piece of shit whores. . . . I don't care if I live or die in the shootout. All I want to do is kill and injure as many of you pricks as I can, especially a few people, like Brooks Brown. . . . You all better fucking hide in your houses because im comin' for EVERYONE soon and I WILL be armed to the fucking teeth and I WILL shoot to kill and I WILL fucking KILL EVERYTHING!

Dylan, 17, was quiet and considered sweet. He loved baseball and was close to his parents. Still, Klebold flirted with pyrotechnic pranks and, with Harris, got caught breaking into a van on

January 30, 1998. He was heard to punctuate successes in bowling class with a sharp, "Heil Hitler!" that was particularly disturbing in light of his mother's Jewish roots. He gravitated to the fringe of the Trench Coat Mafia, earned the nickname "VoDkA" after he guzzled an entire bottle and wrote disturbingly violent essays. Tall and gawky at 6'3", Klebold towered over the 5'8" Harris. In the end, after they had slaughtered 12 of their classmates and 1 teacher, the 2 died together. Their bodies were found lying side by side. Dylan had put the shotgun in his mouth. Eric had placed the long gun to his head.

According to Eric's journal, they meticulously planned the incident for a year. In the fall of 1998, Klebold and Harris made a video for a class project--a video in which they dress in trench coats, carry guns and blow away jocks. Both were seniors. Most of the deaths occurred where students were gathered, primarily in the school library and cafeteria. They had detailed plans of the school layout and may have rehearsed the incident by modifying one of their video games (*DOOM II*). When the Marines turned down Harris on April 15, it was because of his antidepressants. A day before, Brandi Tinklenberg had turned down his invitation to the prom. Five days later, he and Klebold started shooting.

Thomas "T. J." Solomon, Jr.

On May 20, 1999, at Heritage High School (1,303 students) in Conyers, Georgia (population 8,560), at 7:55 a.m., 15-year-old sophomore T. J. Solomon, Jr. opened fire on students in the quad, wounding six. He shot 14 times, 11 with a .22 caliber rifle and 3 with a .357 Magnum revolver. No one was killed when this suicidal high school student, upset over breaking up with his girlfriend of 2 years 2 days before, turned his anger on his schoolmates. When he finished shooting, the former Boy Scout—described by students as quietly rebellious—dropped his rifle and backed his way outside. He pulled out a handgun and put it in his mouth. Over the next 10 minutes, a few teachers repeatedly asked him to put down the gun and step away from it. The youth did not say a word as if in a daze and kept the gun in his mouth. The assistant principal walked up to him and said, "Let me have the gun," and Solomon handed over the revolver to the assistant principal who put his arm around him. Solomon started crying and saying, "Oh my God, I'm so scared. " He was in police custody at 8:12 a.m.

Even in the cautious wake of Columbine, some signs of trouble were seen and apparently ignored at Heritage. The day before the shootings, a friend heard Solomon tell of his failed romance, saying he wanted to take his own life. He had spoken of bringing a gun to school. A friend of the gunman's girlfriend, said, "People have been saying he's been wanting to do this all year long." A friend of Solomon's family said the boy had been under medical treatment for depression and was taking Ritalin, which is often prescribed for hyperactivity or attention deficit disorder (ADD). The friend, who asked not to be identified, said Solomon was a trained marksman who often went hunting with his stepfather. A law enforcement official said investigators searching the boy's house had found a printout from a Web site describing how to make bombs. The official noted that such

material was easy to find on the Internet and said there was no evidence that Solomon had actually tried to make a bomb.

Solomon had no history of violence, but had been treated for depression over the last year as his grades had fallen. The parents got along well with their son, a friend said, arguing occasionally over his cigarette habit. He often went hunting, had enrolled in several rifle classes where he excelled, bringing home several trophy deer. Before the shooting, Solomon's grades and his relationship with his parents were suffering and he had told several fellow students he carried a handgun. Police said he rode on the school bus with the .22-caliber rifle taped to his leg inside of his pants and the .357 stuffed in a book bag. He had sawed off much of the wooden stock of the .22 to make it fit.

