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**The Silent Killer: Police Suicides
Prevention and Identification**

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ABSTRACT

Police officers across the nation respond to thousands of calls for service as they serve and protect the general public. These brave men and women are expected to carry the burden of many while facing adversity from all directions. Unlike a normal Monday through Friday, nine to five job, police work is far from being a normal job. There is nothing normal about some of the events and circumstances in which officers are being exposed to while expected to be strong and emotionless.

Unfortunately for some officers, the burden is too much, and they cannot cope with the stress, causing them to develop suicidal ideation or complete suicide. As cadets in the police academy, these individuals received training on different topics that range from emergency vehicle operations to defensive tactics, but there is no training when it pertains to emotional survival. Law enforcement agencies should provide officers with resources and assistance to improve mental health and well being.

Some officers are reluctant to seek assistance because they do not want to be categorized as being "weak" or a burden to anyone else. It is important for departments to train their personnel to recognize when an officer is in distress and have options available to help the officer. Having an Employee Assistance Program (EAP) or creating a peer group can be two ways to assist these officers while remaining low cost avenues for officers and their agencies.

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INTRODUCTION

A police officer is a vital and key component in the preservation of law and order in society. They are expected to be brave, noble, and courageous. They are trained in a wide variety of topics and expected to deal with most issues thrown at them. This includes dealing with individuals who have completed suicide or have suicidal ideation, also known as suicidal thoughts. The problem begins when the individual who is tasked with assisting those in crisis becomes a victim.

As cadets in the police academy, most police officers are enthusiastic and excited to be part of one of the largest families in the world. While going through training, the cadet is instilled with a sense of superhuman abilities (Paton, Violanti, Burke, & Gehrke, 2009). They graduate and go to their respective departments where they are sworn in and receive their badge and credentials. The officer officially goes from a civilian to a member of a brother hood and ready to conquer the world. By then, they have been attached to police work and feel a sense of invulnerability. What they were not told in the police academy was that there might be a place and time that their mind would be pushed to their limits.

Police officers are exposed to traumatic events and incidents that the majority of the public will not have to witness. Whether it is a homicide, child abuse, or suicide, the constant exposure affects every officer in different ways. Police work also comes with inherent dangers that contribute to higher stress levels. The inability to cope with the stress that they endure from policing is what may lead to situations that have negative impacts on them and their loved ones. To some, this may lead to divorce, alcohol and drug abuse, post-traumatic stress disorder (PTSD), domestic violence and suicides.

Law enforcement agencies should provide officer with resources and assistance to improve mental health and well-being.

POSITION

In 2016, there were 44,193 suicides reported in the United States (CDC, 2016). The most current information from 2016 indicates that suicide is the 10th leading cause of death overall (Kochanek, Murphy, Xu, & Arias, 2017). Due to varied results from different types of information gathering, there are no exact numbers on how many of those suicides were police officers. Some police officer suicides may be labeled as either accidental or undetermined deaths (Violanti, 1995). In some instances, the information is either not collected or departments are reluctant to share such information, hindering research efforts to get actual data. Some reports estimated that there were over 400 completed police officer suicides in one year (Ritter, 2007). One recent study estimated that in 2017 there were 154 confirmed completed suicides by police officers (Blue H.E.L.P, 2018). This same study showed that of those completed suicides, 131 of the officers were active duty and the rest were retired, resigned, terminated or unknowns.

Day-to-day calls for service can be overwhelming for some officers to deal with alone. Officers who responds to a scene involving the death of a toddler can react differently if they too have a toddler of their own. There are many factors that come into play when an officer has to deal with certain calls for service. Some officers might have been raised in a household where they were exposed to domestic violence on a frequent basis. The exposure to death may also affect some police officers in a different way. Some police officers cannot comprehend or cope with death, regardless of how

the person died. While others will attempt to depersonalize death or might make “macabre jokes” about the incident (Henry, 2004).

Critical incidents can result in police officer’s having to cope with critical incident stress. The *Medical Dictionary* defines critical stress as “one’s emotional reaction to a catastrophic event such as a mass casualty incident or the death of a patient or coworker. Often such events negatively affect the well-being of health care providers” (Medical Dictionary, © 2009 Farlex and Partners). School shootings are becoming more common and police officers are typically the first on scene and the last ones to leave. Those officers have to deal with the aftermath and carnage, and others might find themselves having to drag injured adults, teenagers or children from that situation. There are officers in charge of the crime scene and have to look at the lifeless bodies that they will have to process before they are taken to the medical examiners office. Even though some organizations do offer some type of critical incident debrief, some officers require follow up assistance.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) 5th edition definition of trauma requires actual or threatened death, serious injury, or sexual violence (American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. 5th edition, 2013 p. 271) . An officer involved shooting would be considered a traumatic event based on the fact that the officer’s life was threatened and they had to shoot an individual in a split second. This type of rapid cognitive processing is part of police work, which can contribute to elevated stress levels in officers. Officers may have to relive the traumatic event every time the media outlets are reporting on it. If the media was not enough, there is a strenuous investigation that the officer has to endure

by either his agency or an outside agency called to investigate the incident. These examples can have an emotional toll on the officer.

