POLICE SUICIDE

PRESENTED BY

Robert E. Douglas, Executive Director

National P.O.L.I.C.E. Suicide Foundation

7015 Clark Road

Seaford, DE 19973

(302) 536-1214

(443) 889-5666

Redoug2001@aol.com

www.psf.org

Police Suicide

Robert E. Douglas
National P.O.L.I.C.E. Suicide Foundation

Three Primary Stresses

- Stress on the street
- Stresses within the department
- Stresses within the family

On the Street

- Dealing with extremes
- Shift changes
- Experience from critical incidents
- Fear of serious bodily harm
- Profiling accusations
- Technology
- Post 9/11 policing

Within the Department

- Promotion
- Mistrust of management
- Inconsistent discipline
- Issue of excessive force
- Attitude and demeanor complaint
- Women in Law Enforcement

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Personal Life/Family

- Transition work-home
- Distanced from family
- Spouse overwhelmed
- Withdraw from family
- Verbal/physical abuse
- Sexual dysfunction
- Nightmares
- Short fuse
- Never off duty
- Physical fitness level
- Away from home
- Alcohol use/abuse
- Lack of communication
- Appearance-undercover

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Because of stress Law Enforcement is prone to:

Depression

Alcoholism

Anxiety Disorders

Burnout

ALL may be associated with suicide!

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Police Burnout

Occupational Signs of Police Burnout

- Increased negative emotional contacts w/ public
- Increased absenteeism
- Low morale: feelings of isolation at work
- Loss of productivity
- Increased alcohol use
- Over "personalizing" the job

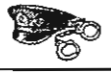
National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Police Burnout

Physical Signs

- Exhaustion
- Illness/traumatic injury
- Muscle tension
- Symptoms of depression & anxiety
- Sleep disorder
- Chest pains

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



Police Burnout

Psychological/Emotional Signs

- Anxiety and depression
- Mental fatigue
- Lowered tolerance/frustration
- Hopelessness/helplessness
- Anxious anticipation of future
- Judgmental
- Cynical distrust of others

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Top 10 Critical Incidents

- Suicide of a colleague
- Line-of-duty death
- Serious line-of-duty injury
- Disaster/multiple casualty incident including terrorism
- Police shooting/accidental killing
- Events involving kids
- Prolonged incidents
- Personally threatening incidents
- Excessive media attention
- Any event capable of causing emotional distress

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Suicide

Is the ultimate act of violence

Suicide is not about dying...

It's about stopping the pain.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

The Profile

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Police Suicide Profile

- White male
- Married (or LTR)
- Average age 35
- Patrol
- Off duty
- No previous record of misconduct
- Alcohol/substance abuse
- Loss of control in relationships
- Familiar site
  - comfort/pain
  - home or home place
  - facing demons
- Quick discovery
- LEO discovery
- Gun head shot
- Home (bedroom)
- Note
  - Electronic/physical/journal
- Timers

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Police Suicide: Statement of the Problem

- Comparison study of Police Suicide in major cities
- Facts and fables about suicide
- Reasons why officers commit suicide

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Hard Facts

- Over 89% of police suicides are done with a handgun.
- Alcohol is present in over 85% of police suicides.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Why Officers Commit Suicide

Survey: 500 Officers/9 major cities/98% considered suicide

- Death of child/spouse
- Terminal illness
- Killed someone/anger
- Fear/anticipation of arrest
- Feeling alone
- Responsible for partners death
- Sexual accusations
- Arrest/Indictment
- Loss of job/conviction of crime
- Being jailed or imprisoned

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Response to the Problem

- How does your agency identify an officer that has emotional problems?
- How does your anger handle an officer that has emotional problems?
- How does/would your anger react to an officer suicide?

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Recommendations

Agencies should be guided by policies that recognize suicide as a significant health problem in support of the Surgeon General's call to action.

Agencies open about association of on-the-job stress and police suicide: be diligent in identifying and keeping accurate statistical data on police suicide.

Adopt a comprehensive crisis response model as practical framework to understand and address variety of suicide issues involving police work.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Recommendations

Include basic LEO suicide intervention skills in training for recruits and enlisted officers.

Development of advanced suicide intervention training specific to LEO including:

- •High risk calls involving armed suspects
- •Barricaded subjects
- •Suicide by Cop
- •Autoeroticism cases
- •Vicarious Trauma
- •Resource Development

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Recommendations

Peer support/CISM protocols that include debriefing opportunities for officers affected by the suicide of a colleague.

Suicide bereavement support services available to family and peers of officer suicide.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Warning Signs

How do we know what to look for?

Are there specific factors or signs?

Are some behaviors considered "normal"?

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Warning Signs

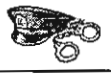
- Rise in complaints
- Change in personality
- Giving away property
- Taking risks
- Hopelessness
- Writes a will suddenly
- Subtle suicidal comments "can't take this anymore"
- "Calm before the storm"

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Common Risk Factors

- Depression
- Loss: death or divorce
- Failed relationship
- Stagnated career
- Under Investigation
- Terminal Illness
- Involved in shooting

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



What can I do?

- Be observant of risk factors self/co-worker
- Identify warning signs in self/co-worker
- Offer support to co-workers
- Seek confidential assistance for serious critical incidents and depression
- Utilize other support resources available to self/co-worker
- Consider other positive alternatives!!!!!

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Positive Coping Strategies

- Communication: family and friends
- Keep a journal about how you are feeling
- Set goals and establish priorities in life
- Social life outside of law enforcement
- Religion and spirituality (provides hope)
- Decrease alcohol at social events
- Volunteer (help self by helping others)
- Don't take vacation to work overtime
- Make plans for retirement (other than wearing a uniform)

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Negative Stress Relievers

- Choir practice (excessive drinking)
- Drugs: Prescription and illicit
- Avoiding the problem by working overtime
- Having an affair

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Negative Agency Responses

- Re-active approach (wait and see)
- Ignore the topic all together
- Place blame on individual vs. agency
- Varied response in the same agency

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Communicating with a Suicidal Officer

Perilous Ground & Different Tactics

Strategies Only - Not tactical concerns

Follow Tactical SOP's

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

How to Talk to a Suicidal Officer

1. **Be Yourself.** Anything else is phony, unnatural.
2. **HOW you say it.** Say or don't say not important. If words don't come, but genuine concerns, genuine you shines through.
3. **Deal with the person, not the problem.** If you act as counselor, expert, problem solver = resentment. Door closes.
4. **Don't sermonize.** Focus on issues and options.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

How to Talk to a Suicidal Officer

5. **Pleasures:** What things did they like before things started to deteriorate?
6. **Try and understand** what they are going through. Put yourself in their shoes.
7. **Assess:** ask about details of suicide plan. How detailed = how dedicated to completing plan.
8. **Focus: full attention.** Said vs. not said=red flag. Listen – let them speak uninterrupted.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

How to Talk to a Suicidal Officer

9. **Silence is golden.** Don't babble just to be talking. Use silence to your advantage, to plan.
10. **No 3rd degree.** Be interested, but not the "work" voice, techniques and mannerisms.

Simple questions:

What happened?
What's the matter?
Why are you doing this?
Who's going to benefit from this?

Less threatening and complicated.

Get out of work mode.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

How to Talk to a Suicidal Officer

11. **Control.** Don't do everything for them. Remember: stopping the pain and loss of control. If you try and control every move, they will try and regain it.
12. **Eye contact:** Don't look away. Conveys that you are listening.
13. **Touch touch touch!!!!** They can smell fear.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

How to Talk to a Suicidal Officer

14. **Never minimize.** Accountability is part of law enforcement. There's a always penalty. Never say "it's not that bad". Focus on honor, be direct and honest.
15. **Never alone.** DO NOT leave this officer alone. Do whatever it takes to stay with them. 72 hours is the minimum, self committal is best and busy time.
16. **Limitations:** soul search. Can you do this?

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

How to Talk to a Suicidal Officer

17. **Responsibilities:** You are not responsible for their actions. Influence, not control.
18. **Not advocating** that you assume role of trained specialist.

We ARE saying that you can do SOMETHING.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

When a Suicide Occurs

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Issues and Responsibilities

4 Primary Issues

Debriefing
Department's Role
Funeral Protocol
The Survivor's

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Debriefing

- Defusing may be needed ASAP
- Peer support need to be trained in PSA
- Peer support needs as many details as possible
- Will more than likely require more than one debriefing
- Finger pointing – casual element
- Anger recognition and how to manage it

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Angry at the Officer

- "He/She took the cowards way out, couldn't take the pressure."
- May fear they are capable of the same thing.
- May show more anger toward the officers family and toward other officers.

WHY?

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

The Department's Role

3 Stages:

Immediate: notifications, funeral, defusing/debriefings and family care.

First 2 Weeks: Information management, rumor control, liaison for family, continuing CISM.

Long Term: protocol development, EAP/HR referrals, negative to positive impact, training.

Police Chaplains: all 3 stages

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

The Department's Role

Long Term

Support officers in taking care of one another with:

- Training
- Policies
- Support Systems

Take steps to prevent mental health issues from reaching the point at which an officer considers harming themselves:

- Pre-employment screening
- General wellness programs
- Availability of confidential counseling
- Health plan that encourages mental health consultation

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

The law enforcement culture of self-reliance can interfere with an officers willingness to seek mental health counseling...

- Remove the stigma of seeking help
- Enhancing understanding of mental health practices
- Incorporating suicide prevention training can have a considerable impact on mental health promotion.
- Create an atmosphere in which officers are encouraged to seek help for their emotional concerns (and to encourage their peers to seek such help).
- Analogy: seeking professional help for mental illness is much like seeking help for a physical illness.
- Expressing concern for a fellow officer's well-being can be compared to backing him or her up on the street.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Peer Support Training should include...

Suicide prevention training (including self-care) should be integrated into an agency's CISM program.

- Recognize behavioral patters and other warning signs that indicate that a person may be at risk of suicide (or other emotional problems)
- Actively intervene, usually by talking to the person in ways that explore the level of risk without increasing it
- Ensure that those at risk of suicide or other problems receive the necessary services

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Developing a Plan

- Be respectful of all views of the death.
- No matter what the cause it is a tragedy.
- Focus on the needs of the officers/civilian employees/family members.

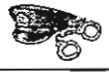
Structured plan is the only way we know how to grieve...

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Often Worse than a Line-of-Duty Death

- Lack of specific focus for anger
- Confusion caused by lack of protocol
- Suicide fragments a department: Individual moral/religious values come into play
- Mental health of some employees are effected
- Relationships of the deceased with surviving employees
- Where and how the suicide was committed

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



The Survivors Issues

- Impact difficult and long-lasting
- Recognizing own mortality
- Family-Peers-Relatives-Family of LEO in department
- Relations in department make it harder
- How do you know what to say?

