

# **POLICE SUICIDE**

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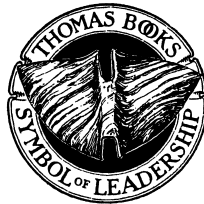
Second Edition

# POLICE SUICIDE

Epidemic in Blue

*By*

JOHN M. VIOLANTI, PH.D.



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*To Trooper Marty Krebs*

*A friend, patrol partner, and always a gentleman.*

*Rest in Peace.*



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**Teresa T. Tate (Police suicide survivors and cases)** – Ms. Tate became a survivor of suicide in 1989, and is an advocate for survivors of law enforce-

ment suicide. In 1995, she established a national network called Survivors of Law Enforcement Suicide (SOLES) and offers assistance to law enforcement agencies when a police officer suicide has occurred. She is also credited for the development and implementation of the Survivor of Suicide support group in Lee County, Florida. She is a member of Florida's State Task Force on Suicide Prevention as well as a board member of the Florida Suicide Prevention Coalition (FSPC).

While employed with the Bureau of Alcohol, Tobacco and Firearms (ATF), Ms. Tate was a member of ATF's peer support team and attended several critical incident/peer support training seminars. Over the years, Ms. Tate has been requested to assist law enforcement families from various agencies affected by suicide.

Ms. Tate has written articles on law enforcement suicide for various magazines, newsletters and was a contributing writer to the book, *Police Suicide: Tactics for Prevention*. Ms. Tate has been a guest on several radio talk shows, including "America Under Siege" which is sponsored by the National Law Enforcement Officers Memorial. In February 1997, Ms. Tate was the first survivor to speak at a suicide awareness conference for police officers, which was sponsored by the Fraternal Order of Police. In November 1999, Ms. Tate was a speaker at the first National Survivors of Suicide Prevention Day teleconference, which was hosted by the American Foundation for Suicide Prevention and is continually invited to various chapters to speak.

Since 2001, Ms. Tate has partnered with several law enforcement organizations in developing and presenting a nationwide training program for police officers called *In Harm's Way*.



## FOREWORD

In this second edition of *Police Suicide: Epidemic in Blue*, John M. Violanti, Ph.D., a retired 23-year police veteran and now academic researcher, brings together “old and new” information on police suicide and he introduces some promising findings. In doing so, he clarifies some issues and provides a source of information for police officers, administrators, and academic researchers.

Police officers, we all know, are exposed daily to potential assaults and murder on the streets, yet there is another danger lurking within their own ranks: suicide. In thinking of epidemics, we think of diseases such as AIDS which ravage an entire society, but epidemics can also occur within specific groups of people. Police work is an occupation replete with psychological stress and trauma, danger, and availability of firearms. Under such conditions, an increased risk of suicide can be expected.

Indeed, police officers kill themselves more than they are killed by others. Major epidemiological studies have shown that the police suicide rate is over three times that of the general population, and rates appear to have increased over the past decade. Moreover, many police suicides are purposefully misclassified on death certificates as accidents or undetermined deaths. Suicide has an insurance dimension that could foreclose benefits for the family. Also, out of a desire to protect family members and also the department from the stigma of suicide, fellow officers at the scene of the suicide withhold information from medical examiners. Thus, the actual number of police suicides may be substantially higher than what is officially reported.

Police suicide 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. To dissuade suicide, police departments often view it as a disgraceful rather than heroic police death, and do not afford police families

the support after a suicide that they would ordinarily receive in the case of death of an officer.

Of the interaction of personality and environment, there is controversy as to whether personality or occupational elements most influence police suicide. Occupational influences include psychological stress, interpersonal and work relations, availability of firearms, alcohol use, and retirement. Personality advocates subscribe more to an individual vulnerability to these occupational factors.

Police officers are often found to be immature and have a need to sublimate conflicts with authority by becoming the authority (police officers are often characterized as “bullies”), and they are often macho (with need to prove their masculinity and adequacy). By and large, police officers walk a very narrow line between power and authority. There is an inverse relationship between authority and power – power is used when there is a failure of authority. In the words of one police officer complaining of “burnout,” “It seems like no one has any respect for the uniform anymore.” Another “stressed out” officer described police work as the “human garbage collectors for the city.” Another said, “We protect the rich from the poor.”

A spate of police suicides in France set off uncommon news coverage and embarrassed the government. A prominent Paris lawyer commented, “The cops are scorned by the public and badly treated by their superiors. No wonder they feel bad.” To a number of young people, “les flics” (as the police are known in France) are walking emblems of the state, who are fun to taunt, insult, and, when possible, bombard with bottles and stones. Some days, police say, they feel surrounded by hostility. They feel they get no support or understanding from their superiors. During the days of the Soviet Union, police suicide was a very infrequent event. The police had unchallenged authority.

In this lucidly written book of ten chapters, Doctor Violanti discusses the classical studies in suicide, the accuracy and validity of police suicide rates, probable precipitating factors associated with police suicide, the impact of retirement, the idea of “suicide by suspect,” the antecedents of murder-suicide, the plight of survivors of police suicide, and information and suggestions for police suicide prevention.

