

Law Enforcement Suicide: Current Knowledge and Future Directions

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Is suicide among law enforcement professionals a problem? Various sources report 300 completed police suicides annually.¹ Other sources report that a law enforcement officer (LEO) is more likely to die by suicide than by homicide.² However, these numbers and statistics are extremely difficult to support.

Although the exact number of LEOs who take their own lives every year might not be available, it is clear that even a single incident is devastating. Each peace officer who completes suicide leaves behind family, partners, supervisors, friends, and organizations that are highly impacted by the officer's death. The authors believe that suicide among law enforcement is a significant problem.

Current Findings

Research on police suicide. Although there is fairly extensive research literature on LEO suicide, many questions persist regarding LEO suicide numbers and rates.³ Consider the often heard statement that the LEO suicide rate is two to three times as high as the general population—or higher. Aamodt and Stalnacker conducted a meta-analysis of published suicide rates in LEOs and concluded that LEOs are less likely to complete suicide than an age-, race-, and gender-matched population.⁴

Based on their analysis of 30 published studies plus additional data, Aamodt and Stalnacker determined a rate of 18.1 LEO suicides per 100,000 officers.⁵ The most current data show a U.S. population suicide rate of 12/100,000;⁶ therefore, the LEO suicide rate is obviously not two to three times that of the general population.

However, the population of LEOs does not mirror the “general population” in gender, age, employment, or ethnic aspects. The 2007 Law Enforcement Management and Administrative Statistics study on local police departments reported that one in eight local police officers was female (13 percent) and one in four local officers was a member of a racial or ethnic minority.⁷ There are no LEOs younger than 21 and few older than 55. Thus, comparing the law enforcement population with the U.S. general population is inaccurate, at best. A more appropriate comparison group for law enforcement officers is Caucasian males.

If we compare the rate calculated by Aamodt and Stalnacker of 18.1/100,000 with the 2009 Caucasian male rate of 21.6, the LEO rate is actually lower. Comparing the Aamodt and Stalnacker findings with the U.S. Army's 2008 rate of 20.2⁸ again shows that the LEO suicide rate is lower when contrasted with an appropriate comparison population.

Also, there is research suggesting law enforcement suicides are more likely to be underreported or misclassified as accidental deaths than suicides in other similar occupations.⁹ This misclassification may occur to protect the family, other survivors, or the agency from the stigma of suicide.

Finally, the majority of studies involve large departments and cities with an occasional statewide study.¹⁰ National LEO suicide rates are then extrapolated from these populations, which may not be representative of the occupation.

O'Hara and Violanti recently published an innovative approach, using Internet surveillance techniques, to obtain a national count of LEO suicides.¹¹ They determined that in 2008, approximately 141 LEOs completed suicide, yielding a rate of 16.4/100,000—once again less than the Caucasian male rate in 2009. However, even with the research supporting a lower suicide rate for LEOs than a matched population sample, the authors still believe that suicide among LEOs is a problem given that the majority of LEOs are psychologically screened prior to hiring and are, by definition, employed and insured populations—which should reduce suicide risk.

Why do officers take their own lives? Relationship difficulties play a large role in police suicide. This is a finding consistent with general suicide research as well as military suicide research.

Police suicide rates also have been associated with shift work, inconsistencies in the criminal justice system, alcohol and substance abuse, personal legal troubles, and a negative public image. Alcohol coupled with depression and chronic stress is the most common triad in completed LEO suicides.¹² Another factor may be conflict with the police administration. In addition, some officers may choose suicide to escape from an intolerable or unbearable situation, such as facing prosecution for wrongdoing or public humiliation.¹³

Police culture also appears to be a factor. Police officers may hold unrealistically high expectations for themselves. There is pressure to always be right, but no one can always be right. They are immersed in a culture where they always need to be in control, but no one can always be in control. They are forced to make life-and-death decisions in a split second, and then their decisions are scrutinized in court for months and sometimes years.¹⁴

There is some support for the idea that near constant exposure to human suffering is a factor. LEOs see more disturbing images in the first couple years of their career than most people see in a lifetime: death, destruction, human tragedy, negative relationships, horrific accidents, and unspeakable crime scenes. In addition, officers can become somewhat desensitized to violence and even suicide. The idea of dying by gunshot is not horrifying and strange; it is familiar and known.