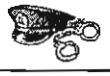
National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

What kind of resources are available?

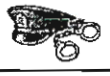
- Not a national standard of services
- Employee Assistance Programs/Human Resource Departments
- Hotlines (suicide prevention)
- Mental Health Clinicians
  - Police Friendly
- Peer Support
  - Defusing and Debriefings
  - Follow ups
  - For the Debriefs
- Police Chaplains Programs
  - International Conference of Police Chaplains

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



Develop Prevention Programs

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



Objective: Proactive Posture

- Education: Police Suicide Awareness
- Integrate with **CISM** Program
- Integrate with Early Warning System and EAP/HR Assistance

Preventable with early intervention
Peer support often sufficient enough
Most remedied without counseling

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Start at the Beginning

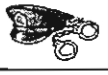
- Start with entry-level recruits and teach them proper Emotional Life-Saving.
  - Encourage interests and activities outside of the police department
  - Have and maintain friends outside of the police department
  - Family is everything-don't throw away those ties
- Nurturing life and "Coming of Age"

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Peer Support Programs

- Develop a sound and functional CISM program
- Members-emotional sound
- Team integrity never compromised
- Confidentiality is gold
- Proactive Team-watches predictors and acts
- Multi-level: field, rank, administrators, dispatchers, support personnel

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



Spouse Awareness Program

"Family" training standard most agencies
  (benefits etc.)
Citizens Academy
  Excitement draw
  Range and Defensive Tactics
  Safety Precautions
Step-down CISM Awareness Program
  Teach them how to communicate
Develop Significant Other CISM sub-teams
  Hospitals
  Child Care
  Grocery Shopping
  Laundry

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas

Mandatory Psychological Screening

Entry or re-entry level (active military)

Mandatory Psychological Evaluations

Specific Events: LODD, Post Shooting

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

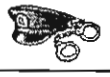
Spiritual Awareness Programs

Geared to Law Enforcement if Possible

Access to Police Chaplains

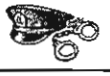
Non-denominational

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



Issues of Survivors

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615



Robert E. Douglas

How does survivors situation differ from that of LODD?

- 2 incomes to 1
- Car payments
- Mortgage Payments
- Child Care
- Schools (private, college funds)
- Level of health care
- Death benefits
- Retirement/disability benefits

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

How can you as an individual and as an Agency best serve or meet the needs of your survivors?

SUPPORT

PSA & CISM Training

Yearly Events

Break the Cycle of Violence-Family

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Robert E. Douglas
National P.O.L.I.C.E. Suicide Foundation
www.psf.org

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

ONCE A MIND HAS BEEN STRETCHED BY A NEW IDEA, IT NEVER RETURNS TO ITS ORIGINAL SHAPE.

-OLIVER WENDELL HOLMES

Mom + Dad,

I love you both very much, so don't feel that your at fault. You did not fail nor did anyone else. I love everyone, and no one is to blame, but me! Please forgive me and pray for me.

The pain that I feel in my heart grows stronger as each day passes by. Nothing or no one can take that pain away, it's unbearable.

I cannot continue this way, time will not heal this wound, it's complete and will last forever in my life on earth. I cannot live an empty life.

I hope that you all will forgive me and myself. But most of all I hope that God will forgive me.

I don't know what's worse? The burden of Kathleen's death and knowing that I'm responsible for taking the life of the most beautiful person I've ever known here on earth, or living with the pain I feel right now for knowing that I've hurt you all. I'm sorry. Justice, I feel, must be served and it's the only answer for both that and the insanity I'm facing now.

[redacted]. You know the pain I feel, [redacted] understand there's nothing that can change it. Be strong for me and Kathleen and pray for us.

Buddy and Skip, you must be strong for Mom, Dad, and Candy, they will need you. You must all be strong for each

I should have died in the accident. Spiritually I did. Pysically I did not.

You all should know, and I'm sure you do, that I love each and everyone of you very much.

I ask for repentance now for I don't know if I can once I'm gone.

Tell all those who care, thank you and that I love them and to pray that I'm with Kathleen and that both of us are with God.

I love you all, forever

Phil

Remember me as I was, and not how I've been.

[redacted]

DEAR JANICE

I LOVE YOU AND THE GIRL VERY MUCH. THINGS WITH ME HAVE NOT BEEN RIGHT AT WORK OR WITH ME. I'M DOWN STAIRS IN THE TOOL ROOM. I HAVE SHOT MY SELF. DO NOT COME DOWN. JUST CALL 911 AND TAKE THE GIRLS OUT OF THE HOUSE I'M SORRY OF ANY PAIN I HAVE CAUSED YOU.

OVER

PLEASE FIND SOMEONE NICE. I WILL ALL WAYS BE PRESENT IN SPIRIT. KISS THE GIRLS EVERY NIGHT FOR ME.

LOVE ALWAYS
L.T.

THE NOTE I LEFT ON THE COUNTER FOR AMBER WAS SO SHE WOULD NOT GO LOOKING FOR ME.

Surviving a Suicide

By Julie Zielinski

The death of my son, Matthew, by suicide is the worst sadness and pain that a mother can experience. He was an athlete, a United States Marine Corps Sergeant, and a Chelan County Sheriff Deputy – and our beloved first son.

How can anyone survive suicide? Having God beside me is the only way I made it through this ordeal. And today, the pain remains as I move throughout the days, weeks, months and years.

I have never been mad at Matthew for what he did. Being a sheriff deputy, his superiors were a source of great support for me. I learned more about his last hours from them, as they did not like the story they heard. They sent the detectives to investigate and learn the real story, and I found out even more. I was angry about the situation, a failed relationship that was senseless and mean.

Matt's death and its aftermath left me in a deep dark hole, battling the fog. Trying to crawl out of that hole was almost impossible until one day I received a message from the Lord: "You need to write a book on Matthew and suicide. This will save lives." So I obeyed. I wrote *Matt's Last Call: Surviving Our Protectors.*

I had an overpowering need to talk about Matt's death. I needed to tell his story to help battle the stigma of suicide. I received looks of pity and anger from people who had no idea what suicide means, and why a person might take his/her life. By telling my story and Matt's life story, I found that people listened and began to realize what suicide is all about.

Grief-stricken survivors need to be dealt with gently as we are breakable. Grieving is a long process, one that is personal, solitary, and, so often, difficult to understand. All too often people are quick to judge. It took five years for me to climb out of that fog and begin writing *"Matt's Last Call: Surviving Our Protectors."* I was in such a deep place that I forgot about Matthew's co-workers, his law enforcement family. They were always here for me. That was so very

comforting, but I also need to be there for them. They are hurting also. They have emotions just like the rest of us.

People may wonder why I am not smiling. They may think a grieving person is not feeling well. Well, what are they expecting? There is a place and a time for mourning and grieving when someone you love has died. So, do not expect us to get over it quickly. I will *never* "get over it." Matthew was in my life for twenty-seven years. I carried him, gave birth to him, fed him, nurtured him, loved him, and, at the end, continue to mourn him.

My heart is broken – and you say, "Get over it." "Move on." "Get back to normal!" What's normal? There is no normal. Our table has an empty chair. Matthew's funny comments, antics, and teasing are gone forever, except for the memories. He was part of everything I did, just as Tami and Mark are today. Now, he's gone.

Knowing Matthew was a Christian, I am sure he is alive in heaven -- no more pain, no more fear. I will see him there, but he is not here with me anymore. That is where mourning comes in.

Knowing that large truth about Matt being in heaven, I was able to begin my healing. But that did not stop the daily pain. But now, I am putting that pain to use by trying to help others deal with their own grief, and hopefully to prevent others from going through the same thing.

When you ask a grieving person, "How are you?" he or she may have a hard time answering you. Maybe it would be better to say, "I'm praying for you," "I'm sorry," "I love you," or "I'm always thinking of you."

When you are mourning, you are vulnerable. Your guard is down, and you are sensitive – sensitive to things that will help you and sensitive to things that can hurt you. If you want to say something to a grieving person, pray first and ask God to give you the right words. If you do not have the right words, just smile and pray for them.

Sharing Matt's story and our journey continues to be a challenging process. Individuals and families who are coping with grief, mental illness, stress, post-

traumatic stress disorder, dysfunctional relationships, harassment, or bullying can and need to find help.

And, if you are one of the many courageous men and women who have chosen to serve through careers in public safety or the military, the time may come when you need to decompress and shed the stresses of the career.

Seek out help. There is a light at the end of the darkness, and there are many caring professionals who can lead you to the light.

Please find the help that will return you to the fullness and joy of a healthy life.

About the author:

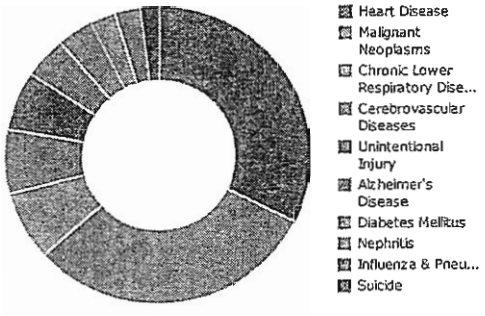
Julie Zielinski is the Washington State Concerns of Police Survivors (C.O.P.S.) Suicide Liaison, a member of National Police Suicide Foundation, a retired teacher and athletic coach. She is the author of *Matt's Last Call: Surviving Our Protectors.* Her website is: http://mattcutshort.tateauthor.com/

Facts and Figures

Suicide Deaths

The Centers for Disease Control and Prevention (CDC) collects data about mortality in the U.S., including deaths by suicide. In 2010 (the most recent year for which data are available), 38,364 suicides were reported, making suicide the 10th leading cause of death for Americans (Figure 1). In that year, someone in the country died by suicide every 13.7 minutes.

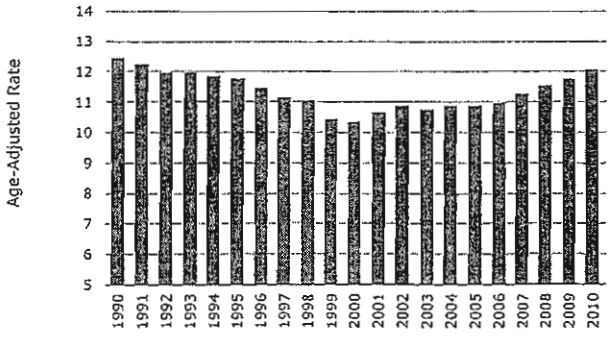
10 Leading Causes of Death, 2010



To measure changes in the prevalence of suicide over time, the CDC calculates the country's suicide rate each year. The suicide rate expresses the number of suicide deaths that occur for every 100,000 people in the population for which the rate is reported.