Some believe that stressors and trauma are the same, but it is quite the contrary. Stress is an everyday occurrence that happens in varying levels. The individuals may experience eustress or distress. Eustress is “good stress” which can motivate, is short term, improves performance and is exhibited in positive activities or goal planning. Eustress can be within the individuals coping abilities. Distress on the other hand is negative stress and can cause anxiety, can be short or long term, feel unpleasant, and can decrease performance. This stress is not within the individuals coping abilities and can lead to mental and physical problems (Mills, Reiss, & Dombeck). Trauma unlike stress is not managed by simply improving diet and exercise routines. Trauma can be both physical and emotional and can lead to PTSD. The American Psychiatric Association defines PTSD as a “psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault” (American Psychological Association [APA], 2018a, para1).

There are other stressors beyond the critical incidents or traumatic events that may affect some police officers. Some officers might be struggling financially to support their families. Police work is a career that is not compensated generously for the work and service that they provide. Some officers might also be dealing with marital issues at home. Some spouses have a difficult time coping with police work due to the work hours, infidelity and the danger of losing their loved one. For the average person, there

is a 50% chance that his/her marriage will end in divorce, but the divorce rate of a police officer can be as high as 75% (Wasilewski & Olson, 2015).

What is known is that there are police officers having difficulties coping with certain situations and find that suicide is the way to relieve the stress, pain, and emotional suffering they are going through. Police officers are at three times the risk for PTSD, four times the risk of alcohol abuse, and four times the risk of aggressive behavior (Violanti, Mnatsakanova, & Andrew, 2013). They are trained to provide crisis intervention to those in crisis, yet police officers risk of suicide can be up to three times higher than the general public (Chopko, Palmieri, & Facemire, 2014).

While most officers can cope with the stress resulting from critical incident and a traumatic event, there are those that cannot and do not seek help. When this happens officers begin to show signs and symptoms indicating that they are having suicidal ideation. The symptoms are alike for both police officers and the general public. They may turn to alcohol and drugs, withdraw from family and friends, and display extreme mood swings. Their productivity may go down, arrive late for work or change their hygiene and grooming habits.

Most officers are reluctant to self-report suicidal thoughts because of the police culture and ethos that officers are invulnerable to emotional harm (Violanti et al., 2013). They are also more reluctant to seek help because they tend to be more apprehensive to open up about their feelings because they do not want to appear to be weak. There are also stigmas that are attached to police suicides such as other officers thinking that the officer who completed suicide was weak and or “psycho”. Other officers may attempt to seek faults that the officer may have had in an effort to find closure.

There are several common myths about people exhibiting suicidal ideation. One of them is that mentioning and confronting them about suicide will make it worse by upsetting them or may raise the risk of them completing suicide. The fact is that they are looking for an outlet and want to talk about it. It can lower anxiety and may also lower the impulsive act of completion. You do not have to be an expert to prevent suicide (Larned, 2010). If a colleague or supervisor identify such behavior, they should act fast and get the officer help, but before that can happen officers within the agency must receive training to be able to identify and prevent suicides amongst their own.

Law enforcement agencies spend thousands of dollars training officers on many various topics pertaining to police work such as defensive tactics training, use of force, firearms training and some send officers to receive their mental health peace officer certification. Yet, there is some neglect on agencies that do not provide training to officers on how to cope with critical incidents, traumatic events or day-to-day stressors. There is also a lack of training pertaining to the identification of officers who are in crisis and how to help them.

Some law enforcement agencies have Employee Assistance Programs (EAP) in place to assist their officers in coping with the aftermath of a critical incident, traumatic event or stressors they are dealing with on a daily basis. The City of Fort Worth includes their EAP as part of their wellness program (City of Fort Worth, n.d.). The benefits of having an EAP is that it is usually available 24 hours a day, seven days a week. Some services and resources included assessments and services to help with mental health and substance abuse issues. Assistance with interpersonal relationships, legal problems and even financial difficulties and planning are some other services that an

EAP can provide. EAP's are staffed by a variety of working professionals, ranging from social workers to psychologists (APA, 2018b).

EAP's may also improve productivity and employee engagement thru developing competencies in managing stress at the workplace, thus reducing workplace accidents, turnover rates, reducing absenteeism which in turn will reduce healthcare costs associated with stress, depression, and other mental health issues (The International Association of Chiefs of Police IACP, 2018). In addition to EAP's, law enforcement agencies should encourage and have peer support groups available to officers.