What about professional help for police? Approximately 80 percent of suicides have communicated their intent by speaking of their plans or of “when I won’t be around anymore.” Psychiatrists find a pattern of early suicide predictors among those individuals; they become overly

aggressive, they stay after work to drink with other police officers, and they use alcohol to treat sleep problems, they buy a better and more powerful pistol; they put their family in the background, in favor of their drinking buddies, they cause damage to people's property; they kill animals; and they withdraw, watching progressively more violent films.

Doctor Violanti discusses the relationship between suicide and the reluctance of police officers to seek professional help. Police officers tend not to be introspective, and they often internalize their frustrations and negative emotions. On psychological testing, an increased risk of suicide has been found in persons with high hostility scores. Police officers are expected to use as little force as possible, and to always be "pleasant" regardless of what others did or said to them. Even though their authority is challenged, they are expected to contain their rage.

Suggestions for police suicide prevention include intervention programs and suicide awareness training are made. Organizational support and confidential psychological services which officers feel they can trust are important in reducing suicide. Training in suicide awareness may also help officers to understand their own feelings and to cope with emotional adversities.

As Doctor Violanti points out, the first and most important step is to recognize the problem. Police suicide is a fact that cannot be ignored. Doctor Violanti's book is a first step in recognizing and dealing with the problem.

Ralph Slovenko, Editor,  
*American Behavioral Science and Law*



## PREFACE

*To die, – to sleep,  
No more; and by a sleep to say we end  
The heartache, and the thousand natural shocks  
That flesh is heir to, – 'tis a consummation  
Devoutly to be wish'd.*

William Shakespeare,  
*Hamlet* (III, i, 65–68)

Shakespeare depicts Hamlet's struggle to survive in a difficult world and still maintain moral integrity. In the quote above, Hamlet considers suicide, his mental anguish at its breaking point. Shakespeare's hero is not far removed from other modern day heroes; those men and women who keep law and order in society. Persons in law enforcement face numerous legal and moral dilemmas as they address the illnesses of society in their work: crime, inhumanity, antagonistic interactions, danger, terrorism, death, and trauma. These experiences pervade the lives of police officers within and beyond the boundaries of their work.

The first edition of *Police Suicide: Epidemic in Blue* represented an initial effort to synthesize information on police suicide. Despite new frontiers in suicide research, police suicide remains a difficult, persistent and controversial problem. This second edition is a renewed effort to update information on this tragic aspect of law enforcement. Many new ideas and controversies have evolved since the publication of the first edition.

In my view, the term "epidemic in blue" still applies regarding police suicide, despite inaccuracies and controversy surrounding suicide "rates." Epidemics refer to the occurrence of more cases of suicide than would be expected in a population. We would expect that the police suicide rates would be lower than they are, given that they are an employed, healthy and psychologically tested group. There is, however, a second meaning inherent in the use of this title. "Blue" denotes a synonym for

anxiety, depression and stress. It appears from recent work that the prevalence of depression, anxiety and such disorders a posttraumatic stress (PTSD) in police officers is on the rise.

I reiterate here what I stated in the first edition: This book was written to bring together current knowledge on police suicide and to introduce new findings. I sincerely hope that the updated information in this second edition will evoke even further interest in the topic and lead towards clarification and prevention of this tragic problem. I believe that the increased risk of police suicide is not a myth but an indication of the strain placed on police officer's work and life roles. I hope that this new edition will provide an additional resource to help prevent these deaths. I remain with the premise that one police suicide is one too many.

John M. Violanti

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# **POLICE SUICIDE**



# Chapter 1

## INTRODUCTION

I wrote this second edition to bring together some of the “old and new” information on police suicide and to introduce some promising findings. In doing so, I hoped to clarify some issues and provide a source of information for police officers, administrators, and academic researchers. The book is divided into ten chapters, each of which discusses an important issue in police suicide. Case studies are included in several of the chapters.

Chapter 2 is a review of classical studies in suicide which formed the basis for ideas about police suicide. The development of police suicide theory is scarce, and new ideas are needed. In an effort to expand police suicide theory, a recent idea based on social role constriction is presented. The basis of this theory involves constriction within the police role, leaving officers to forsake other important life roles and behavior associated with those roles. Such constriction limits the ability of officers to deal with adverse psychological and life problems in any other mode than the police role. Officers may be affected by role constriction in interactions with significant others, police peers, and society.

There are many unanswered questions regarding the accuracy and validity of police suicide rates. Chapter 3 discusses some of the issues involved with these questions. It appears that the volume of literature on police suicide has rendered it to closer scrutiny more so than other occupational groups. This may also be due to many studies that are methodologically flawed and incomplete. Improved accuracy in suicide research may certainly have an effect on future research as well as social and public health policies. This chapter will discuss some of the concepts and criticisms related to police suicide research.