The Heritage High School shooting suspect was quiet, friends said, unless he was talking about guns. He spent his time playing a *Mortal Kombat* video game or shooting arrows into a target in his backyard. Solomon's friends said he had ready access to a large collection of guns kept by his stepfather in their $275,000, 3000-square foot, 4-bedroom house on a plot of more than an acre in a manicured, upper-middle-class neighborhood not far from the school.

COMMON CHARACTERISTICS OF THE SCHOOL SHOOTINGS

- Age: 11-18
- Sex: Male
- Race: Caucasian
- IQ: Above average
- Social behavior: isolative, introverted, loner, few friends; or member of disenfranchised, fringe social group
- Motive: to punish or defeat someone who had threatened his fragile view of himself because of having been bullied, taunted, ridiculed, rejected, or shamed
- Precursor: expressed threats of violence; said or wrote remarks reflecting frustration, anger about being ridiculed, or thoughts of suicide and killing
- Personality: "nerd," "strange," "weird" sense of humor, depressed, quiet (but brooding and simmering); possessing a strong desire to regard himself as a superior human being, unrealistic optimism and arrogance and beliefs that are rejected constantly by others; tends to react with rage when others' expressed views do not coincide with his lofty views of himself
- Special interests: excessive interest in and facility with guns, bombs and incendiary devices; prefers violent pop culture such as TV shows, movies, web sites and music expressing violent themes
- History: cruelty to animals
- Criminal history: none (usually)
- Family: 55% intact; 45% divorced

- Triggering event: romantic rejection, had enough ridicule, fear, anger about poor grades, symbolic anniversary or date
- Location: rural or suburban school, or school function
- School affiliation: student
- Predictability: high (all are announced, some being "broadcast")
- Weapon: semiautomatic handgun(s) and rifle(s) with extra magazines (small caliber) and spare rounds (bombs in Littleton)
- Location: where students gather
- Spontaneous or planned: planned
- Planned end: suicide (many suicide by cop or victim-precipitated homicide)
- Victims: targeted (usually); most commonly females (Littleton was exception)

DISCUSSION

Overall, school violence diminished in the 1990s, yet school shootings with multiple victims increased. Law enforcement, parents, school officials and students must learn to become aware of the danger signs that may signal an impending school mass murder. The most salient flag is the pre-incident warning that always has preceded past school shootings. This gives law enforcement its first opportunity to avert these shootings. If there is a school-based police officer (SPO) or school resource officer (SRO), such officers can be alert to threats relayed from students and then coordinate a threat analysis with prearranged threat assessors to gauge the level of the threat and assist in an appropriate intervention that would incapacitate the potential shooter. If incapacitation is necessary, it can be a voluntary or involuntary psychiatric hospitalization, other mental health interventions, or an arrest. To do so, however, schools should have a developed protocol for such situations that involve collaboration between law enforcement, schools, mental health resources and students. To ensure the reporting of any threat, SPO/SROs must maintain a credible presence in school and proactively participate in developing a safe-school program that includes the reporting of any written or verbal threat by any student to someone in a position to intervene. Whether the first to hear of the threat or not, the SPO/SRO must be advised immediately of the matter to effect the predetermined protocol for initiating the risk assessment and, if necessary, the incapacitation and intervention.

CONCLUSION

If the shooting is not averted and a shooting incident commences, law enforcement, especially first-responding units, must be aware if these subjects are alive when the officers arrive on scene. There is a significant risk that the shooter is likely to engage the officer with deadly force, both to attempt to kill the officer and to become the intended victim of police deadly force. Law enforcement should develop a tactical plan for such scenarios reducing the likelihood of these fatal confrontations, unless the encounter is necessary and unavoidable to protect other students, teachers, other staff and police from a continuing deadly threat by the student suspect. Special weapons and

tactics teams may need to rethink how to deploy for these in-progress homicides. Some of the newly-evolving crisis intervention tactics for dealing with a SBC scenario may apply, because these situations already have involved gunfire. SPO/SROs, because they are already on-site, perhaps could have a body bunker, long-barreled automatic weapons and other tactical gear in their assigned patrol cars to be ready for an immediate engagement, if necessary. Ultimately, the most effective intervention is to place law enforcement resources into prevention and early identification because the incidents to date might have been preventable had other students with information about the impending school incident come forward. Officers should be prepared for an exchange of gunfire with these homicidal/suicidal students.

