

ON THE EDGE

ON THE EDGE

Recent Perspectives on Police Suicide

By

JOHN M. VIOLANTI

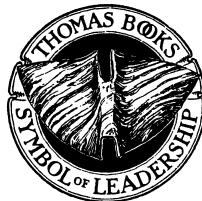
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*To those police officers who have left us
To those who were left behind*

PREFACE

I watched my husband deteriorate the last three to four weeks of his life, and I couldn't stop it. He shot and killed himself the morning of March 8, 1995, in an undercover facility where we had lived in isolation and anonymity for the last year of his life. He was 45 years old. I wanted so desperately to have someone come over and try to talk with him, to help us, but no one could visit the house or know where we lived or what we did; not even other agents or family. There was nowhere to turn. I felt helpless and hopeless. Pacing . . . wringing hands. . . . I can't do it. . . . I begged him – let's just walk out the door and leave. . . . Take nothing with us, just get in the car and go. We lived in a fishbowl, you see; it was the only way; but, he would not even consider it. Being an FBI Agent was who he was, how he defined himself.

He was like many of you – driven personality, unable to show his emotions, he had to appear unshakable, strong, and independent. He was my rock. With cops, there's always a wall, even with family members, even when we were both cops. In other words, he had to be no less than perfect. These are admirable qualities in a person and desirable qualities we want in our law enforcement. We want strong, motivated, and independent personnel who can take charge of any given situation. However, these qualities come with a price. We must change the perception in our law enforcement institutions that you "suck it up and go on." We need to be there for our own. Certainly, no one else will be.

Donna Shulz, Police Suicide Survivor

Donna's comments give a first-hand personal view of the tragedy and hopelessness associated with police suicide. FBI Agent Bruce Shulz was a good man, a good husband, and a good cop. His death brings to mind the sometimes devastating psychological impact of police work on those who choose to serve.

The multi-dimensional character of suicide makes it extremely difficult to focus on specific attributes of the police occupation which exacerbate suicide. 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. In all probability, multifaceted stress and trauma experienced over the length of a police career can take its psychological toll. Additionally, the aftermath of a police suicide leaves survivors who are at times forgotten or isolated from an agency that was once the “police family.”

In our previous books on police suicide, we enumerated academic research in an attempt to help clarify this tragic problem. In the present book, we plan to extend that research to a national level. Also noticeably absent from previous work were the untold story of those officers who have experienced the context of suicide. We hope that the addition of Andrew O’Hara, and Teresa Tate as authors will add a realistic description of what it is like to be “on the edge.” Andy, a former police officer, survived his near suicide and now describes the feelings and pain he felt during that crisis period. Teresa survived the death of her spouse, a police officer who died by suicide. The insight that Andy and Teresa bring to this writing will add immeasurably to our understanding of this problem.

This book will consist of the following areas of discussion (1) a description of the police suicide rate research; (2) a conceptual model of the life course trauma and police officers with possible relationships to suicide potential; (3) a discussion of resiliency and police personal and organizational factors which contribute to psychological protection against suicide; (4) the reality of individual suicide – a qualitative detailed description of an officer’s encounter with suicide; (5) the plight of police suicide survivors; and (6) approaches to suicide prevention.

In Chapter 1, our discussion centers on police suicide rates and the ongoing controversy that surrounds this area of research. In Chapter 2, we describe two in-depth analyses of *national* police suicide rates. The first was based on the Centers for Disease Control (CDC) National Occupational Mortality Surveillance (NOMS) database. The National Institute for Occupational Safety and Health (NIOSH) maintains the NOMS System database of death certificate data with standard coded occupation and industry information. Twenty-eight states have participated in the project. The second source of national data was obtained from a two year-long web surveillance of police suicide media reports. This strategy was found to provide the most reliable return of near real-time media information from radio, television and press, both local and national. Approximately 119,000 suicide-specific news articles were reviewed during the year for information relating to police suicides in the United States. Results of these informative national explorations will be discussed in this chapter.

Chapter 3 is based on a conceptual model of the career span of a police officer and trauma within that span which may exacerbate conditions for suicide. We will borrow from life course theory to develop this model. The aver-

age career length of a police officer in the United States is approximately 20–25 years. During this time, serving officers face the prospect of repeated exposure to death, human misery, and the worse of society. Most of the research, however, has focused on the consequences of specific events that are located at a single point in an officer's career. While informative, such brief snapshots can provide only limited insights into a reality that will extend over decades.

Chapter 4 presents a discussion of factors which may help to *protect* police officers from suicide. Here we develop ideas about salutogenic approaches to suicide and how officers may grow from trauma exposure instead of being devastated by it. The ability to be resilient, to “bounce back” from traumatic experiences, is an important factor in police officer psychological survival. In this respect, not only police officers but also organizations and leaders have a number of responsibilities to their officers in the enhancement of resilience. The police organization has a responsibility to develop policies, procedures and practices designed, as far as possible, to facilitate officer's ability maintain a sense of coherence between organizational expectations and occupational experiences, thereby minimizing the occurrence and impact of chronic stress. The impact of organizational factors at all levels of occupational experience illustrates the potential for management to instill preventative mechanisms in employees at each of these levels – neglect at any level will increase employee vulnerability and the potential for suicide.