Over the 20-year period from 1990 to 2010, suicide rates in the U.S. dropped, and then rose again (Figure 2). Between 1990 and 2000, the suicide rate decreased from 12.5 suicide deaths to 10.4 per 100,000 people in the population. Over the next 10 years, however, the rate generally increased and by 2010 stood at 12.1 deaths per 100,000.

Suicide Rates, 1990-2010



Are Suicide Rates Still Rising?

CDC figures for death by suicide are currently lagging by more than a year. Information is not yet available for 2011 or 2012.

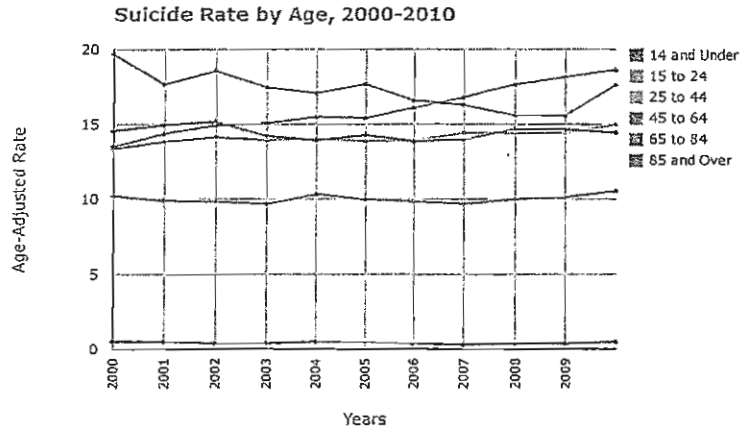
Who is Most at Risk for Death by Suicide?

Suicide death rates vary considerably among different groups of people. The CDC reports suicide rates by four key demographic variables: age, sex, race/ethnicity, and geographic region/state.

Research suggests that many other variables also affect suicide rates, such as socioeconomic status, employment, occupation, sexual orientation, and gender identity. Although individual states collect data on some of these characteristics, they are not included in national reports issued by the CDC.

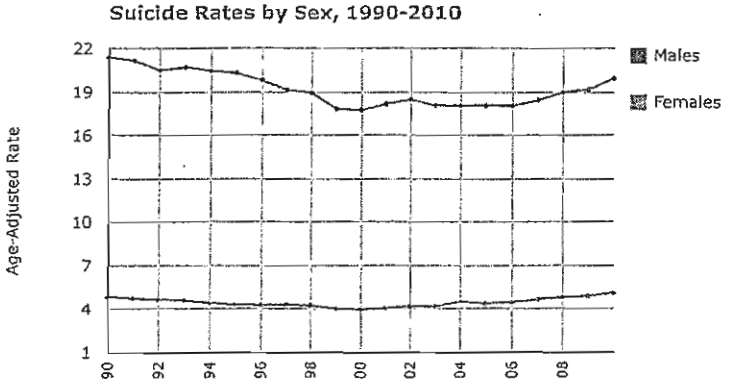
Suicide Rates by Age

In 2010, the highest suicide rate (18.6) was among people 45 to 64 years old. The second highest rate (17.6) occurred in those 85 years and older. Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2010, adolescents and young adults aged 15 to 24 had a suicide rate of 10.5 (Figure 3).



Suicide Rates by Sex

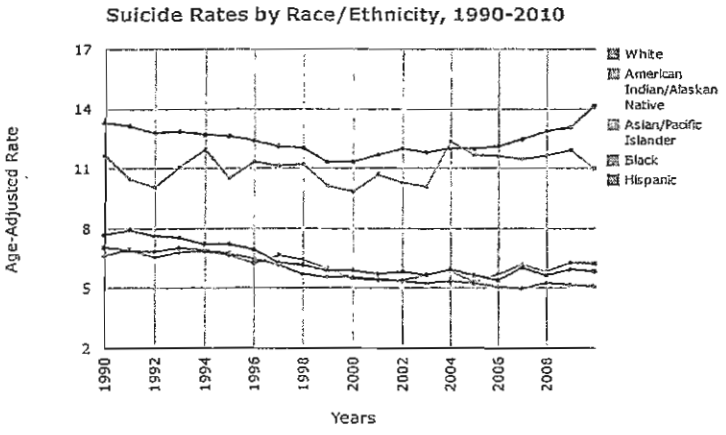
For many years, the suicide rate has been about 4 times higher among men than among women (Figure 4). In 2010, men had a suicide rate of 19.9, and women had a rate of 5.2. Of those who died by suicide in 2010, 78.9% were male and 21.1% were female.



Suicide Rates by Race/Ethnicity

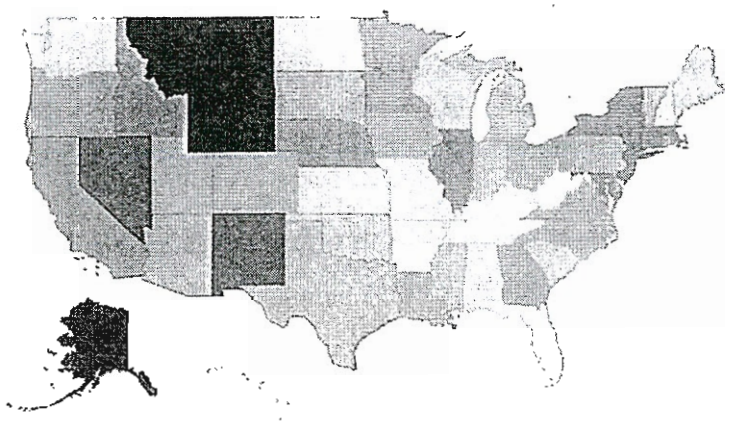
In 2010, the highest U.S. suicide rate (14.1) was among Whites and the second highest rate (11.0) was among American Indians and Alaskan Natives (Figure 5). Much lower and roughly similar rates were found among Asians and Pacific Islanders (6.2), Blacks (5.1) and Hispanics (5.9).

Note that the CDC records Hispanic origin separately from the primary racial or ethnic groups of White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander, since individuals in all of these groups may also be Hispanic.



Suicide Rates by Geographic Region/State

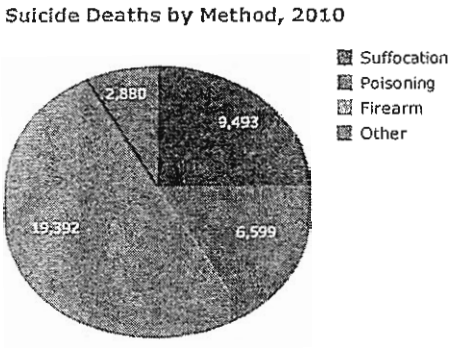
In 2010, suicide rates were highest in the West (13.6), followed by the South (12.6), the Midwest (12.0) and the Northeast (9.3). Six U.S. states, all in the West, had age-adjusted suicide rates in excess of 18: Wyoming (23.2), Alaska (23.1), Montana (22.9), Nevada (20.3), New Mexico (20.1) and Idaho (18.5). Four locales had age-adjusted suicide rates lower than 9 per 100,000: New York (8.0) and New Jersey (8.2) in the Northeast, and Maryland (8.7) and the District of Columbia (6.8), in the Southeast (Figure 6).



Suicide Methods

In 2010, firearms were the most common method of death by suicide, accounting for a little more than half (50.6%) of

all suicide deaths. The next most common methods were suffocation (including hangings) at 24.8% and poisoning at 17.3% (Figure 7).



Economic Impact of Completed Suicides

The economic cost of suicide death in the U.S. is estimated to be $34 billion annually. With the burden of suicide falling most heavily on adults of working age, the cost to the economy results almost entirely from lost wages and work productivity.

Suicide Attempts

No complete count is kept of suicide attempts in the U.S.; however, the CDC gathers data each year from hospitals on non-fatal injuries resulting from self-harm behavior.

In 2010, the most recent year for which data is available, 464,995 people visited a hospital for injuries due to self-harm behavior, suggesting that approximately 12 people harm themselves (not necessarily intending to take their lives) for every reported death by suicide. Together, those harming themselves made an estimated total of more than 650,000 hospital visits related to injuries sustained in one or more separate incidents of self-harm behavior.

Because of the way these data are collected, we are not able to distinguish intentional suicide attempts from non-intentional self-harm behaviors. But we know that many suicide attempts go unreported or untreated, and surveys suggest that at least one million people in the U.S. each year engage in intentionally inflicted self-harm.

As with suicide deaths, rates of attempted suicide vary considerably among demographic groups. While males are 4 times more likely than females to die by suicide, females attempt suicide 3 times as often as males. The ratio of suicide attempts to suicide death in youth is estimated to be about 25:1, compared to a about 4:1 in the elderly.

Economic Impact of Suicide Attempts

Non-fatal injuries due to self-harm cost an estimated $3 billion annually for medical care. Another $5 billion is spent for indirect costs, such as lost wages and productivity.

National P.O.L.I.C.E. Suicide Foundation
1-866-276-4615

Police Suicide Funeral: Model for Policy and Protocol

I. Written Protocol

A. When writing the protocol, please title your policy as "Non-Line-Of-Duty-Death".

1. There is a stigma attached to labeling the protocol as "suicide".
2. Writing a Non Line of Duty Death protocol also leaves a provision open for any other type of death off-duty that arises, where your agency would want to provide a police funeral.
3. Be mindful that there are a great deal of conflicting belief systems that will challenge this development.
   a. Use verbiage that eliminates "bad cops" from this process, "bad cops" being defined as any officer who commits suicide to escape criminal prosecution.
   b. Be prepared to differentiate between LODD and a Non LODD.

      - LODD generally includes or articulates the definition as death with honor, death with valor.
      - Non LODD, especially on the issue of suicide, will promote feelings of anger and confusion on the topic.
      - By recognizing an officer for the tasks, bravery, and genuine good heartedness displayed during his/her career, some of the stigma is dispelled.
      - Best example: end caps on the NLEOM in D.C., Which echo the sentiment " It's not how he died, its how he lived..."

4. This type of verbiage provides a more positive spin on developing this funeral protocol.
5. Making a provision for a police suicide funeral provides your agency with a structured way to grieve, which provides a healthy and shameless way to work through this event.
   a. "The needs of the many, outweigh the needs of the few..."

B. Participation
   1. Officer involvement should be allowed the same as with a Line of Duty Death.
   2. Officers should be informed of arrangements and have the freedom to attend without retribution.
   3. Notification of any local, state, or federal liaisons are appropriate. These agencies should be allowed to attend and/or support the funeral as needed.