SUICIDE BY COP

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APPENDICES

SURVEY OF
LAW ENFORCEMENT SUICIDE

Survey of Law Enforcement Suicide
by
Nancy Davis & Donald C. Sheehan

1. **Name of agency:** _____ **State:** _____ **Phone Number:** _____

   Type of agency: □ State □ Municipal □ County □ Federal □ Transit Authority

   □ Corrections □ College/University □ Tribal Police

2. **Please indicate the number of sworn officers in your agency:**

   □ 1-20 □ 21-50 □ 51-100 □ 101-200 □ 201-500 □ 501-1000 □ 1001-5000 □ 5001-10,000

   □ 10,001-20,000 □ 20,001-30,000 □ 30,001 - up

3. **Since 1/1/95, the number of suicides occurring in our department:** _____ □ None Since 1/1/95

   □ Our Department Has Never Had a Suicide

4. **Date of information:** _____ 5. **Gender:** □ Male □ Female 6. **Age at time of death:** _____

7. **Type of assignment: (check as many as apply)** □ Patrol □ Investigative □ Bomb Squad □ Emergency Response

   □ Narcotics/Vice □ Canine □ Task Force □ Homicide □ Sex Crimes □ Administrative □ Undercover □ Traffic

8. **Military veteran?** □ Yes □ No 9. **Years in law enforcement:** _____ 10. **Rank:** _____

11. **Marital status:** □ Single, Never Married □ Married □ Divorced, Not Remarried □ Divorced, Remarried

    □ Widowed, Not Remarried □ Widowed, Remarried □ Separated □ Living with Significant Other

12. **Number of children:** □ None □ One □ Two or More □ Stepchild(ren)

13. **Ethnicity (check as many that apply):** □ African American □ Hispanic □ American Indian/Alaskan Native

    □ Asian or Pacific Islander □ White, Not of Hispanic origin □ Other _____

(Use separate form for each suicide reported)

(Over)

14. **Highest level of education:** □ High School   □ Some College □ Associate's Degree □ Bachelor's Degree

     □ Some Graduate School   □ Graduate Degree

15. **Date of Suicide:** _____   16. **Suicide occurred:** □ On Duty □ Off Duty

17. **Method of Death:** □ Service Weapon   □ Firearm Other Than Service Weapon   □ Hanging   □ Pills □ Drowning

     □ Suffocation   □ Knife/Razor Blade   □ Gas   □ Ingested Poison/Pills   □ Jumping   □ Other_____

18. **Others at scene when suicide occurred:** □ None □ Spouse/Significant Other □ Parent □ Child(ren)

     □ Supervisor   □ Friend   □ Law enforcement officer   □ Other _____

19. **Others injured or killed:** □ None □ Spouse/Significant other   □ Parent □ Child(ren) □ Supervisor

     □ Friend □ Law Enforcement Officer   □ Other _____

20. **Was this a murder/suicide?**   □ Yes   □ No   21. **Was there a suicide note?** □ Yes   □ No

22. **If no one was present, who discovered the body?** _____

23. **Scene of death:** □ Residence   □ Police station/office   □ Police cruiser/Official car □ Other _____

24. **Many experts believe that alcohol is involved in a majority of law enforcement suicides. To determine if this is true, indicate autopsy results other than primary cause of death:** □ Alcohol (If yes, give level: _____)

     □ Cocaine □ Marijuana □ Heroin □ Other Drugs: _____ □ Undiagnosed Illness:_____

25. **Was there a history of:** □ Alcohol Abuse □ Drug Abuse □ Domestic Violence □ Psychiatric Hospitalizations

     □ Depression □ Post Traumatic Stress Disorder □ Head Injury □ Chronic Illness   □ Therapy □ Financial Problems

     □ Relationship problems (pending divorce, affairs, fights)

26. **Were there recent problems with internal affairs (or other disciplinary department)?** □ Yes   □ No

27. **Exposure to the following events tend to cause cumulative trauma in officers. Please check if these events apply:**

     □ Line-of-Duty Death or Injury of Fellow Officer(s)   □ Line-of-Duty Shooting (no one injured)   □ Citizen Suicide

     □ Line-of-Duty Shooting Where Suspect or Bystander Wounded or Killed □ Injured or Assaulted in Line-of-Duty Incident

     □ Exposure to Violence or Death of Child(ren) □ Fatality Accident Scenes   □ No Known Exposures

28. **Services available in your department:** □ Psychologist/Mental Health Worker □ Peer Support □ Chaplain

☐ Employee Assistance Counselor   ☐ Debriefings   ☐ Other _____

THEMATIC WEAVING: A BENEDICTION

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We gathered as attorneys, physicians, psychologists, psychiatrists, teachers, administrators, police, deputies, agents, parents and some of us, in fact many of us, victims. We traveled from Canada, Israel and many states throughout the United States to include: Oregon, Georgia, New York, New Jersey and California.