In Chapter 5, we bring home the qualitative nature of police suicide. Here we see the reality of police suicide on an *individual level* described from the viewpoint of Andy O'Hara, an officer who was “on the edge” and back. As we continue to explore police suicide theories, rates, and causes, we sometimes forget the individual nature of suicide and how such decisions may come about in police officers. Andy lucidly describes his own journey to the edge.

In Chapter 6, Andy O'Hara presents a description of innovative approaches to police suicide prevention. In his newly developed program called the “Badge of Life,” O'Hara seeks to “depower” police trauma and, instead, “empower” the officer. By empowerment, we mean giving each officer the simple tools they need for self-care, by which they can approach their work with a clear awareness of their emotional strengths and their ability to make wise choices. In doing so, they will be prepared not only for stress, but for trauma before it occurs and know what to do when it does. The two primary tools he proposes are as simple as they are universal. Such ideas as “annual mental health checkups” and conceptualizations about “balanced reality” by which police recruits at the academy level can prepare themselves for a wider range of experience than that generally afforded in the regimented academy experience. In addition to the development of new ideas,

O'Hara discusses strategies in selecting a mental health professional who understand police work.

In Chapter 7, we move to the after-effects of police suicide. Many persons suffer from suicide. Nationwide, there are six survivors for every suicide. Survivors face considerable difficulties due to the violent nature of firearm suicide, guilt, and mourning rituals such as police funerals. 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. Quite often, survivors of police suicide are abandoned more quickly than those of officers who died from other causes due to the stigma associated with such deaths. 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. A forgotten layer of survivors also exists within the department itself. Peer officers, supervisors, and support personnel are all subject to grief responses when a coworker commits suicide.

In this chapter, Teresa Tate, founder and leader of the survivor group S.O.L.E.S. (Survivors of Law Enforcement Suicide) presents actual cases of police survivors derived from her personal interviews with these survivors. Ms. Tate also suggests policy revisions for police to help survivors through the aftermath of suicide. Based on these cases, police departments can profit from the mistakes of the past that have occurred to survivors over the years. Law enforcement leaders should be able to show compassion and sensitivity to the families so as not to add to their pain.

In the final chapter, we conclude with a description and critical analysis of present programs for police suicide prevention. We ask the question "what next?" and discuss the need for more comprehensive prevention research. Contributions in this book can be useful to law enforcement practitioners as well as researchers and therapists. Certainly areas of police organizational policy can benefit from our discussions. We hope that offerings put forth here will spur new ideas to assist persons who work in this difficult, unforgiving, and psychologically dangerous occupation.

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ON THE EDGE

Chapter 1

THE CONTROVERSY OF POLICE SUICIDE RATES

JOHN M. VIOLANTI

There are many estimates of police suicide rates throughout the academic literature. Some of the sources of these estimates are empirical, some lack scientific rigor, and some appear to be anecdotal. Because of the lack of measurable data and information on police suicides, it remains difficult to pin down an exact number. This issue has raised considerable controversy as to whether or not police suicides are higher than those of the general population. There are those who say “why bother” and that the important thing is to prevent police suicide. I agree with this conjecture, but I still see the necessity of gathering an accurate assessment of the magnitude of the problem. It is through this that police organizations and policy makers can be convinced that we indeed do need prevention programs.

ARE POLICE SUICIDE RATES HIGHER? DISAGREEMENT

Kappeler, Blumberg, and Potter (1993) argued that the connection between police stress and suicide is a myth that perpetuates public perception of “battered and blue crime-fighters.” Other researchers have attributed police suicide more to the facts that (1) the police occupation is male dominated and statistically males commit suicide more often than do females, and (2) officers have a readily available lethal method with which to commit suicide (Alpert & Dunham, 1988).

Aamodt and Stalnaker (2001) suggested that, although the suicide rate of 18.1/100,000 for law enforcement personnel is higher than the rate of 11.4/100,000 in the general population, it is not higher than would be expected for people of similar age, race, and gender. Thus any difference between law enforcement rates and rates in the general population can be adequately explained by the race, gender, and age of people who enter the law enforcement field. This is an important point because it suggests that such factors as job stress and the availability of weapons are not factors that are exclusively associated with law enforcement suicide. The authors conclude that allocating mental health resources to law enforcement personnel at the expense of other professions does not appear justified. Furthermore, the reasons that officers commit suicide are similar to those of the general population, with the possible exception of legal problems.