II. Prior to Funeral

A. Meet with family
   1. Determine what expectations they have of the department in relationship to the funeral.
      a. Will the officer be buried in uniform
      b. Will uniformed officers assist with the funeral
   2. It is important that the Department makes the initial contact, instead of waiting to see if the family contacts you.
      a. The family may not know what to ask for, or how to ask.
   3. Assign the family a police liaison that is willing to be available to the family 24/7 to address any concerns.
      a. The biggest mistake made is not providing the family with the same resources we give our officers.

B. Send flowers to the funeral home from the Department

C. Have uniformed officers present during the viewing hours at the funeral home to assist the family if needed.
   1. Traditionally, officers are assigned post at the casket, with one hand never leaving the casket. This tradition is derived from the belief that we never leave an officer alone, including in death. Until interment, officer will always be "attended".
      a. Change of post, gloved hand is on casket at all times.
      b. Transition during changed of post, must be smooth.
   2. This post should be voluntary for suicide funeral.
      a. Personal belief systems may inhibit some from participating in this phase.

III. Conducting the Service

A Minister.
   1. If a family minister is conducting the service, ask the family if a Police Chaplain or a Department Representative could speak on behalf of the police department or law enforcement community.
   2. If there is no family minister, offer the services of your Chaplain.

B. Including Uniformed Officers
   1. If possible, allow uniformed officers to attend the funeral service, especially those who worked with the deceased officer.

2. This is important not only to the family, but for his/her fellow officers .
3. If you make it difficult for officers to attend the funeral, it will create hard feelings towards your department.

C. Final Salute
1. A final salute in front of the casket is appropriate.
2. This can be accomplished in single file order.
3. After offering final salute officers should proceed outside to gather in ranks in preparation for the casket to be transferred to the hearse.

D. Honor Guard
1. Honor Guard should be located outside of the funeral home when the casket is brought out.
2. An order of Present Arms would be appropriate.

E. Mobile Escort
1. Departmental Event Units should cover both front and rear of the funeral procession.
2. Emergency equipment activation (blue lights) are appropriate during the procession.
3. Regardless of cause of death, the deceased officer was a "fellow officer" and his survivors (family and peers) will always be part of the "police family"
   a. "One must never, for whatever reason, turn his back on life." ~ Eleanor Roosevelt

IV. Graveside

A. Have uniform officers and Honor Guard line the immediate pathway to the grave site / tent.
B. Call to Attention when casket and family pass by.
C. Bagpipes during processional, and Taps at conclusion of service are appropriate.
D. Dismiss officers at conclusion of Taps.
E. Have a gathering area for officers at conclusion of funeral, away from Department.
   1. This allows for venting, further grieving, open dialogue for officers.
   2. Serves as an informal "debriefing" that helps the grieving process.

V. Reception
A. If at all possible, attend reception for the family and request that your Police Chaplain attend as well.
   1. Although painful, this provides the family with a sense of unity, and that we are not abandoning them after the funeral.

VI. Mourning Bands

A. National survey indicates that in keeping with not allowing a perception of shame, and with paying utmost respect to this officer's good deeds during him career, mourning bands are appropriate.

B. Draping of marked units for a pre-defined timeline are also appropriate.

1. Black band across hood of police vehicles

This model guideline will enhance the image of your Agency as one that is caring and compassionate. It clearly indicates that your department meets the needs of the police family as a whole.

Remember that funerals are for the living – the survivors, both family and peer, need your support in this most difficult time in their lives. The survivors are hurting – don't add to their pain by passing judgment. BE THERE to promote the grieving and the healing process.

The National Police Suicide Foundation
Robert Douglas, Executive Director
8424 Park Rd. Pasadena, Maryland 21122
1-866-276-4615

Updated: February 2008

Law Enforcement Officer Suicide Protocol

GENERAL:

- Remember, regardless of the cause of death, the deceased was a fellow officer and his survivors will always be a part of the police family. Do not judge a person who has completed suicide by their last known act.
- Maintain a liaison presence with a family-trusted agency officer.
- Call it what it is "suicide". Another effective phrase is that the officer died of a "self-inflicted wound". These are appropriate and will help us to move along in a healthier manner.
- No suicide is a genuine "success". Use the phrase "completed suicide" rather than "successful suicide.
- Deal with the issue of suicide in a non-judgmental manner.
- Allow people to exhibit a broad range of emotions over the first several days as long as they don't put themselves or others in harm's way. Anger is especially common.
- Meet with the family and see what THEY want. Provide some gentle advice regarding ceremonially in the same manner as a line-of-duty death (LODD), do not equate it to a LODD with your language.

DEATH NOTIFICATION:

- If at all possible, the notifier should be someone who knows the family and the person who committed suicide, but not someone who is so close that he or she is emotionally overwhelmed.
- Make available to the notifier *Survivor Intake Forms, Community Resource Forms for Survivors* and wallet cards.
- Employ the best practices of next-of-kin death notification principles when delivering the news: in person; in time; in pairs (minimally); in plain language; with certainty and thoroughness; and with compassion.
- As always, be very aware of your surroundings.
- Ask to go inside the home.
- Ask the survivor(s) to sit down. Get at the same eye-level as the survivor(s).
- Gather the rest of the family, excluding children, for the notification so it doesn't need to be done more than once or by a survivor just finding out this tragic, life-changing information. Let the adults decide how they will tell the children.
- Don't be afraid to use the word "suicide".
- Give good eye contact.
- Be prepared for different types of responses: disbelief, shock, expression of feelings, help in understanding what happens next, anger etc. It is never a bad idea to have EMS posted around the corner in case of physical complications like shock, fainting, heart attack, etc.
- Use open-ended questions rather than closed-ended questions.
- Do not leave them alone. Ask if there is anyone they want notified (family, friend, pastor, etc.) and wait until someone is there with the survivor(s).

FUNERAL:

- Assign someone as an agency liaison. This person should be the "go-to person" for other agencies who attend the funeral. Attending agencies should all be recorded along with names of officers attending, mailing addresses, and name of agency head(s).
- Allow the same availability for officers' involvement as with a line-of-duty death. All officers should be informed of the arrangements and have the freedom to attend. This is beneficial to both the family and the officers-therefore the agency and community as well.

- Other local and state agencies can be posted to help with gaps that may occur in unmanned areas during the visitation and funeral time periods. Use them if needed.
- Send flowers to the family and the agency.
- Have uniformed officer present during the visitation/viewing hours as well as during the funeral.
- If a family minister is conducting the service, ask if a Police Chaplain and/or an Agency Representative may speak on behalf of the agency.
- A "final salute" in front of the casket is appropriate. Following the final salute, officers should proceed outside to gather in ranks for the casket placement into the hearse.
- Have the Honor Guard located outside of the funeral home when the casket is brought out. An order of "present arms" would be appropriate.
- Have agency Event Units cover the front and rear of the funeral procession. Blue lights are appropriate during the procession.

GRAVE SITE:

- Have uniformed officers and Honor Guard line the immediate pathway to the gravesite tent. Call to attention when casket and family pass.
- "Amazing Grace" on the bagpipes is an appropriate and moving part of the service and could be included here, if desired.
- Play "Taps" at the conclusion of service. Dismiss officers after the conclusion of "Taps".

POST-FUNERAL:

- Plan for several debriefings for officers and staff anywhere from about 3-7 days after the funeral. These ought to be broken into homogeneous groups and those participating should be taken off-duty during the debriefings so they can be fully engaged and will not leave in a poor emotional state to respond to a call.
- Make EAP, social services, peer support (LEAPS, etc.), and properly trained chaplains clearly available with easy means of contact. Provide a place, if available, where officers will feel comfortable to meet with potential avenues of assistance like those listed above.

LONG TERM:

- Develop an agency-wide Police Suicide Awareness curriculum that would be mandatory at academy and for in-service training.
- Develop an agency-wide in-service for families and loved ones of officers that would teach the same general principles of Police Suicide Awareness for those who regularly interact closely with officers.
- Provide a mandatory annual in-service opportunity for all officers to fill out a sealed, confidential, and securely filed Personal/Financial Dairy to help the officer's family in the event of death.
- Offer QPR (Question, Persuade, Refer) and or ASIST (Applied Suicide Intervention Skills Training) courses to all agency employees and spouses/significant others as part of an ongoing program of service to officers and the agency.
- Encourage and facilitate specialized training for your agency in death notifications and line-of-duty death protocols.
- Continue family contact, if possible. It is important for them to feel like they are still considered part of the "police family". They are still alive and should be included in social functions.
- Remember and acknowledge anniversaries!

TEMPE POLICE DEPARTMENT
PSA
POLICY AND PROCEDURES
RECOMMENDATIONS

National Police Suicide Foundation, Inc.
7015 Clark Road
Seaford, Delaware 19973
302-536-1214

Introduction

Our expectations are very high as we come into your agencies to provide recommendations for policies and procedures that will address the issues leading to the number one killer of Police Officers in our country today, and that is officer related suicide. This program and training will require a significant commitment on your part. You will need to seek and search your own mortality as we research why Police Officers kill themselves every 17 hours in this country (Combating Police Suicide, FBI National Academy, Jean G. Larned, Instructor, Forensic Examiner, Vol. 19. Number 3. Fall 2010)

Suicide today in Law Enforcement is a growing cancer that is spreading rapidly throughout our police ranks. The National Police Suicide Foundation (NPSF) believes that a major part of the solution to this issue lies in a better understanding of why Police Officers would kill themselves. As executive leaders within our Law Enforcement Agencies, we need to bring about a greater awareness by effectively educating our staff personnel and officers along with their families to the issues we are facing.

As the Executive Director, I want to thank you for taking a "pro-active approach" in addressing and implementing policies and procedures along with Police Suicide Awareness Training with the Tempe Police Department. Your investment today will hopefully prevent police suicides within your agency for years to come.

Respectfully,

Robert E. Douglas, Jr.
Executive Director, NPSF

STEP ONE.
EXECUTIVE MANAGEMENT APPROACH

Management's response in taking either a "pro-active" or "re-active" approach in issues of stress and suicide will set the tone for your agency. The primary concern is the issue of trust from the line officer to management. The question will be asked, "Can officers openly and honestly approach their leadership when experiencing serious stress related issues?" If their perception is no, then some officers may feel a level of desperation that will lead them to resolve their psychological issues and emotional pain by suicide.