We gathered at Quantico, the home of the Marine's "*Semper Fi*," always faithful, at the training home of the FBI—a reservoir of fidelity, bravery, integrity. We sought new insights. We have those, as well as validation concerning a subject and a reality—the taboo of suicide: taking one's own life. Taking suicide from the noun through the verb, back to the noun again, attempting to understand a single action of a person's life and how to weave that one thread into the entire tapestry of that person's existence and life.

We gathered together to listen, to share, to discuss among ourselves, to present research and, at times, to statistically document a terrible "life event." We gathered and listened to descriptions of suicide by cop, of suicide of a cop, of suicide by a criminal, of suicide described by many of us as much more than those descriptions—some personal, very personal, issues.

Suicide as portrayed by the media; not like "LA Law," "Dirty Harry," "Kojak," "Mannix," "Nash Bridges," and "Hill Street Blues"; not even from our California brothers and sisters as in "Pacific Blues;" not "Homicide;" "Life" or is it "Death" on the streets? not "Law and Order," "Special Victims Unit," and not even "NYPD Blue".   Episodes that end in 60 minutes, with four commercial breaks and with most people commenting before they put their heads down on the pillow, "man, that was a moving episode . . . a well-written script".

Suicide, the death of one of our own, or one of our own's husband, wife, son, daughter, mom, dad, partner, friend, a co-worker or chiefs, officers, troopers, agents, deputies and city coppers. We have explored as the FBI, the Violent Criminal Apprehension Program (VICAP), the Employee Assistance Program (EAP), the Behavioral Science Unit and the Crisis Negotiations Unit. We worked as private citizens and public servants. We have investigated as doctors, lawyers, supervisors, researchers, clergy, cops, social workers, clinicians and even sociologists. Our department sizes range from three people to 33,000 members.

We have spoken of prevention, intervention, education and referral seeking, hopefully, to discover an interdisciplinary model reflecting the physical, emotional, psychological and, yes, the spiritual arenas and lives of people who are important to us. You and I, people close to us, may be that "person" one day.

We gathered in atriums, studios, forums, hallways, boardrooms and meal rooms; we gathered around tables, shared words, meals, ideas and griefs, discussed anxiety, depression, guilt and shame. We redacted helplessness and hopelessness, despondency and anomie; we viewed stress as cumulative and delayed, critical incidents and losses and early warning indicators of loss of control and coping.

We discussed living within the lines, "on the edge," barrier factors, statistics, percentages, formulas (even new math!), data, themes, styles, patterns, the media and other like predators. We even reviewed Humpty Dumpty and the great fall. All of this taken historically, considering the past, present and future. We looked at the past contributions of Durkheim, Maslow, Freud, Watson, Holmes and even Jesus of Nazareth and his loss of an employee to suicide. We heard from current researchers Bohl, Goldfarb, Brewster, Band, Honig, Herndon, Sheehan, Campbell, Violanti and Schmuckler.

Previous deaths, of all ages, speaking with words, spoken and implied, feelings spoken and revealed: personal, intense, painful and private. Aftermaths, details, funerals, follow-ups, color guards, honor guards, fragmented responses, issues of integrity, defusings, debriefings, psychological autopsies and humor - humor for many of us being that "Eighth Sacrament of sanity".

We looked at hangings, overdoses, self-inflicted gunshots, their personal weapons and their department weapons, while giving hints of our own pain, our own struggles, our own grief, our own losses, personal anguish, private and organizational pain. In all honesty, I sense that for many of us in the future, the continued search, frantic at times, when it comes close to home, unfortunately reactive, for the answer to the act, reduced to a simple formulary: why?

