

# **UNDER THE BLUE SHADOW**

## ABOUT THE AUTHORS

**John M. Violanti, Ph.D.** is a research professor in the Department of Social and Preventive Medicine (SPM), School of Public Health and Health Professions at SUNY Buffalo, and a member of the State University of New York at Buffalo School of Medicine graduate faculty. He is a police veteran, serving with the New York State Police for 23 years as a trooper, The Bureau of Criminal Investigation (BCI), and later as a coordinator of the Psychological Assistance Program (EAP) for the State Police. He has been involved in the design, implementation, and analysis of numerous police-related stress and health studies over the past 20 years. Past projects include studies on police mortality, police stress and trauma, and suicide. His most recent work involves the collection of data on physiological stress and subclinical cardiovascular and metabolic consequences in police officers. Dr. Violanti has authored over 45 peer-reviewed articles and has written and edited nine books on topics of police stress, psychological trauma, and suicide. He has been an invited lecturer on police stress at the FBI Academy at Quantico, Virginia several times. He has lectured nationally and internationally at academic institutions and police agencies on matters of stress and trauma at work.

**Stephanie Samuels, MA, MSW, LCSW** is a psychotherapist who works exclusively with police officers in New Jersey, New York, and Pennsylvania. Ms. Samuels has lectured all over the country on PTSD and the fallout from departmental silence after officers are involved in critical incidents and undiagnosed PTSD. She was featured in “Cop Counselors” on A&E Investigative Reports with Bill Kurtis in July of 2001. She has been featured twice on COPNET, a nationally syndicated radio talk show, to discuss PTSD and the aftermath of 9/11 as well as the need for educating recruits. Ms. Samuels is currently working on Copley Inc., one of the first Nationwide Law Enforcement Officers’ Hotlines in the country. Ms. Samuels has created an Officers Assistance Program for officers to use for both critical incident debriefings and confidential counseling. She is the general partner of The Counseling and Critical Incident Debriefing Center, LLC, which specializes in debriefing and long-term counseling of first responders and their families. She has taught at the Monmouth County Police Academy for the past 10 years and has been a guest lecturer at The FBI Academy in Quantico. She has authored a chapter entitled “Police Trauma: Past Exposures and Present Consequences” in the book *Managing Traumatic Stress Risk: A Proactive Approach*. She received the President’s Award in Social Work in 1999 for the legislation that she wrote to get a statewide police hotline and critical incident debriefings for law enforcement officers. She received the “Honored Citizen Award” from the New Jersey Honor Legion for her contributions to the law enforcement community. Ms. Samuels is the author of the “Dear Steph” column for the New Jersey State Fraternal Order of Police Newspaper. Ms. Samuels got her Bachelors degree from UCLA, a Masters degree in Psychology from Antioch University, Los Angeles, and a Masters degree in Social Work from Rutgers University, New Brunswick.

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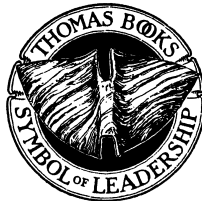
Clinical and Behavioral Perspectives  
on Police Suicide

*By*

JOHN M. VIOLANTI, PH.D.

*and*

STEPHANIE SAMUELS, MA, MSW, LCSW



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This volume is dedicated to those who have suffered unendurable psychological pain. To those who have come forth and those who have gone away. To those who could find no other way out. To those survivors who still suffer. May you all find peace.

John M. Violanti

To the brave men and woman in law enforcement who selflessly give of themselves every day and have asked little in return. Thank you for trusting me with your lives. May you know that you are never alone. To my husband, Michael, I believe you are truly named after Saint Michael, the patron saint of the police. Thank you for putting up with my long hours and at times short temper. You are and always have been my “everything.” To my two daughters, Nicole and Emily, thank you for your love, admiration, support, and understanding. May you be blessed and find what you love to do and be fortunate enough to make a career of it, and even more fortunate to have a wonderful family to share it with. To my dad, Jack, who taught me to follow my dreams, and never give up; thank you for supporting me. To my mom, Fran, who showed me the importance of being an independent woman. To my brother, Don, who gave me the foundation to work with men and the ability to hold my own. To Jackie, for getting me off of ledges and keeping me grounded for so many years . . . you are my role model.

Stephanie Samuels





## PREFACE

Police work involves the difficult task of preventing community dysfunction. Officers frequently deal with human misery, street-level combat situations, abused children, severe assaults, death, natural and human initiated disasters, and terrorism. Still, there remains a hidden danger to officers not visible on the street – that of psychological harm. This was part of the reason we titled this book “under the blue shadow.” The day-to-day exposure of police officers can lead to an accumulation of psychological anomalies and a depletion of effective ways to cope. Most officers adjust, but some turn to maladaptive coping such as alcohol abuse, relationship disruptions, and ultimately suicide. Recent studies suggest that police officers may kill themselves more often than they are killed by others. There is controversy about the accuracy of these police suicide “rates”; however, within the microcosm of police work – the individual officer – lies part of the answer to this tragic kind of death. In some respects, psychological survival in police work may be as difficult as street survival. Some officers described in this book have walked on the edge of suicide. Others have thought about suicide and have gone so far as to plan how to kill themselves. How and why they got to that point is exemplified by their work experiences.

