

# **POLICE SUICIDE**



# POLICE SUICIDE

## Tactics for Prevention

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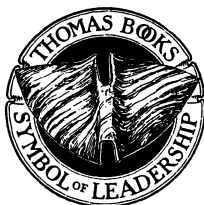
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Management, Dealing with a Critical Incident for Line Staff, Orientation Program for Law Enforcement Spouses, Introduction to Employee Support Services, Smoking Cessation, Coping With Change, etc. She was responsible for the Peer Support Three Day Training Course and the four Quarterly Update trainings conducted each year on a variety of topics such as Anger Management, Parent/Child Problems, Supervisor/Subordinate Problems, Recovering from an Affair, and Relationship Problems. Training requirements involved direct training, as well as securing outside instructors on specialty topics. She is also responsible for training the Officer Involved Shooter Team and for the Critical Incident Stress Management Team. Dr. White has numerous publications and presentations in the area of police psychology.



*This book is dedicated to the police officers, firefighters, rescue workers, and emergency personnel, who, without regard for their own safety, faced the brutal terrorist attack on New York City and Washington, DC, on September 11, 2001.*



## FOREWORD

The mysteries of our minds continue to be hidden in dark and elusive theories, postulates, axioms, and philosophies. None of these, however, serves all purposes. Scientists and psychologists have forever wondered how one person's mind can create a philosopher whereas another mind creates a concert pianist. Why does one person become a criminal and another invests his or her life in the enforcement of laws? Why would one individual never consider taking the life of another, yet the same person would consider taking their own life? Obviously, there remains a dark side of the mind. A side that evades the light of understanding.

I have had the pleasure of knowing the editors of this book for years, both personally and professionally. During that time, it has continuously been the focus in their farseeing eyes to explore, and hopefully shed light on, the issues surrounding police suicides.

Scientists have long said that income, occupation, and education are the most important predictors of people's health and how long they will live. But they have no way of telling which one has had the greatest impact or whether any may be the cause of one's decision to end life. It is my opinion that education leads the field as the emerging and most critical predictor of longevity and health. It is what we do not know that can hurt us. This should come as good news to those of us who are trying to ward off the potential onslaught of suicides. The news is grim for those who choose not to look to education as a solution. They will find themselves on the wrong side of the gap that exists between myth and reality.

If any other portion of the American population had a pronounced increase in their mortality rate because of suicide, it would be considered unacceptable, and millions of dollars would be designated for research. Not so for the lonely police officer on the beat. It is not considered a national disaster by most. It is, however, for those of us who have dedicated our lives to serve and protect others.

The range of information in this book is broad and offers strategies and tactics that may help to prevent suicides. The book contains far more than that which would usually come to mind concerning the subject of self-destructive behavior. The focus of the book concerns diverse and very important areas such as the police culture, the supervisor's role in intervention, departmental denial of the problem, getting officers to seek help, family issues, and survivor issues. All are intended to get the reader closer to being able to identify officers who may be in harms way, offer solutions to those who seek help, and hopefully prevent police suicides. This book is interesting, useful, and understandable.

No other time in police history has offered such promise. Only recently has the identification of police stress and the subsequent counterproductive behaviors been exposed and accepted within the culture. However, there are still pockets of departmental and administrative resistance. We have learned that the police occupation is different from all others and that it is all right to be different. It is the hope that information in this book will prevent future suicides and even reverse the thinking that leads to such life-ending decisions.

This new understanding may also provide a potential remedy for some of law enforcement's greatest ills—alcohol abuse, family abuse, and the subsequent consequences. I believe that this book will be interesting and useful to those who would read it with the intention of understanding this dilemma faced by law enforcement and a continued desire to search for possible solutions.

Read this book. Early education is required if we are to stem the tide of suicides in law enforcement. This book is a “must read” for law enforcement officers, probation and parole officers, supervisors, mental health professionals, educators,



criminal justice students, and professors. Virtually every one of us must get involved, so that our society can continue to be protected by the dedicated law enforcement officers that walk our streets. This book is complete and well researched. It is a cooperative effort, not a competitive one; a journey of discovery and hope.