COUNTER ARGUMENTS

A counter argument that critics will attempt to use when attempting to discredit the use of EAP's is the cost associated with such a program. While the EAP is not a free service, the cost is manageable. As an example, CareFirst offers an Employee Assistance Program, and their 2017 EAP pricing schedule shows that for an employer with 10 to 100 employees, the cost of one to three sessions would be \$1.21 per month and can go up to \$2.16 per month for a one to eight session plan (Blue Cross Blue Shield, n.d.). The rates were lower for larger employers. By using the numbers that were collected from the CareFirst rates, the estimated cost for an EAP for the employer would be less than \$3,000 a year. The agency can add the cost to their fiscal year budget and provide that assistance to the officer.

Some would still argue that there are some law enforcement agencies that would not be able to afford the EAP even if the price was reasonable due to budget constraints. This might be the case for some agencies; however, there is an alternative solution in getting the officers the help they need - peer support groups. Peer support

groups are cost effective enough that small departments can set one up. They require some planning part of those individuals involved along with a place to hold the meeting and some refreshments, which could be taken as donations.

In order to start a peer group there has to be a facilitator that will lead and facilitate discussions in the group. They would also need to organize the meetings, show up on time and provide guidance. The group could have open or closed membership, which would be dependent on the purpose of the group. The peer group could be opened to allow other officers from surrounding agencies to join the group. If the group is focused on a certain critical incident that occurred just at that organization, the group might choose to have a closed group for the time being, while members work through issues stemming from that incident. The group would also require structure and a consensus would be important for member of the group. The group would have to decide on whether the meetings are going to be formal, informal or will they be outings with activities. The last item to consider is a code of ethics for the group. These would be ground rules for the meetings and need to be developed by group members. For example, maintaining confidentiality, recognizing that their thoughts were neither right nor wrong, and not being judgmental about others could be used to develop a trust within the members.

Another counter argument that critics would also argue is that officers would not seek assistance due to fear that their medical information will be provided to their agency, causing them to be fired or placed on administrative leave. Officers, like the general public, are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA not only protects information about the officer that that is

placed in their medical records, or conversations that a doctor has about the officer's care, but also information about the officer in the health insurer's computer system, and billing information about the officer (U.S. Department of Health and Human Services, n.d.). There is an expected level of privacy that is wanted by those seeking treatment.

RECOMMENDATION

As stated earlier, police work comes with many challenges to the men and women who choose to do a job that many cannot or are not willing to do. The fact is that the men and women who choose to dawn the uniform and pin the shield to their chest are unselfish individuals who want to help. Unfortunately, due to the growing trend of "police bashing", people forget that the same individuals that they critique and challenge on a daily basis, are the same one that respond to their emergency calls for help.

Police officers in general are untrusting and very reluctant to express their personal feelings sometimes making it difficult for others around them to see the indicators of them having suicide ideation (Hackett, Violanti, 2003). This is precisely why supervisors or colleagues should receive training in the prevention of suicides. The training will make them more knowledgeable of risk indicators, and they would be invaluable asset to an organization as they would be in a great position to identify and intervene. Many hours and thousands of dollars are invested in an officer and yet the agencies are reluctant to have outlets available because of a certain "taboo" that stems from the words "police suicide". Instead law enforcement agencies should encourage and promote wellness and safety at all levels of the organization, but especially at the beginning of an officer's career. Suicides are often preventable, and if the outlets are in place to help officers' in crisis, the odds of overcoming their crisis is much higher.

Employee assistance programs provide valuable assistance to those in crisis and any agencies that do not have an EAP in place should reach out to agencies that do have one for guidance in the implementation of one. However, if the agency finds itself not being able to afford implementing an EAP, they can look at peer groups as an alternative. They are fairly inexpensive and a valuable outlet for those in need. There are many volunteers who are eager and willing to assist individuals in crisis. They are generally made up of individuals who are coping with the same issues that the officer is. This can lead to the officer feeling less alone and more importantly the feeling of being understood. They also serve to empower people to not only work through their issues but to find healthier solutions.

A benefit of peer support groups is that they can also serve as a gauge to measure if the officer is receptive to receive further treatment by a professional. The peer support group might not be the only answer to get the officer help, but it can serve as a stepping-stone for the officer to use. Couple that with an EAP, the officer has a better chance at getting the assistance they require to get him through the crisis. This may seem difficult for some smaller agencies, but there are larger departments that have peer support groups that will assist officers from other agencies.

Police officers place themselves in harms way every day in an effort to make a positive impact in the community, but every officer has challenges to overcome. You can place two different officers in the same critical incident or traumatic event and you will see two different outcomes. One officer might be able to cope with the stress and trauma, while the other cannot. It does not mean that the officer is weak or incapable; it means that they are human and not invulnerable. It is critical that law enforcement

agencies develop policies and procedures on how to deal with an officer who is in crisis or has suicide ideation. Once the policies and procedures are developed they should then be implemented which will not only help the officer in crisis, but would also help other members of the agency and their families. Officers carry on their person many tools to help them survive a physical encounter, but it is time that they are adequately trained and equipped to survive emotionally.

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