The Executive Management within Tempe Police Department needs to address the following:

1. Executives need to understand and acknowledge that police suicide is a major issue within Law Enforcement nationwide.
2. Understand that administrators define what is considered shameful. The stigma associated with personnel who attempt or complete suicide is defined by managements response to the issue.
3. Mixed messages from executives will cause officers in crisis to question if management has their vested interest at hand, or just interested in assigning them to a "rubber gun squad", taking their firearms away and more traumatically taking away their badge.
4. Many officers in our Law Enforcement agencies have expressed to me a perception that Employee Assistance Programs or other mental health programs are not an option for them when they are in crisis. They feel this way because they feel they can not trust them because they are looked at as a part of management and are concerned about the issue of confidentiality. If such programs are to be successful, management must change the perceptions of their officers.

How do we as executives change this perception or attitude of our personnel?

1. The Police Chief of Tempe Police Department should personally appear at all roll calls on all shifts to speak briefly with the officers about the agencies new aggressive approach in addressing issues of officer wellness.
2. If your agency has a Police Union, the Police Chief needs to set up a meeting with their executive board and speak about the Police Suicide Awareness Training that will be implemented in June 2011. Having cooperation of the union will make for a smoother implementation of possible departmental changes in Policies and Procedures.
3. Over the years, working within a large East Coast Police Department, the attitudes of some Executive Officers made it very clear to our line officers. It was the attitude of " if you can't stand the heat, get out of the kitchen." As we enter the 21st century, that kind of negative attitude will cause serious moral issues and a loss of productivity from the officers within the agency. Law Enforcement Executives can neither afford to distance themselves from their officers in time of crisis, nor can they offer to send the message that they simply do not care. How you deal with the emotional issues of your agency will be reflected in the services that you are able to provide to your communities. How we intervene and prepare them to solve their own problems will help break down the stigmatization associated with seeking help. This is what leadership is all about, not who you are, but how you serve the men and woman who serve your community.

4. Finally, this kind of PSA program must be part of your Policies and Procedures. As an agency, you will need to require annual PSA training by your Education and Training Division. This training should be provided not only for the young recruits, but as a part of your in-service programs as well. There is also a very high suicide rate among retired officers in the first 5 years of their retirement, so offering an in-service through the union for retired officers would be a real plus. Nothing can be more important than understanding our mental health issues that will provide and assure the protection of our own.

STEP TWO.
TRAINING FIRST LINE SUPERVISORS IN THE ROLE OF PREVENTION AND INTERVENTION

One of the most valuable positions in your Law Enforcement Agency is that of the 1st line supervisor. If there is a buy in from your 1st line supervisors on the importance of Police Suicide Awareness Training within your agency, then the effectiveness of such an officer wellness program will be seen in prevention as well as in the recovery from a suicide of a Law Enforcement Officer. Some points to take into consideration are:

- The suicide of a co-worker is listed as one of the top eight critical incidents within the emergency services profession. (Mitchell, 1990)
- Police suicides can devastate the morale of an entire agency and leave individual officers with intense feelings of guilt, remorse and disillusionment. Many feel they should have done something to prevent the suicide and often keep these feelings to themselves (Violanti, 1996)
- It is estimated that 80% of suicide victims give off clues regarding their intentions to kill themselves.
- In a survey of 500 Law Enforcement Officers conducted by the National Police Suicide Foundation 98% of the officers said they would consider suicide, citing the following reasons. (1997)

    - Death of a child or spouse
    - Loss of a child or spouse through divorce
    - Terminal illness
    - Responsibility for a co-workers death
    - Killed someone out of anger
    - Indictment
    - Feeling alone
    - Sexual accusations
    - Loss of job due to a conviction of a crime
    - Being locked up (DUI)

All 1st line supervisors should attend structural training in verbal, behavioral, coded and situational clues of those contemplating suicide.(Violanti 1996) Good supervisors focus on getting to know the officers they work with. Personal interactions with those officers on an official or off-duty basis provide an excellent opportunity for them to observe clues of possible depression or anxiety which could lead to intervention. They can have a dramatic impact on the prevention of suicide within their agencies. With training in suicide prevention and intervention tactics, law enforcement supervisors literally could save the lives of those they lead.

STEP THREE.
THE ROLE OF PEER SUPPORT

The Peer Support Program is not an element of the Employee Assistance Program (EAP), nor is it a substitute for professional help. This program, in relationship to the prevention and in many cases intervention, has proven to be very effective in providing support for officers and their families that are in crisis. For your agency, such a program is preventive maintenance, as it allows officers and their families the opportunity to speak with a Peer Support person about their problems and concerns with strict confidentiality. Situations where I can see Peer Support being implemented would be some of the following:

- Overwhelming situations impacting either their home or work
- Intense feelings of discomfort, stress or confusion (grief - loss of child or spouse)
- Significant symptoms that persist longer than 6 weeks (prolonged illness, post-op complications)
- Suicidal thoughts or planning
- Self-Destructive behaviors (drugs and alcohol abuse)
- Feel like they are losing control over situations (divorce, investigation after a shooting)
- Just following up on concerns from others to see if OK

When working as a Chaplain who was part of the Peer Support Team with the Baltimore City Police Department for 18 years, we focused on how normal is was to have these feelings of uncertainty and loss of control when dealing with a crisis in their life. One of the issues that was overlooked up until the early 1990's was the issue of depression and the role it played in officer suicides. In 2007, the California Highway Patrol was having a serious issue with Police Officer suicide. They had lost 14 officers in 14 months to suicide. The Foundations was called upon to provide PSA training to their Peer Support Officers and since that training they have seen a definite decrease in the number of officers they have lost to suicide. We find that Peer Support Training can be effective in both a "pro-active" approach as well as in a "reactive" approach to these crisis situations.

Training Recommendations - A four hour block of instruction should be given to Peer Support personnel (law enforcement and civilian) and should include the following subject areas.

- Understanding Suicide and It's Causes
- Prevention of Suicide (Warning signs and trigger events)
- Motivations for Suicide (Myths about suicide, Suicidal range of behaviors)
- Clues to Suicide (Obvious, hidden or mixed)
- Intervention (Do's and don'ts of suicide intervention)
- Risk Assessment Steps
- Helping Survivors (Dealing with anger, self-blame, failure, shame, sadness, depression)
- Resources
- Standards of Confidentiality

Peer Support training for your agency will let the officers know that someone understands that they are human underneath that uniform and that their mental health is the departments number one concern.

STEP FOUR.
THE TRAINING OF CIVILIAN PERSONNEL

In my agency in Baltimore City in 1976, we had an officer related shooting where a Major was shot in the head and a Lieutenant was shot in the stomach during a trial board hearing. The officer responsible for the shooting was being charged with offensives that would have cost him his job. I was in the Headquarters Building at the time of this shooting. We had 650 civilian employees working in the building at the time. After the officer shot the Major and the Lieutenant, he turned the gun on himself. I served on the Critical Incident Stress Management (CISM) Team and recall how we spent days after the shooting conducting "defusing and debriefing" sessions for all the civilian personnel, not only at the Headquarters building, but throughout all nine police districts. This act caused severe emotional trauma for our civilian personnel. Often we forget that our civilian personnel can be exposed to some of the same daily trauma as our officers on the street that can impact their mental wellness. An officer shooting, a dispatcher whose call for help did not arrive in time, a line of duty death, an officer suicide all leave their mark not only on our officers, but on our civilian members of our Law Enforcement Family as well.

Our goal with your agency is to equip all civilian personnel with the ability to recognize departmental personnel who are in crisis and what steps they must take to secure the safety of that individual and the department. I recommend that all civilian personnel and supervisors have at least a two hour PSA training that will include the following topics:

- Stress (Physical and Psychological)
- Overview of Critical Incident Stress as it relates to Post Traumatic Stress Disorder (PTSD)
- Facts and Fables about suicide
- Why Police officers commit suicide
- Pro-active approach in police suicide prevention (Identify early warning signs and symptoms)
- Intervention Techniques (How to communicate with a suicidal officer)
- Resources for at risk officers (EAP, Chaplains, Peer Support)

Our primary goal in the civilian PSA training is to empower your civilian personnel so that they will have the ability to recognize the basic signs and symptoms of an officer or co-worker in crises. They will know and be able to contact the department's resources that will immediately address the emotional issues of this officer.

Attachments

1. Police Suicide Funeral: Model for Policy and Protocol
2. Samples of Police Suicide Awareness Posters
3. Basic Level Police Suicide Awareness Test

Forgiveness May Protect Against Suicidality, Depression, Stress, Shame/Guilt,

A Research Collaboration Between
The National Police Suicide Foundation and
The Laboratory for the Investigation of Mind, Body, and Spirit at Luther College

Director: Loren Toussaint, Ph.D.
touslo01@luther.edu
www.luther.edu/touslo01

Research team: Christina Scharmer, Lance Schwering, Anu Anantharaman, Gracie Coletta, Michelle Strafelda, & Emily Banitt

Purpose

The purpose of this work was to consider ways that forgiveness might help police officers and other law enforcement personnel cope with depression, stress, and shame/guilt and foster social support. Ultimately, we anticipated that forgiveness might help reduce suicidal tendencies.

Methodology

This was a nationwide survey of 1200+ law enforcement personnel. Characteristics of the respondents are below:

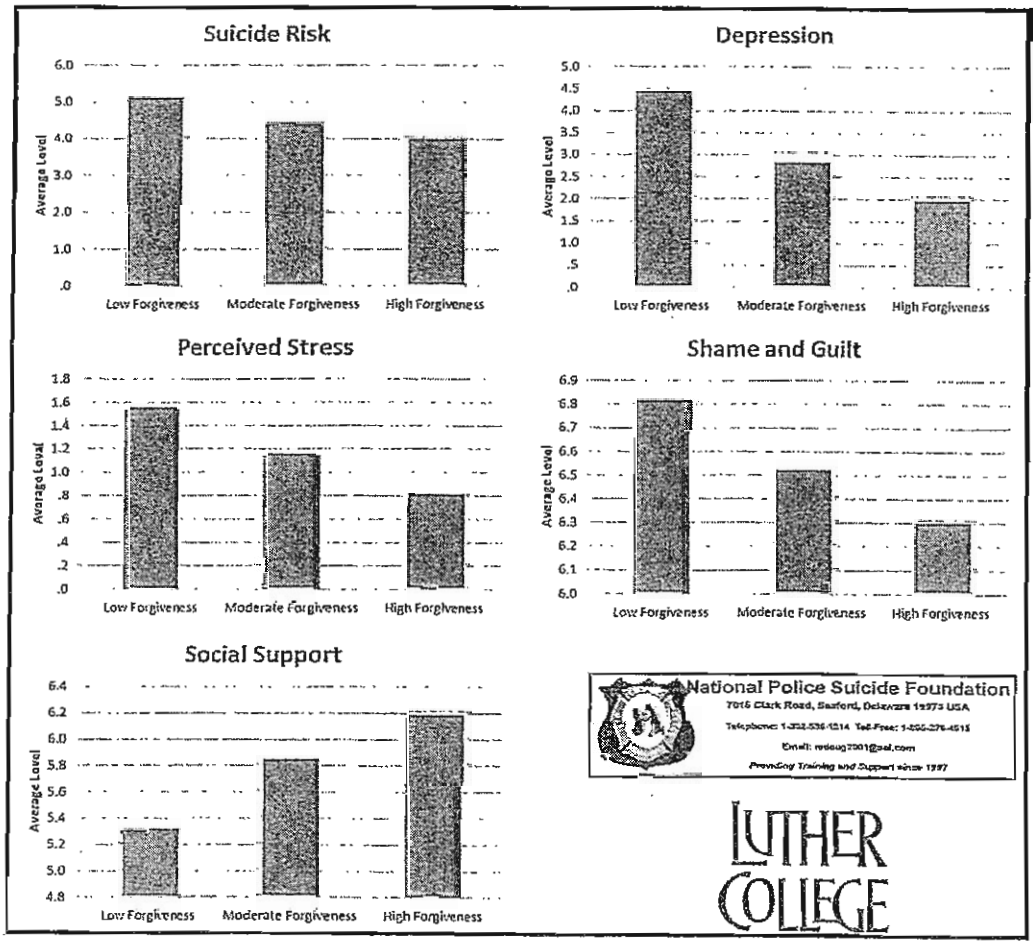
- 73% Men, 27% Women
- Average age: 44 years
- Median income: $90,000 to $99,999
- Median education: Associate degree