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## PREFACE

**S**uicide within the ranks of law enforcement is not a new problem. It is expected by the public that law enforcement officers deal with death, misery, and the very worst of the human condition. As law enforcement administrators, we attempt to provide our personnel with the very best physical tools possible. The best radios, weapons, vehicles, and bullet-resistant vests; however, we haven't done an adequate job of offering the training and awareness that can "bullet proof" the mind. It is no secret that depression, substance abuse, domestic abuse, and suicide can be the silent partners of law enforcement.

This book was written by several skilled and caring professionals. It is hoped that the information contained within can give law enforcement officers, administrators, and mental health professionals additional information and skills in dealing with law enforcement officers in crisis. The experts agree that 80 percent–90 percent of those individuals completing suicide often communicate their suicidal intent to someone. To the untrained, these usually subtle communications are often ignored. On the flip side, a successful intervention, applied by those trained in suicide prevention/intervention skills, has been proven to save lives. Law enforcement peers, supervisors, and administrators are in an ideal position to monitor the psychological wellness of their department members. The key words here are training and awareness. Training and awareness equal the confidence to recognize the suicidal danger signs and ask the right questions, at the right time. In simple terms, ask a question, save a life.

I firmly believe we are in the midst of a positive culture change regarding psychological wellness in law enforcement. In most progressive and professional law enforcement agencies, it is no longer

considered a sign of weakness to seek psychological counseling. There are still pockets of resistance to this issue, but in general we are getting better. Law enforcement officers who avail themselves of psychological assistance are approaching the issue from a position of strength, not weakness.

I would like to personally thank my partner in this endeavor, Dr. John Violanti. There is no one who has contributed more to the study and research of police suicide than John Violanti. John's ongoing research, his willingness to share his findings, and his true compassion for law enforcement officers have made a positive difference in the manner in which we are dealing with the extremely complex issues of law enforcement suicide.

Lt. (Ret.) Dell P. Hackett  
28-Year Police Veteran

## **AUTHOR'S NOTE**

Dell P. Hackett and I compiled this book to bring together some of the knowledge of experts in the field of suicide and suicide prevention. Our goal was to make this knowledge accessible to those who work in policing, as well as academicians. We hope that this information will be just one of many resources to lead toward effective prevention of the tragedy of police suicide.

J.M.V.



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# **POLICE SUICIDE**

## Chapter 1

# POLICE SUICIDE: TACTICS FOR PREVENTION

JOHN M. VIOLANTI

**T**here has been increased interest in prevention of suicide among police officers. Such interest is a result of new evidence that the police have a greater risk of suicide than other professions and the general population.

We are, however, faced with many challenges in prevention efforts. One challenge is that we do not yet know the scope of the problem. Police suicide may actually be much higher than we presently estimate. Second is the consuming denial by police departments that suicide is a problem. Suicide prevention is often not included in training programs, and no one wants to admit that suicide may exist in high proportions within their own profession. Third is our lack of sufficient information as to why police suicide occurs. We have some information on this, but much more in-depth research is needed to help clarify issues of stress, posttraumatic stress disorder, alcohol use, depression, and relationship problems among police.

This book first gives a brief overview of possible strategies and tactics that may help to prevent police suicide. In Chapter 2, Hackett first discusses the important role of the police supervisors in suicide prevention, commenting that supervisors are in an excellent position to monitor and help subordinates get help. Also discussed are peer support programs as sources of support and as “safe places” for officers to help resolve their problems. Last, Hackett briefly overviews a suicide prevention program that involves supervisory

training, suicide awareness, and methods of communicating with possible suicidal officers.

In Chapter 3, Clark and White discuss the important and often complex relationship between mental health clinicians, police officers, and getting help. Clark and White explore the reason for mistrust of the mental health system by officers. Last, they explore in detail issues as to why it is so difficult for law enforcement officers to seek help and what family, partners, supervisors, and friends can do to help.