Hem, Berg, and Ekeberg (2001) published a systematic critical review of suicide among police. They identified forty-one original studies from North America, Europe, and Australia. The results indicated that some studies found elevated suicide rates among police officers; others showed an average or low rate of suicide. However, the rates varied widely and were inconsistent and inconclusive. Most studies were conducted in limited specific police populations, where local and regional variations in suicide can affect the rates of police suicide. Moreover, the reason for studying police suicide in a specific region may be due to a suicide cluster.

Loo (2003) conducted a meta-analysis of police suicide rates and ratios using 101 samples from the literature. Large effect sizes showed that suicide rates based on short time frames were significantly higher than they were for long time frames. There were regional differences such that rates in the Americas and Europe were higher than in the Caribbean and Asian regions. There were differences in rates among federal, regional, and municipal police forces. Loo concluded that researchers need to include the use of longer time frames when studying police suicide and include controls for year of suicide, gender, ethnic groups, and rates for population comparison groups.

Marzuk, Nock, Leon, Portera, and Tardiff (2002) conducted a study of New York City police officer suicide. Marzuk and associates concluded that the suicide rates for New York City police officers were below those of the adjusted New York population. Among the 668 deaths of police officers from 1977 to 1996, 80 were certified suicides

(mean age = 33.5 years). Firearms were used in 93.8 percent of these suicides; other methods included hanging, carbon monoxide poisoning, and falling from a height. The overall suicide rate among police officers during the period was 14.9 per 100,000 person-years (95% confidence interval [CI] = 11.9–18.6), compared with the demographically adjusted suicide rate for the New York City population (18.3 per 100,000 person-years, 95% CI = 18.0–18.6). The suicide rate for the upper end of the range, which included the 80 police officer suicides plus 22 additional deaths by methods usually seen in suicides, was 19.0 per 100,000 person-years (95% CI = 15.5–23.1). Marzuk and colleagues (2002) added that although the annual suicide rates varied (Figure 3–1), there were no evident trends. For seventeen of the twenty years examined, the police officer suicide rate remained below that of the demographically adjusted rate of the New York City population.

Earlier studies have also found a police suicide rate similar to or lower than the general population. Dash and Reiser (1978) found Los Angeles police officers to have a seven-year average suicide rate of 8.1/100,000 compared to a 12.6/100,000 rate nationally. A twelve-year follow-up study by Josephson and Reiser (1990) of the same department found an average suicide rate of 12/100,000 among police compared to 13.4/100,000 in Los Angeles and 14.8/100,000 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 8.1/100,000 in 1976 to 12/100,000 in 1988.

Stack and Kelley (1994) completed an analysis of police suicide data from the 1985 National Mortality Detail File. Statistically controlling for age, gender, and race, these authors found the police suicide proportional mortality ratio (PMR) rate to exceed the rate of matched controls by 8 percent. This rate was not significantly higher than the rate among white males in the general population. Burnett, Boxer, and Swanson (1992) conducted a case-control study on suicide death certificate data from twenty-six 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 were pharmacists (3.3-fold risk), physicians (2.8-fold risk), lawyers (2.1-fold risk), and dentists (1.8-fold risk).

ARE POLICE SUICIDE RATES HIGHER? AGREEMENT

One would expect that the police suicide rates should be lower than they are, given that they are an employed, healthy, and psychologically tested group (McMichael, 1976). Certainly, they should be lower than the U.S. general population because this reference group includes the institutionalized, mentally ill, and unemployed.

A good amount of epidemiological evidence suggests that there is an elevated rate of suicide within law enforcement. An early national occupational study by Guralnick (1963) found the suicide ratio of male police to be 1.8 times that of the white male general population. Suicides accounted for 13.8 percent of police deaths compared to 3 percent of deaths in all other occupations, and more officers died as a result of suicide than from homicide. Milham (1979) found Washington State male police officers from 1950 to 1971 to have a suicide mortality rate higher than normally expected in the general male population.

Vena, Violanti, Marshall, and Fiedler (1986) found male officers to have an age-adjusted mortality ratio for suicide of approximately three times that of male municipal workers in the same cohort. Lester (1992) found that seven of twenty-six countries for the decade of 1980 to 1989 had police suicide rates above those of the general population. A mortality study of police officers in Rome, Italy, found the suicide ratio among male police officers to be 1.97 times as high as the general male Italian population (Forastiere et al., 1994). Violanti, Vena, and Marshall (1996) found that male police officers had a suicide rate of 8.3 times the rate of homicides and 3.1 times the rate of work accidents. Compared to male municipal workers, male police officers had a 53 percent increased rate of suicide over homicide, a threefold rate of suicide over accidents, and a 2.65-fold rate of suicide over homicide and accidents combined.

Darragh (1991) conducted an epidemiological analysis on factors based on 558 consecutive cases of self-inflicted death in the United Kingdom that revealed a dramatic increase in suicide among security force personnel. Helmkamp (1996), in a study of suicide among men in the U.S. Armed Forces, found military security and law enforcement specialists had a significantly increased rate ratio for suicide. Hartwig and Violanti (1999) found that the frequency of police suicide occurrence in Westphalia, Germany, has increased over the past seven