The answer may never be discovered, perhaps our search our quest, our journey, is better spent on asking proper questions. From the suffering of Job and the prophets in the Old Testament, writers struggling with the question of suffering and the greater question of evil, through the suffering and death, betrayal and as mentioned a suicide of a follower of this Jesus of Nazareth. Two thousand years later, we still are exploring those questions, using not reed and papyrus, but computers and the Internet. We explored issues of life and death, good and evil, presence and absence.

We gathered here in Quantico, always faithful, with a sense of fidelity and faithfulness to life and the quality of living; bravely talked about issues of violent and, many times, sudden death and hoped to blend and integrate.

What of spirituality? Integration means a blending of all the parts of the whole. That would be what? For you, that would have been what? It is said that the flame of life, the will to live, the survival instinct, is the center of our lives as human beings. Our negotiations with those who have lost track of that center, that flame, that smoldering ember, is centered on helping them discover again that center, that light, that hope.

Do we teach them to balance the ambivalent to learn and choose life? And the flame, the hope, the spiritual center, how do we teach the spiritual to those "in our charge?" How do we share with them our own flame, our own survival? How do we teach hope? How is the spiritual communicated? Is the so-called untouchable, touchable? communicated? taught? Is it by our concern, our care and our own verbal touch? More questions than answers. . . .

A big, tough Samurai warrior once went to see a little monk. "Monk," he said, in a voice accustomed to instant obedience, "teach me about heaven and hell!" The monk looked up at this mighty warrior and replied with utter disdain, "teach you about heaven and hell? I couldn't teach you about anything. You're dirty. You smell. Your blade is rusty. You're a disgrace, an embarrassment to the samurai class. Get out of my sight. I can't stand you".

The samurai was furious. He shook, got all red in the face, was speechless with rage. He pulled out his sword and raised it above him, preparing to slay the monk. "That's hell," said the monk softly.

The samurai was overwhelmed. The compassion and surrender of this little man who had offered his life to give this teaching to show him hell? He slowly put down his sword, filled with gratitude and sudden peace. "And that is heaven," said the monk softly.

What of those who have touched or, in some cases, scarred our lives, bashed our hopes, disturbed our own hearts and souls with their untimely, often unexplained and certainly tragic deaths? How do we integrate these deaths? Have we moved beyond guilt? Missing something that was said or done, questions not asked, medication not given or withheld, checks that could have been made? If God would give us the gift to see into the future!

More questions, more concerns, few answers except those that we call "working answers." Those insights, based in hope, allow us to live and work in a sometimes very tragic and sad profession known as law enforcement.

Something spiritual, something scriptural, from the Old Testament, a 23rd Psalm that has some interesting twists of its own. Perhaps the author of this prayer, this piece of literature, gives us some insight into our own worlds, into our lives with others.

In the beginning stanzas of this Psalm, the author speaks in the third person - "The Lord He is my shepherd, there is nothing that I shall want. He makes me lie down in green pastures; He leads me beside quiet waters. He restores my soul; He guides me in right paths for His name's sake," and then, in the description of one of my favorite cop friends, there comes the crap storm; call it what you may. The shooting, the death, the loss, the depression and the suicide. Suddenly the pronoun changes.

The author of the Psalm calls this experience, "walking through the dark valley:" "Even though I walk through the valley of the shadow of death, I fear no evil, for You are with me; Your rod and Your staff that give me courage; You prepare a table for me in the sight of my foes; You anoint my head with oil, my cup overflows. Surely goodness and kindness follow me all the days of my life. And I will dwell in the house of the Lord forever."

Is that center of our lives another, greater power, a god? A personal relationship is revealed, with a personal God who is called "You," in contrast to "Him" or "It." What has happened to the lives that were taken in suicide? Does a shepherd lead them home? A life was taken. Where was

it taken? More questions! May I suggest to you that our search may well be like the shepherd, leading but also following someone or something in our lives; fanning the flame of hope, be that personal or ideological.

Let us not be casualties as wounded healers; let us learn from one another to let go, to forgive others and ourselves, let us continue to empower one another, challenge one another and be for one another. If we have experienced heaven and hell as did the samurai and have difficulty choosing where we would rather live, look within, seek the center, seek hope.

As the Zen master said it so well; "When the mind is ready, the teacher will appear".