Chapter 4 discusses probable precipitating factors associated with police suicide. Stress in policing, as it affects officers and their families, may be one major factor. A severe form of stress, traumatic stress, appears to also be prevalent in police work and possibly plays a part in suicide. Such events are termed “critical incidents” and may include shootings, witnessing death and mutilation, attending to disasters, and dealing with abused or maltreated children. Research evidence points to the availability of firearms as a relevant risk factor in suicide. Police officers attach a special symbolic meaning to their firearm which, to the potential suicide victim, can make it an attractive and certainly lethal method of final escape. Police officers also tend to have higher rates of alcohol use than many other professions, as evidenced by survey and mortality research. Alcohol has been identified as present in many police suicide cases. Lastly, retiring from police work is difficult for many officers. Most officers can find alternative ways to cope with situations other than suicide. Police officers as a group, however, tend not to cope well with psychological distress, and often turn to maladaptive coping strategies. Suicide is the ultimate maladaptive coping behavior.

Chapter 5 involves a discussion of the impact of police retirement. When police retire, they may feel insecure and alone as civilians. The profession is close-knit and during their careers, and officers are dependent on one another for support and safety. It follows that isolation from this supportive environment can be extremely difficult for some officers. This may be one reason why the suicide rate among retired police officers is high. Clinical cases of retired officers are presented.

Like other population suicides, police suicides are not always obvious or detectable. Chapter 6 discusses the idea of “suicide by suspect.” Although there is presently no empirical evidence, we posit a theoretical concept that police officers *who are suicide prone* have ample opportunity to commit suicide not only by their own hand but by other means which are indiscrete and undetectable to any sort of investigation of cause of death. The police are a quasi-military bureaucratically structured occupational group. Being in total control of all situations, whether work or personal is the persona established by the police culture. Under such cultural mandates, suicide may be considered a dishonorable or shameful way out of psychological or life difficulties. Suicide by suspect represents an opportunity for the suicide prone officer an honorable and culturally acceptable way; i.e., to die in the line of duty.

Murder-suicides appear to be on the increase in police families. Chapter 7 describes some of the possible antecedents of murder suicide. There are certain factors in policing that may increase the risk of murder-suicide including domestic violence, violence exposure, aggression release, the availability of lethal weaponry, and work related attributes of police officers. Domestic violence appears to be heavily implicated in police murder-suicide. The police culture encourages control, aggression, authoritarianism, domination, a strong sense of entitlement and other conduct that correlates with aggressive behavior at home.

The chapter also presents descriptions of actual police murder suicide cases. Patterns consistent in police murder suicides are discussed. Examples are characteristics of perpetrators and victims of police murder-suicide, including the nature of the relationship, location of the incident, alcohol or drug use, and interpersonal violence.

Chapter 8 discusses the plight of survivors of police suicide. Survivors of police suicide face considerable difficulties due to the violent nature of firearm suicide, guilt, and mourning rituals such as police funerals. The police work group has the potential to provide a supportive set of conditions, but appears to abandon the suicide survivor soon after the death of the officer. It is likely that suicide is viewed as an “unheroic” death in the police milieu, and survivors must deal with their own grief as well as negative reactions of police peers, the police organization, and the public. A recently completed study by this author found that police support can help to ameliorate psychological distress and trauma associated with an officer’s death. Teresa Tate, leader of the survivor group S.O.L.E.S. (Survivors of Law Enforcement Suicide) presents actual experiences of police survivors derived from her personal interviews with these survivors.

Chapter 9 contains information and suggestions for police suicide prevention. First addressed is the denial among police persons that suicide is a serious problem. Such denial may substantially impair efforts at prevention. Imperative in any prevention program are organizationally sponsored and confidential psychological services which officers feel they can trust. Training in suicide awareness may also help officers to understand their own feelings and to cope with emotional adversities. The chapter includes information on a New York City police (NYPD) suicide prevention program. A police suicide prevention model is presented which includes psychological assessment, tracking high-risk

officers, access to firearms, training, intervention, and research strategies. Suggestions for prevention from other prominent researchers in the field are outlined in this chapter as well. Examples are training police supervisors to recognize signs of suicide, and developing suicide postvention in police agencies.

In Chapter 10, we sum up some of the ideas and conclusions presented throughout the book. The multi-dimensional character of suicide causality makes it extremely difficult to focus on specific attributes of the police occupation which may exacerbate suicide at work. First and foremost is the violent nature of the work and accouterments associated with protection from that violence. Police work inherently involves violence and death. The human psyche of police officers must be continuously battered by the stress and trauma of this violence experience. While some say that stress and trauma in policing is not associated with suicide, I believe that we must consider them part of the equation. In all probability, multifaceted stress and trauma experienced over the length of a police career can take its psychological toll. Such exposure cannot be changed, but officers can be made aware of how to cope with it. If one believes that suicide is an ultimate coping response to intolerable conditions, then providing ideas for other ways to cope may help reduce suicide in the police workplace.