Results

The charts to the right show that respondents with low forgiveness had more suicide risk, depression, stress, and shame/guilt and less social support. Respondents with high forgiveness had less suicide risk, depression, stress, and shame/guilt and more social support.

Recommendation

Forgiveness protects health and spirituality in those who devote their lives to protecting and serving others. Forgiveness education (in-person or online) offers an opportunity to enhance police health and spirituality.



VICARIOUS TRAUMA

What is Vicarious Trauma?

Law enforcement officers are exposed directly and indirectly to the emotional suffering of others while in the line of duty. This continual exposure may cause a significant change in the law enforcement officer's behavior and personality. This is called vicarious trauma. Vicarious trauma is the experience of mentally absorbing someone else's trauma. When we interact with those whom have experienced trauma this influences the brain in a negative manner. Over time the individual may become desensitized to future traumas.

Signs and symptoms include but not limited to:

- Difficulty managing emotions
- Difficulty accepting or feeling okay about yourself
- Difficulty making good decisions
- Problems managing the boundaries between yourself and others (e.g., taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives);
- Interpersonal relationships problems
- Physical problems such as aches & pains, illnesses, accidents
- Difficulty feeling connected to what's going on around and within you
- Loss of meaning and hope

Physical and psychological Signs:

- Hyperarousal symptoms (nightmares, difficulty concentrating, being easily startled, loss of sleep).
- Repeated thought or images regarding traumatic events, especially when you are trying not to think about it.
- Feeling numb
- Felling unable to tolerate strong emotions
- Increased sensitivity to violence
- Cynicism
- Generalized despair and hopelessness, and loss of idealism
- Guilt regarding your own survival and/or pleasure
- Anger
- Disgust
- Fear

Behavior:

- Frequent job changes
- Tardiness

- Free Floating anger/ irritability
- Absenteeism
- Irresponsibility
- Overwork
- Irritability
- Exhaustion
- Talking to oneself (a critical symptom)
- Going out to avoid being alone
- Dropping out of community affairs
- Stoic

Job Performance:

- Decreased motivation
- Making more mistakes than usual
- Decreased productivity in the workplace
- Evading of job responsibilities
- Tunnel vision- in details of work
- Inflexible

Reference:

Www. Counseling.org

http//headington-institute.org/default.aspx?tabid=2650

www.vicarioustrauma.com

The Role of **Law Enforcement Officers** in Preventing Suicide

Joe and Al, two law enforcement officers, were dispatched on a general disturbance call. A neighbor had called 911 saying she heard a loud argument in the house next door, and it sounded like someone might get hurt.

Arriving at the scene, the officers found a husband and wife arguing, but no one was physically hurt. Stephen, the husband, was intoxicated. His wife, Linda, said that he had been out of work for six months, and they were having financial problems. Recently he'd also been depressed and lethargic, and kept saying things like "I'm tired of all this and just want to end it all." Joe asked Stephen if he was thinking of killing himself. Stephen admitted that he had considered taking his life. Joe said that Stephen needed to go to the hospital so that he could be evaluated and get help to deal with his problems. After some hesitation and reluctance, Stephen finally agreed to go.

At the hospital, Joe told the emergency department physician that Stephen had become depressed after being unemployed for six months and he had been drinking and had admitted that he considered taking his life. The physician thanked Joe for the information and said it was helpful.

(Based on the experiences of a law enforcement officer)

Key Steps to Reduce Suicide Risk among the People You Serve:

- Understand why suicide prevention fits with your role as a law enforcement officer
- Identify people who may be at risk for suicide
- Respond to people who may be at risk for suicide or have attempted suicide
- Help suicide loss survivors at the scene
- Consider becoming involved in suicide prevention in your agency and community

The purpose of this sheet is to help law enforcement officers learn how to identify and respond to people they serve who are suicidal or have attempted suicide. Although the focus is not on suicide among officers, the Resources section of this sheet contains a number of items addressing that important issue.

SPRC

Understand Why Suicide Prevention Fits with Your Role as a Law Enforcement Officer

Like Joe and Al in the vignette, law enforcement officers often deal with situations involving an individual who is suicidal. These include:

- A person is communicating a desire or an intent to attempt suicide
- A person has just made a suicide attempt
- A person has died by suicide

In a significant number of cases, officers receive a call that is not described as a suicidal crisis, but rather as a general disturbance, domestic violence, or similar type of situation. Upon arriving at the scene, the officers need to determine whether the situation involves someone who is suicidal.

You have an important role to play in all of these situations. It is generally considered to be within the scope of a law enforcement officer's duty to protect the safety of the community as a whole as well as individuals. Your first responsibility is to deal with any safety issues that may affect you, the person who is suicidal, or others present at the scene, especially if the person has immediate access to lethal means. You can also provide clarity and support to the person who is suicidal and the other people who are there. Then your role, along with that of EMS providers and mental health professionals if they are present, is to ensure the person receives an evaluation as soon as possible.

Know the facts

Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups, and in all parts of the country.

- Suicide takes the lives of about 38,000 Americans each year (CDC, 2010).
- About 465,000 people per year are seen in hospital emergency departments for self-injury (CDC, 2010).
- Each year over 8 million adults think seriously about taking their life, and over 1 million make an attempt (NSDUH, 2011).

However, there is help and hope when individuals, communities, and professionals join forces to prevent suicide.

Preparing Ahead of Time

- Review the protocols and standard operating procedures required by your law enforcement agency and in your state and local area for responding to a person with suicidal thoughts, a person who has made a suicide attempt, or a death by suicide.

- Learn how you should deal with a suicidal person who refuses to be transported for an evaluation.
- Meet with your local emergency medical services (EMS) providers to discuss how you can work together to help people who are suicidal, including those who refuse to be transported.
- If your community has a crisis intervention team (CIT) or if you work closely with mental health providers, meet with them to discuss how to work together most effectively.

Identify People Who May Be At Risk for Suicide

Look for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:

- **Talking about wanting to die or to kill oneself**
- **Looking for a way to kill oneself, such as searching online or obtaining a gun**
- **Talking about feeling hopeless or having no reason to live**

Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change. Ask if the person has been behaving in any of the following ways:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

(Adapted from National Suicide Prevention Lifeline, [n.d.])

Be alert to problems that increase suicide risk

Certain problems may increase a person's risk for suicide. Asking if the person has any of these risk factors can help you assess the current situation more accurately and enable you to provide more complete information to medical staff.

Some of the most significant risk factors to ask about are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means

What is a Crisis Intervention Team Program?

The Crisis Intervention Team (CIT) Program is an innovative partnership between local law enforcement officers, community mental health providers, advocates, and consumers of behavioral health services. As part of the program, officers receive intensive training in responding effectively to people in a mental health crisis, including those who are suicidal. For more information, see the NAMI CIT Resource Center at http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/CIT2/CIT.htm.

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups; intimate partner violence; problems at work; financial hardships; legal difficulties; and worsening health. Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.

(Adapted from Rodgers, 2011 and SPRC, 2008)

Respond to People Who May Be At Risk for Suicide or Have Attempted Suicide

Arriving at the scene

Take all suicide threats and attempts seriously. Follow the recommendations below as appropriate to the specific situation:

1. **Ensure the safety of everyone present.** This includes eliminating the person's access to any type of lethal means. Make sure you do this in a way that does not put you or others in danger. Be aware that the person may attempt to force you into a "suicide by cop" situation—where a suicidal person engages in life-threatening behavior toward officers or other people to provoke officers to fire at him or her. Also be aware of the danger of a potential murder-suicide, including in domestic violence cases. Try to recognize and de-escalate these types of situations.

2. **Assess the person for need of medical treatment.** If necessary, call for assistance from EMS providers. Then conduct any life-saving first aid that may be necessary before EMS arrives.

3. **If you need assistance dealing with the person's mental health issues,** call an officer with mental health training, a mental health clinician, or a crisis intervention worker. If no one is available, you can call the National Suicide Prevention Lifeline for assistance.

The following steps should be taken by the professional(s) at the scene with the most relevant training and experience. These might include EMS providers, mental health providers, crisis intervention workers, or law enforcement officers with mental health training. In some cases, officers with no mental health training will need to handle the situation on their own.

4. **Establish rapport with the person.** Listen carefully to what the person says, and talk in a calm, accepting, nonconfrontational, and supportive manner. Explain what is happening, that you are there to help, and how you can help.
5. **Assess the person for risk of suicide:**
   - If it is not clear already, determine whether or not a suicide attempt was made.

National Suicide Prevention Lifeline

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. The phone number is 1–800–273-TALK (8255). For a Lifeline wallet-sized card listing the warning signs of suicide and the toll-free number, go to http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/NSPL_WalletCard.pdf

- Encourage the person to talk about how he or she is feeling. Acknowledge the feelings and do not judge them.
- If the person has not made an attempt, ask several direct questions to determine the person's risk for suicide, such as "Are you thinking about ending your life (killing yourself)?" and "Do you have a plan?" Do not be afraid to ask these questions. Asking a person about suicide will not encourage him or her to attempt it. Many people who are suicidal are relieved to find someone they can talk with about how they are really feeling.
- Ask whether the person has been behaving in ways, or having any of the problems, described on pages 3–4 that indicate potential suicide risk.