Since LEOs often develop considerable skills in masking signs of distress or trouble, they are less likely to display many of the standard signs and symptoms related to impending suicide.¹⁵ Lastly, officers have immediate access to a highly effective means of suicide. The vast majority (96.1 percent) of LEOs commit suicide with a firearm.¹⁶

Lastly, in the past, reluctance to obtain professional psychological may have played a role. Many LEOs feared the consequences of admitting to emotional problems. Although younger peace officers appear more comfortable with psychological assistance, even they may be discouraged from seeking assistance if the agency involved does not provide the assistance, does not make assistance well publicized or easily accessible, or creates an environment that pairs seeking assistance with weakness, failure, shame, or job consequences.¹⁷

What about small agencies? The vast majority of police agencies have fewer than 50 employees.¹⁸ The risk for suicide actually appears greater at smaller agencies.¹⁹ Smaller

agencies may not have a peer support organization or access to trained mental health providers who specialize in treating LEOs. Workload is often more intensive in smaller agencies, with one or two officers per shift handling all calls requesting police assistance. Further, there is a lack of anonymity that can be an issue in a small agency. LEOs will often be recognized while off duty. And if LEOs find therapists they feel comfortable consulting, these professionals are likely to be people in the small community with offices the LEOs will be seen entering. Lastly, smaller agencies may have limited budgets for training or programs that enhance wellness or psychological self-care.

Who completes suicide? Recent research has collected demographic information on completed law enforcement suicides.²⁰ The average LEO who completes suicide is a male and 38.7 years old with 12.2 years in the field. The person is usually below the rank of sergeant (88.7 percent.)

Current Resources

IACP CD. In 2007, the Police Psychological Services Section of IACP compiled an interactive CD of suicide prevention resources with support from the Bureau of Justice Assistance, U.S. Department of Justice and EEI Communications, a training, media services, and staffing firm in Alexandria, Virginia.

The CD is titled *Preventing Law Enforcement Suicide: A Compilation of Resources and Best Practices* and contains suicide awareness resources from leading agencies across the United States. The opening screen contains five major headings:

- developing a suicide prevention program,
- sample suicide prevention materials,
- sample training materials,
- sample presentations, and
- sample funeral protocols.

Each heading contains multiple files in a variety of formats.

For example, the suicide prevention tab contains brochures, posters, and wallet cards, in addition to suicide prevention program summaries from the Miami-Dade and the Los Angeles police departments. Some of the material is agency specific, while other material is labeled "reproducible," meaning agency logos have been removed to allow other agencies to add their own logos prior to use.

The sample training materials tab contains both the California Highway Patrol's (CHP) *Not One More* training program and the Miami-Dade Police Department's prevention program. The CHP materials include detailed training notes and recommendations, plus an 18-minute video. Also included are the Los Angeles County Sheriff's Department's excellent *Rolling Back Up* and the California Commission on Peace Officer Standards and Training's *Preventing Law Enforcement Suicide* training videos.

If you are interested in obtaining a free copy of this CD, please contact Ms. Tia Young (young@theiacp.org) at the IACP.

The 1999 Suicide and Law Enforcement Conference. In 1999, the FBI's Behavioral Science Unit hosted a conference titled "Suicide and Law Enforcement" to discuss the impact of suicide on the law enforcement profession. Professionals from many disciplines, including psychologists, chaplains, attorneys, law enforcement officers, and other interested parties, gathered to focus on various aspects of suicide and law enforcement.

The 61 presentations were then collected and published.²¹ This valuable resource contains a wealth of information covering approaches to suicide from organizational, psychological, behavioral, quantitative, and other perspectives, closing with a section addressing "suicide by cop."

Assistance for the Families. There are a number of resources for the families of law enforcement professionals who die in the line of duty; however, few—if any—exist for the families of officers who die by suicide. One of the few such resources is Survivors of Law Enforcement Suicide (SOLES), which provides support and postvention assistance.

Next Steps

The President's Initiative. IACP President Walter A. McNeil has identified preventing law enforcement suicide as a personal priority during the current year and has gathered a group of sworn and professional staff to address the issue. IACP Second Vice President Yost Zakhary has been selected to lead the initiative. The IACP seeks to create a national suicide prevention strategy that will amplify awareness of suicide among law enforcement agencies big and small; combat the stigma surrounding it; and assist agencies in the development of comprehensive and effective suicide prevention, intervention, and postvention strategies.