Quinnet and Watson discuss their method of “QPR” (question-persuade-refer) for suicide prevention and its application to law enforcement in Chapter 4. QPR has particular application to law enforcement environments, both within a department and through employee assistance programs (EAPs). The nature of close-knit associations and the necessity of teamwork make the training of officers in QPR a necessity. It is often co-workers on the force who may be in the most likely position to see warning signs of risk that could lead to a life-saving intervention. Similarly, spouses and family members may pick up on different clues. More opportunities for early intervention exist when members of a socially integrated organization (including families) are trained to recognize a potential suicide crisis in progress and are trained in what steps to take to interrupt the suicidal journey.

In Chapter 5, Diamond provides a psychiatrist’s viewpoint of suicide in policing. Central to Dr. Diamond’s idea is that depression plays a major part in police suicide and that many factors previously mentioned as precedents to suicide actually are precedents to depression. He encourages police managers and departments to become familiar with depression, because it affects such a high percentage of officers, especially when this depression is associated with a significant risk for suicide. The symptoms of clinical depression include a decrease in energy or increased fatigue and a loss of the ability to partake in enjoyable activities. A good manager will recognize these symptoms, they are the telltale clues that an officer has depression. A feeling of sadness, worry, and desperation tend to dominate one’s thoughts. Officers with clinical depression must expend excess amounts of energy during work hours just to fight off these debilitating symptoms of depression and maintain a relatively competent level of functioning. Officers who have worked in partic-

ularly stressful environments or who have encountered significant traumatic situations on the job will experience an even greater impact.

Violanti discusses the impact of police culture on suicide in Chapter 6. Entry into law enforcement involves a process of abrupt change from citizen to police officer. The rookie officer's adaptation of a new work role occurs interactively at individual and social levels. The process of change from civilian to police officer is very strong in basic police training and continues to dominate officer's lives throughout their career. Thus, as a consequence, officers may deal with most life situations, good or bad, from the standpoint of their police role. This raises the question of the impact of the police role on life relationships that may precipitate psychological stress—personal, police peer, and societal relationships. Violanti discusses the process of police cultural influence on the mental health and life circumstances of police officers that may increase the potential for suicide.

In Chapter 7, Greene provides a psychiatric orientation on police officers who cannot trust others to help them. She emphasizes how trust may have an impact on the officer's decision to seek help for difficult life and work problems. Others may notice the non-trusting officer pulling away in interpersonal interactions and begin to question the officers actions. They express their concern and may ask him repeatedly what is wrong. The more they want to help, the less trusting the officer becomes. A vicious circle begins. The harder his loved ones and colleagues knock at the door and ask to be let in, the more nails the officer puts in the door. The officer gradually builds a silent barrier between himself and the ones concerned about him and his lack of trust. The people trying to help the officer describe him as interpersonal; the shield has "gone up." In many cases, it is impenetrable, even by mental health professionals.

In Chapter 8, Loo outlines tactics for dealing with suicide after it occurs in a police agency. His discussion centers on "postvention" and procedures that will deal with present and possible future suicides. Postvention is seen as a natural extension to the established suicide prevention field, partly because there will always be some base level of suicide, even when highly effective suicide prevention programs exist, and partly because the survivors of a suicide can be viewed as victims of posttraumatic stress and, therefore, in need of

assistance in dealing with their grief reaction.

Chapter 9 concerns the needs of police suicide survivors, especially the officers' family. Theresa Tate, founder of Survivors of Law Enforcement Suicide (SOLES), discusses how the police agency can better help survivors of suicide. The actions and reactions of the police chief down to the patrol officer will forever be remembered by a survivor. The trauma that survivors experience may vary from visual effects, to improper notification, to department speculation, to lack of compassion toward survivors. The survivor, as well as the police department, will embark on a painful journey for years to come.

The increased risk of police suicide is not a myth or insignificant problem, it is an indication of the intolerable strain placed on the police officer's work and life roles. Dell Hackett and I hope that this book will add to previous writings and provide clearer direction for dealing with suicide in the ranks of policing. Certainly, this edition does not finish the task. It may only serve as a first-step guide to mental health clinicians, police supervisors, friends, and family to stop the tragic death of loved ones and our national heroes.