6. **Supervise the person constantly.** Safety continues to be a top priority. If necessary, set up protective measures so that the person cannot engage in suicidal behavior.
7. **Arrange for any person who is potentially suicidal to be transported** to a local hospital's emergency department or a mental health center for an evaluation.
8. **Collect items** such as toxic substances, alcohol, drugs, or medications that might have been taken (even just empty containers). Bring these items to the medical or mental health staff to help them determine the appropriate treatment.

If the person refuses to be transported, in most states law enforcement can issue a 72-hour hold for evaluation. However, the specific criteria for issuing this type of hold vary by state. Follow your agency's and your state's protocols on how to handle this kind of situation.

Documenting your findings

Document all of your findings, including any suicidal statements or behavior, suicide notes, pills, rope, weapons, information provided by other people at the scene, and any other evidence showing the person may be or was suicidal. The findings will be used for the following:

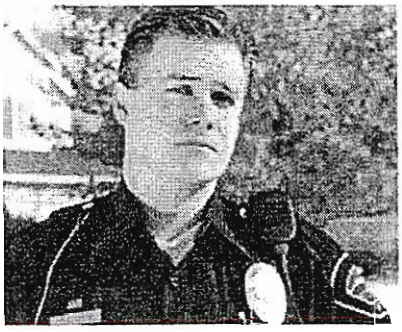
- Assessment and treatment of the person by medical and mental health staff
- Reports on the numbers and types of suicide-related calls to which officers respond
- Any investigation into the possible cause if there was a death

Interacting with family or friends present at the scene

- Family and friends who are present at the scene are often the ones who called about the person. Give them support, reassurance, and a general explanation of what you are doing and will be doing.
- Family and friends may be able to provide you with useful information and help calm the person.
- You may also want to obtain information directly from the person, away from others who are present.

Address Cultural Differences

Differences in cultural background can affect how people respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information and seeking help. It is important to be aware of these possible differences and tailor your responses accordingly. For example, individuals from some cultures may not be open to seeing a mental health provider, but they may be willing to talk with a faith community leader or traditional healer.



Help Suicide Loss Survivors at the Scene

When it is clear that a person has died by suicide, a law enforcement officer and a medical examiner or coroner become responsible for the body. In addition, any family or friends of the deceased (often called "suicide loss survivors") who are present need to be given support.

Here are some recommendations for helping survivors:

1. **Express empathy** to the family by saying "I'm sorry for your loss." Establish rapport and explain that you are there to help. Be sensitive to the feelings of suicide loss survivors and respectful with the language you use. Allow the survivors to express their thoughts and feelings.
2. **Briefly explain the investigation process** that occurs with any unnatural death, including what will happen with the body of their loved one and why personal items (including a suicide note) may need to be held until an investigation has been completed.
3. **Help survivors identify other people** from whom they can get support, such as other family members, close friends, a family physician, mental health professional, or clergy. Offer to contact any of these people. Make sure someone is present to provide support before you leave.
4. **Provide written information** about community resources they can contact for support, such as mental health providers and suicide survivor groups. Also consider giving them information on coping with a suicide death (see *Suicide Survivor Resource Materials and Support Group Directories* in the Resources section).
5. **Take care of yourself** after you have left the scene. It is natural that officers may be affected by what they have seen and experienced in helping people who are suicidal and suicide loss survivors. It is important to pay attention to your feelings and get support from other people you trust, such as co-workers, family, friends, or your agency's employee assistance program.

Suicide Loss Survivors' Reactions

Survivors of suicide loss include anyone who is close to the person who has died. They will likely experience a mixture of strong and conflicting feelings, including emotional shock, confusion, denial, grief, guilt, blame, anger, and shame. They may show physical and behavioral signs similar to those of victims of other types of emotional trauma.

Consider Becoming Involved in Suicide Prevention in Your Agency and Community

Helping individuals who are suicidal is an important role for law enforcement officers. In addition, you may want to participate in broader suicide prevention efforts in your agency and local community. Here are some ways you can get involved:

- Suggest that your agency sponsor a presentation on suicide awareness by a mental health professional for your colleagues, community groups, or the general public.
- Encourage your agency to implement training for you and your colleagues. Training could be a brief educational program to learn

Helping Your Colleagues

Suicide can occur among your colleagues as well as among the people you serve. Law enforcement officers are at risk for suicide because of the stresses of their jobs. If you notice signs of risk for suicide among your colleagues, you can assist them in receiving help. For more information on law enforcement suicide and how to help yourself and fellow officers, see the Resources section.

the basics of how to identify individuals at risk for suicide and respond appropriately. Or it could be a more intensive training, such as the Crisis Intervention Team (CIT) Program that would provide more knowledge and skills on how to work with people with mental health issues, including those who are suicidal.

- Distribute, to your colleagues and the public, written materials on suicide prevention developed by national organizations, such as the American Foundation for Suicide Prevention, American Association of Suicidology, and SAVE.

Resources to Help Law Enforcement Officers Prevent Suicide

A Guide for Early Responders Supporting Survivors Bereaved by Suicide

By Winnipeg Suicide Prevention Network (2012)
http://www.suicideprevention.ca/wp-content/uploads/2012/07/Early-Responders.pdf
This guide provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

Connect Suicide Prevention and Intervention Training for Law Enforcement and Connect Suicide Postvention Training for Law Enforcement

By Connect
http://www.theconnectprogram.org/training-audiences/suicide-prevention-training-law-enforcement
The Prevention and Intervention Training is designed to increase the competence of law enforcement officers in responding to suicide incidents. It includes best practices specific to law enforcement officers, interactive scenarios, agency policies and procedures, and discussion on how to integrate key community services for an effective and comprehensive response.

The Postvention Training is designed to support proactive planning to provide a comprehensive integrated community response with other key service providers after a suicide death. Participants also learn how to reduce the risk of suicide contagion.

Each training is six hours and can be tailored for specific audiences. The intended audience includes officers working in local or state law enforcement, schools, probation and parole agencies, and the juvenile justice system. This training is appropriate for all levels, including administrative staff, dispatch, and chiefs.

How Can Emergency Responders Help Grieving Individuals?

By M. D. Lerner, & R. D. Shelton in *Acute Traumatic Stress Management* (2001)
http://www.sprc.org/library/EMHelpGrievingIndividuals.pdf
This one-page information sheet provides a brief description of the grieving process and some suggestions for how emergency responders can help people who are grieving a death.

How Can Emergency Responders Manage Their Own Response to a Traumatic Event?

By M. D. Lerner, & R. D. Shelton in *Acute Traumatic Stress Management* (2001)
http://www.sprc.org/library/EmergencyRespondersOwnResponse.pdf
This two-page information sheet gives practical suggestions for how emergency responders can manage the way they respond to any traumatic event, including a suicide attempt or death, during and following their involvement in the situation.

QPR for Law Enforcement

By QPR Institute (2010)
http://www.qprinstitute.com/Joomla/index.php?option=com_content&view=article&id=311:qpr-for-law-enforcement&catid=54:online-courses&Itemid=117
This online course covers knowledge and skills that law enforcement professionals need to recognize and respond to people who may be suicidal or have attempted suicide, to help the family and friends of individuals who have just died by suicide, and to assist colleagues who may be suicidal. If participants complete the first two hours of the course, they earn the QPR Gatekeeper for Suicide Prevention Certificate. If they complete the entire course (six to eight hours), they earn the QPR for Law Enforcement Certificate in Suicide Prevention.

Suicide by Cop

http://www.suicidebycop.com
This website aims to educate and offer support to law enforcement officers who have been drawn into suicide by cop—a suicidal incident in which the suicidal person consciously engages in a life-threatening behavior that compels an officer to respond with deadly force. The website provides information and support resources.

Suicide Prevention for Police Officers

By T. Salvatore for Montgomery County Emergency Service, Inc., Norristown, PA (2009)
http://www.mces.org/PDFs/suicidepolice.pdf
This brief handbook on suicide prevention helps police officers understand why suicides occurs, how to identify if someone is suicidal, and how to help a person who is suicidal. It also addresses "suicide by cop" and suicide among police officers.

Suicide Survivor Resource Materials and Support Group Directories

American Association of Suicidology (AAS):
http://www.suicidology.org/suicide-survivors/suicide-loss-survivors

American Foundation for Suicide Prevention (AFSP):
http://www.afsp.org/coping-with-suicide

Suicide Awareness Voices of Education (SAVE):
http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=EB883CA2-7E90-9BD4-C5E35440BC7761EE

Suicide Warning Signs (wallet card)

By National Suicide Prevention Lifeline (2011)
http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/NSPL_WalletCard.pdf
This wallet-sized card contains the warning signs for suicide and the toll-free number of the National Suicide Prevention Lifeline.

The Role of Co-Workers in Preventing Suicide

By Suicide Prevention Resource Center (revised 2013)
http://www.sprc.org/sites/sprc.org/files/CoWorkers.pdf
This information sheet helps people in any type of workplace learn how to recognize and respond to the warning signs for suicide in their co-workers.

What Emergency Responders Need to Know about Suicide Loss: A Suicide Postvention Handbook

By T. Salvatore for Montgomery County Emergency Service, Inc., Norristown, PA (revised 2009)
http://www.co.delaware.pa.us/intercommunity/PDFs/SuicideBooklet.pdf
This brief handbook on postvention helps law enforcement officers, EMS providers, and crisis intervention specialists understand how to help family members, friends, and others close to a person who has just died by suicide.

Resources on the Problem of Suicide among Law Enforcement Officers

Badge of Life Mental Health Program

By Badge of Life

http://www.badgeoflife.com/

This is a suicide prevention program for law enforcement officers. It includes the Emotional Self-Care training, which focuses on being mentally healthy, and an annual mental health checkup with a licensed therapist. The website also lists some materials on officer suicide.

COPLINE

Hotline number: 1–800–267–5463

http://copline.org/

This is a national hotline exclusively for law enforcement officers and their families. It is staffed by retired officers and a therapist with law enforcement experience to help active officers with the psychosocial stressors they face at work. The website also has some resources on officer suicide.

In Harm's Way: Law Enforcement Suicide Prevention

http://policesuicide.spcollege.edu/

In Harm's Way offers training seminars and workshops on suicide prevention, including an eight-hour train-the-trainers program that provides a comprehensive approach to stress management and suicide prevention for law enforcement professionals. The website contains numerous resources, including a toolkit to help provide suicide prevention training.