The authors of this book have both had experience with policing. The cases described in this book are from the files of Stephanie Samuels who has counseled troubled officers for many years. Dr. John M. Violanti is a 23-year veteran of the New York State Police and has conducted research on police trauma and suicide for 20 years. We thought that putting together clinical cases and research in one volume would help to provide a well-rounded view of police officers “under the blue shadow.” It is our hope that this book will afford police officers, police

executives, counselors, and other mental health professionals a valuable resource for helping officers to survive this psychologically dangerous occupation.

John M. Violanti  
Stephanie Samuels

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# **UNDER THE BLUE SHADOW**



# Chapter 1

## INTRODUCTION

JOHN M. VIOLANTI

**T**his book concerns the psychological danger of police work and the potential consequence of suicide. Some officers described in this book have walked on the fringes of suicide. How and why they got to that point is exemplified by their work experiences. In this first chapter, we outline the goals of the book and a description of chapters.

Police work involves the difficult task of preventing dysfunction and preserving law and order within the community. Officers frequently deal with human misery, street combat, abused children, severe assaults, death, natural disasters, and terrorism. Still, there remains a hidden danger to officers not visible on the street – that of psychological harm. Some officers turn to maladaptive coping such as alcohol abuse, relationship disruptions, and ultimately suicide. Recent studies suggest that police officers kill themselves more often than they are killed by others. In some respects, psychological survival in police work may be as difficult as street survival.

The authors of this book have both had experience with policing. The clinical cases described in this book are from the files of Stephanie Samuels, a therapist who has counseled troubled officers for many years. It should be noted that the police officers described in these cases graciously and willingly gave their permission to let us tell their stories. Not an easy task for police officers who generally perceive of themselves as “problem solvers” and not people with problems. The names and places are not real for need to protect the confidentiality of the officers involved.

Stephanie Samuels has a passion for helping police officers get through difficult life problems. She has accomplished her tasks well. Dr.

Violanti is a retired New York State trooper and has conducted research on police trauma and suicide for 20 years. We thought it beneficial to put clinical case descriptions and research in one volume to provide a well-rounded view of police officers “under the blue shadow.”

In Chapter 2, Stephanie Samuels presents the viewpoint of a therapist who *chooses* to work with police officers. I use the word *chooses* because not all therapists have the ability to work with police officers as clients. It takes a special kind of person to “get into their psyche,” as Stephanie would say. In Chapter 3, we discuss several of the early models of suicide from which are derived present-day ideas about police suicide. In addition, we discuss many of the recent studies conducted on police suicide. A controversy exists today as to the rate of police suicide and further research in this area is desperately needed.

Chapter 4 presents a hypothetical model of the development of suicide potential in police officers, given their involvement in a culture that provides fertile ground for such potential. The model is based on work socialization processes which predispose officers to a specific police behavioral role as the principal strategy for dealing with life strains. The conception of police role posited here is apart from the traditional definition of police roles as differentiated patterns of activity through which police organizations satisfy functional requirements. The model does not imply causality of suicide nor is it intended to explain why police officers have a higher or lower suicide rate than other populations. There is no inference of how officers are differentially affected either psychologically or by job exposure, status, rank, or length of service. The police role may be only part of a complex interaction involving the individual, formal and informal police organization, relationships within the police structure, and society at large.

In Chapter 5, we discuss the impact of posttraumatic stress disorder (PTSD) on the police psyche. PTSD is generally triggered by experiencing, witnessing, or being confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others and the person’s response involved intense fear, helplessness, or horror (DSM-IV: American Psychiatric Association, 1994). In the course of their work, officers may become involved in life or death situations, where they are shot or must shoot and perhaps kill another human being. They can experience the death of others, abused children, accident and assault victims, and general human misery in the course of a day at work. This vast range of



work experiences may cumulatively produce psychological trauma in officers, and police officers are more likely to experience trauma producing incidents in higher proportions than civilian populations. Chapter 6 follows up with a discussion and case presentation on PTSD symptomatology and suicide ideation.

Chapter 7 outlines the impact of the police organization on the psychological well-being of its members. The goal for management should be to encourage treatment, not to encourage denial of the effect of PTSD or depression. One can reduce the risk of suicide in a police department by increasing the likelihood that those officers who suffer from PTSD or depression obtain appropriate medical treatment. This can only be achieved by removing existing department policies which serve as barriers to mental health intervention. Quite often, officers do not feel free to seek mental health treatment without facing possible repercussions. To diminish this perception, departments may need to create new policies clearly describing their approach to officers receiving treatment for mental health conditions. A Police Department's Employee Assistance Program can do little to encourage officers to obtain treatment for depression, when department policy sends a different message (Diamond, 2003).

The phenomenon of "suicide by cop" is the focus in Chapter 8. James Drylie's thoughtful introduction to suicide by cop leads us to further examine clinical cases of this phenomenon among police officers. There presently exists very little information on the effects of suicide by cop on police officers. Shootings are generally reported by police officers as the most traumatic type of incident (Violanti, 1994).