Recommendations. The authors offer the following potential approaches to address the issue raised by President McNeil:

1. Encourage law enforcement agencies to strongly endorse and develop peer support programs. We know that LEOs in crisis, if they are going to talk with anyone, will probably first choose another officer in which to confide. A trained peer support person has already established credibility and is often more readily accepted by the LEO than a mental health professional. The Police Psychological Services Section of the IACP publishes guidelines for chiefs with recommendations for developing and maintaining a peer support team. The guidelines are not intended to be a rigid protocol but, rather, to reflect the commonly accepted practices of the IACP Psychological Services Section members and the agencies they serve. These guidelines and others are available at theiacp.org/psych_services_section (accessed March 8, 2012).
2. Encourage agencies to refute the myth that seeking help will cost officers their jobs by assuring officers that seeking help is a sign of strength, not weakness. Remove the stigma that often accompanies seeking help. Promote the idea that seeking help can be a step toward becoming an improved and healthier officer. This philosophy must trickle down from above, must be endorsed by command staff as well as line supervisors, and must be represented in both words and actions.
3. Train officers in healthy self-care rather than maladaptive coping strategies such as excessive alcohol consumption, “stuffing it,” “escape avoidance,” or “distancing.”²² Include classes on the importance of resilience or hardiness during academy training, stressing the personal skills and talents LEOs already possess. As O'Hara and Violanti recommend, agencies should be “preparing for trauma *before* it happens, not waiting until after the damage has been done.”²³
4. Raise awareness about motivations and risk factors for suicide so fellow officers will recognize them when they see them. Just as importantly, raise awareness about what steps to take when a fellow LEO is thinking about suicide, including spreading awareness of available helping resources: peer support personnel, mental health professionals, employee assistance programs, law enforcement-related suicide help lines, chaplains, family, and friends. This training should be provided at the academy level, through in-service training, and to all levels of supervisors and field training officers. Training should particularly target those officers in the crucial middle years when the risk for suicide peaks—10 to 14 years of service. Elements of established programs were gathered by the IACP Police Psychological Services Section and published in 2007 in the IACP CD, *Preventing Law Enforcement Suicide: A Compilation of Resources and Best Practices*. The emphasis must be on early intervention and broad-based programs.
5. Develop and disseminate a recommended course of action for chiefs following a completed LEO suicide, including recommended funeral practices. How an agency handles the death of a completed LEO suicide will set the tone that may

well make the difference in whether or not the next suicidal officer seeks assistance.

6. Encourage agencies to investigate and report suspected LEO suicides using a psychological autopsy format similar to the one outlined in U.S. Department of the Army pamphlet 600–24, chapter 5 or the Los Angeles County Sheriff's Department Law Enforcement Death Incident Report.²⁴ Collection of these data within a central repository would enable a more accurate assessment of the scope of LEO suicide and could possibly suggest improved prevention and intervention strategies.

Conclusion

For each and every chief, the problem of law enforcement suicide can suddenly become a personal one. Losing an officer to suicide can result in feelings of guilt or loss all the way up the chain of command. Given the amount of attention, time, and resources spent on other threats to law enforcement, the time has definitely come to address this very real threat. ■

Notes:

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⁹John M. Violanti, "Suicide or Undetermined? A National Assessment of Police Suicide Death Classification," *International Journal of Emergency Mental Health* 12, no. 2 (2010): 89–94.

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¹¹Andrew F. O'Hara and John M. Violanti, "Police Suicide—A Web Surveillance of National Data," *International Journal of Emergency Mental Health* 11, no. 1 (2009): 17–23.

¹²Ibid.

¹³Aamodt and Stalnaker, "Police Officer Suicide: Frequency and Officer Profiles"; James Janik and Howard M. Kravitz, "Linking Work and Domestic Problems with Police Suicide," *Suicide and Life-Threatening Behavior* 24, no. 3 (1994): 267–274; Loo, "A Meta-Analysis of Police Suicide Rates: Findings

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¹⁶Ibid.

¹⁷Daniel W. Clark and Elizabeth K. White, "Clinicians, Cops, and Suicide," in *Police Suicide: Tactics for Prevention* (Springfield, Ill.: Charles C. Thomas, 2003).

¹⁸Reaves, "Local Police Departments, 2007."

¹⁹O'Hara and Violanti, "Police Suicide—A Web Surveillance of National Data."

²⁰Ibid.

²¹Donald C. Sheehan and Janet I. Warren, eds., "Proceedings from Suicide and Law Enforcement" (a compilation of papers submitted to the Suicide and Law Enforcement Conference, FBI Academy, Quantico, Va., September 1999).

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²³Ibid., 21.

²⁴*Suicide Prevention and Psychological Autopsy: Department of the Army Pamphlet 600-24* (Washington, D.C.: U.S. Department of the Army, 1988).

Please cite as:

Daniel W. Clark, Elizabeth K. White, and John M. Violanti, "Law Enforcement Suicide: Current Knowledge and Future Directions," *The Police Chief* 79 (May 2012): 48–51.

From *The Police Chief*, vol. LXXIX, no. 5, May 2012. Copyright held by the International Association of Chiefs of Police, 515 North Washington Street, Alexandria, VA 22314 USA.

The official publication of the International Association of Chiefs of Police.

The online version of the *Police Chief* Magazine is possible through a grant from the IACP Foundation. To learn more about the IACP Foundation,

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