Chapter 9 considers the theoretical notion of "suicide by suspect," a possible pathway for officers considering suicide but desiring to commit this act discretely and without detection. There is presently no empirical evidence to substantiate such a theory and it is brought up as a matter of discussion. For the suicide prone police officer, suicide may be considered a dishonorable or shameful way out of psychological or life difficulties. The badge is perceived as a shield of honor, not retreat to death. Thus, for the officer contemplating suicide, suicide by suspect represents an opportunity to end his or her life in an honorable and occupationally acceptable way; to die in the line of duty. Additionally, there is the matter of survivor benefits. If the officer outwardly commits suicide, there is presently no federal monetary compensation or private insurance benefits allowed for survivors. Stephanie Samuels present several cases where officers considered suicide by suspect.

There are other issues relevant to police psychological well-being and potential pathways to suicide. In Chapter 10, two additional issues are discussed: aggression management and sexual preference. Stephanie Samuels presents cases involving these issues.

Chapter 11 presents conclusions and insight which may be gained from this book. Several aspects of suicide prevention are discussed. It is our hope that this book will provide police officers, police executives, counselors, and other mental health professionals with a valuable resource for helping officers to survive this psychologically dangerous occupation.

### REFERENCES

- Diamond, D. (2003). Departmental Barriers to mental health treatment: A precursor to police officer suicide. In D. Hackett & J. M. Violanti (Eds.), *Police suicide: Tactics for prevention*. Springfield, IL: Charles C Thomas.
- Violanti, J. M., & Aron, F. (1994). Ranking police stressors. *Psychological Reports*, 75, 824–826.

## Chapter 2

### WORKING WITH THE POLICE: A THERAPIST'S VIEW

STEPHANIE SAMUELS

To talk about a police officer's traumatic incident is relatively easy to do, but to talk about the psychological effects on the officer is not. It is a taboo that police therapists desperately attempt to break down. It is not the therapists that are main problem; it is the officer and their profile that is the main barrier to treatment. Adding to this is the department that in my two decades of work has been and still remains the secondary trauma to almost all cases I have dealt with. It is my goal to help change that. We are hoping that this book will move toward that goal. It is vigilance that an officer understands only too well when pursuing a "bad guy," but here the demon can't be seen. It is under the thin blue line, the proverbial line that can't be crossed in an officer's mind but must be crossed for the psychological survival of the officer.

If one came into my office, he or she would immediately notice my collection of the Wizard of Oz. I am often asked why I collect such articles. My first patient was a 64-year-old mandate and the nastiest man I had met. He was rough around the edges and when he got angry and yelled, he reminded me of the wizard. Everyone would shake and run from him, yet when you pulled the curtain, you would find a gentle old man that would not hurt anyone. At his eulogy, his son even spoke about him as the Wizard from having been included in one of our sessions and knowing that is how I would describe him. I began to realize that the police officers were very much like characters in the Wizard of Oz. Each one was afraid they would not have the courage, brains, or heart to do what was needed while performing their job as a police officer.

There was not one cop that didn't want to go "back to Kansas" (home) at the end of a shift – a safe and hopefully peaceful place. There are brave canines, much larger than Toto, which never leave the side of their police officer companion, no matter how volatile the situation may get. Each officer protects us against the Wicked Witch of the West and all of her creatures in whatever form they might appear. Then one of my patients said, "you, you Stephanie are Glinda, you watch over us." That was one of the nicest things anyone had ever said to me.

The cases in the book are real; however, names and identifying information have been changed. All officers signed releases to allow their stories to be told. All officers were happy that they could play a small role in possibly helping another officer, or family member so that they might not have to go through the same hell that they and their families experienced. The interesting part was that the officers were upset that their names and identifying information were not disclosed. I took this as positive sign that they were proud of what they accomplished and no longer embarrassed by doing what they had to do to get better.

I recently spoke with my close, long-time friend Jim, an LAPD officer. It has been 15 years since we have seen each other, and although our lives have not physically crossed, our careers have. He asked me a question that I still think about today. He asked me an interesting question: do the officers you counsel trust you? Yes, I am trusted by the officers. I have become a part of their lives and they, a part of mine. As I do not question going into the psychological and sometimes the physical trenches with them, they do not hesitate in looking out for me and my family. I thought long and hard about the men and women that have entrusted me with their lives over the years and how grateful I am to them for such a gift. When Dr. Violanti asked me to coauthor this book, I was grateful. When I asked him why he had chosen me, he told me it was for the "good you have done for police officers." I remember a question that he asked about how long the average officer stays in my practice. I immediately answered, "I have no idea." I then told him that most of the officers whom I see stay with me for a lifetime. I have been seeing some officers for 13 years. I have been to their families' funerals, births of children, various relationships, and careers.

I have been given considerable time at the Police Academy to teach about career influences, PTSD, depression, and suicide prevention. It was an eerie feeling teaching at the police academy this past year and lecturing to the recruit who was replacing one of my first patients, Ben,