Law Enforcement Wallet Card

By Suicide Awareness Voices of Education (SAVE) (2008)

http://www.save.org/index.cfm?fuseaction=shop.productDetails&product_id=57D6AFB1-0933-0111-DC0761950356DACA

This wallet-sized card contains some of the warning signs for suicide and some basic steps that officers can take if they think a fellow officer is considering suicide.

National Police Suicide Foundation

http://www.psf.org/

This organization provides several different kinds of training programs on suicide awareness and prevention as well as support services that meet the psychological, emotional, and spiritual needs of law enforcement officers and their families.

Police Suicide Law Enforcement Mental Health Alliance

http://www.lemha.org/

This network of groups and individuals promotes education and advocacy for new research and mental health strategies for police officers. The website provides access to a large number of written materials on police suicide and mental health.

Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices

By the International Association of Chiefs of Police, Psychological Services Section (2009)

http://www.theiacp.org/PublicationsGuides/ContentbyTopic/tabid/216/Default.aspx?id=1033&v=1

This interactive CD-ROM provides the law enforcement community with resource materials to initiate a suicide prevention program. It includes sample suicide prevention print materials, presentations, training videos, and reference publications.

Safe Call Now

Crisis line number: 1–206–459–3020
http://safecallnow.org/
Safe Call Now is a 24-hour crisis line for public safety employees and their families across the U.S. to talk with law enforcement officers, former officers, public safety professionals and/or mental health care providers who are familiar with public safety work. They provide education, healthy alternatives, and resources.

The Pain Behind the Badge

http://thepainbehindthebadge.com/
At this website, information is available on the documentary film *The Pain Behind the Badge* and its associated seminar *Winning the Battle*. Both focus on officer suicide and positive ways to deal with the stresses of being a law enforcement officer or other type of first responder.

References

Centers for Disease Control and Prevention (CDC). (2010). *Web-based injury statistics query and reporting system (WISQARS)*. Retrieved from http://www.cdc.gov/injury/wisqars/index.html

National Suicide Prevention Lifeline. (n.d.) *What are the warning signs for suicide?* Retrieved from http://www.suicidepreventionlifeline.org/Learn/WarningSigns

Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide.* Waltham, MA: Suicide Prevention Resource Center, Education Development Center, Inc. Retrieved from http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf

Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings.* Retrieved from http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm#2.3

Suicide Prevention Resource Center. (2008). *Is Your Patient Suicidal?* Retrieved from http://www.sprc.org/sites/sprc.org/files/library/ER_SuicideRiskPosterVert2.pdf

May 2013

The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 5U79SM059945.

Suicide Prevention Resource Center
Web: http://www.sprc.org • E-mail: info@sprc.org • Phone: 877-GET-SPRC (438-7772)

POLICE SUICIDE: Understanding Grief & Loss

Beverly J. Anderson, Ph.D., B.C.E.T.S.
Clinical Director, Metropolitan Police Employee Assistance Program (MPEAP)
President, Beverly Anderson Associates, Inc., Washington, D.C.

More than any other occupation, law enforcement is an emotionally and physically dangerous job. Police officers continually face the effects of murder, violence, accidents and disasters. Rotating shifts, long hours and exposure to life's tragedies exact a heavy toll on police officers and their families. The results are alarming: high divorce rates, suicide, domestic violence, heart attacks, cancer, depression and alcoholism. Law enforcement, the media, and the public foster the myth that police officers can experience trauma and violence without suffering any ill effects. Research has shown just the opposite: when stressors are prolonged and overwhelming, an individual's ability to cope becomes difficult.

Suicide is a serious problem that is not often talked about in police circles. It is very hard, if not impossible, for us to understand why someone chooses to end his or her life. Shock and disbelief are usually the first responses to an officer's suicide.

Reactions After a Suicide

Reactions to suicide can sometimes be irrational and destructive. Remember, no one can "second-guess" or take responsibility for another person's reactions to the events that are happening in his or her life. And suicide is not the only response to life's problems. Suicide is the ultimate act of violence that hurts many people around the victim.

Anger and guilt are two very natural and normal responses to suicide. Yet, these emotions are very difficult for police officers to talk about. However, many friends and family members of the suicide victim talk about having feelings of guilt for not preventing the suicide. They believe that they should have seen it coming. Sometimes suicide is an impulsive act, one that has not really been planned out by the victim. A major difference between the general public and police officers is the immediate availability of a weapon. When a police officer decides to commit suicide, he or she doesn't have to go out and get a gun - the means are available at all times. In fact, the number "one" method of suicide by police officers is their gun.

Anger is normal after suicide and should be expressed - it's part of the grieving process. Sometimes the anger is directed towards the victim. It doesn't mean that you didn't love the person because you're angry. I don't believe that people who commit suicide understand the pain it causes for family and friends. For

children, a parent's suicide leaves a lifetime legacy of torment. Many child survivors have told me that their parents didn't love them enough to stay and persevere through life's problems.

Sometimes anger is misdirected at family members, friends, colleagues or organizations. Anger can be very isolating since it can distance people from each other. It's not pleasant being around someone who is always angry. Talk about your anger to someone who can help you understand it.

Otherwise you may say or do things that you will regret later on. You have every reason to be angry - that's okay. (Anger is often a common emotion for police officers anyway). What's not okay is taking out your anger unfairly on yourself or others.

Your anger is not going to go away on its own. Unless you find a way to express it, you may suffer emotionally or physically from its effects. You could become verbally abusive to citizens or family members. When you find yourself short on patience, quick to lash out and criticize or lethargic and emotionally down, it's time for professional help. Another response is emotional numbing where you just don't feel anything.

Reactions after a violent suicide, especially for those who find the person, are more complicated and intense. While most police officers have seen the aftermath of violent suicides, it's much different when the victim is a fellow officer. The shock and horror upon discovering the victim and the image that is engrafted in the mind can be overwhelming. Grief becomes more complex when this occurs. The mental picture will remain with the person sometimes accompanied by flashbacks, nightmares and thoughts.

Police officers all too often stuff their feelings so as to not appear weak. But emotions are normal and in order to heal, you must unburden what you have had to endure - you must tell the story. Discovering the body of a friend or loved one is shocking and painful - an experience that you will never forget. It is important to share the powerful emotions that this experience brings.

Healing & Recovery

Be gentle with yourself and your fellow officers. Grieving is a long process - one that is very personal and sometimes difficult to understand.

Talk to friends, co-workers, and family about the suicide. While traditionally this is very hard for police officers to do, it's a vital part of healing and recovery.

Unlike a "line of duty" death, police suicides are often enshrouded in shame and silence. While social attitudes have become more informed about suicide, there remains a stigma that people must deal with. All too often people are quick to form judgments. Survivors are left to somehow make sense of this terrible tragedy maybe even feeling responsible in some way for contributing to it.

It is important to discourage rumors about the "reason" for the suicide. While seeking to place blame on others is a natural response, it's not helpful in the long run. Besides, life is very complicated and there are usually several contributing factors in a suicide death. To think that one person or one event is the sole cause is not consistent with what we know about suicide. We can never know for sure what is going on in another person's mind any more than we can know all the reasons that cause a person to choose suicide.

GO TO THE FUNERAL. No matter what your beliefs or feelings are about suicide, funerals are an important ritual for closure and acceptance of the reality that the person has died. It is a final "goodbye" that we share with each other.

Taking Care of Each Other

There exists among police officers a very special bond. One reason for this is that police officers are isolated from the rest of the world by virtue of the kinds of work-related events they experience.

They are bonded in tragedy and the knowledge of how cruel life can be. The everyday stress of being a police officer can lead to serious difficulties when you add personal problems, too. The "image armor" that the public and the media portray also places a burden on police officers. But police officers have problems like anyone else.

When a fellow officer is experiencing personal problems, get involved by suggesting to him or her that help is available. A major contributing factor in police suicide is marital and relationship problems. It is also the number "one" reason why people come to the MPEAP. The job of policing affects an officer's family more than any other job I know. Since 1988 over 6,000 MPD Officers, officials and family members have come to us for counseling. There is no cost to you and the funds for MPEAP do not come out of your dues.

The MPEAP is a Union - negotiated benefit that is privately contracted and staffed by licensed therapists with over 70 years of combined clinical experience.

All counseling is confidential except in life threatening situations. Officers are informed about this policy before they talk to us. When an officer is suicidal, the MPEAP's policy in all cases is to remove the officer's weapon and provide medical intervention immediately. There really is no other way. Many people have considered suicide at some point in their lives. This does not mean that they are "suicidal." Conversely, there are some people who do not talk about suicide before taking their lives. Each case is unique and not always easy to predict despite the warning signs. However, the early warning signs in and of themselves indicate that intervention and/or counseling may be warranted.

Early Warning Signs

Know some of the early warning signs and get help. They are:

1. Personal and financial problems for which the officer feels there are no solutions
2. Increase in alcohol use
3. Work-related problems
4. Divorce or break-up of a relationship
5. Increase in sick days
6. Mood swings
7. Depression
8. Recent death in the family
9. Exposure to a work-related trauma
10. Use of deadly force

If you are concerned about a fellow officer but do not feel comfortable talking to him or her, call us. The MPEAP is located in a private building away from all police facilities. The telephone number is 202-546-9684

Understanding Police Suicide
by Jean G. Larned

The focus of this paper is to examine and help further the understanding of police suicide. The primary goal is to make law enforcement officers, their families, and the community they serve more cognizant of the stressors encountered on the job from the patrolman on the street to the executives in the offices. To that end, personal, community, and organizational issues involving law enforcement stress as it affects police officer suicide will be examined. Through this paper, you will be able to understand the body's reaction to stress, identify the mental and physical factors of stress, and recognize the external and internal stressors that could lead to suicide within law enforcement agencies and the communities they serve.

****

Screened through psychological and physical assessments, police officers ideally start out ahead of the public when it comes to mental and physical well-being. Given this, why are their rates of heart disease, cancer, and depression higher than those of the general public? More officers are taking their own lives than are being killed in the line of duff, which begs the question "what must change?" It is widely agreed that stress is a significant factor, especially in a culture in which new recruits are slowly indoctrinated into an atmosphere that prevents them from acknowledging issues that would make them appear weak or vulnerable. The purpose of this article is to identify those at risk, educate those affected by stress and depression, and promote the use of appropriate coping mechanisms king before a crisis is reached.

There is a significant correlation between stress, depression, and suicide. It is important to note that not all people who are stressed or depressed will commit suicide--but some will. Though officers are trained to identify threats from the outside, they may miss or dismiss the obvious clues of danger lurking within their midst. Officers expect strength from the person next to them knowing that one day their life may depend on it. Signs of perceived weakness are often hidden or not discussed for fear of losing the confidence and support of other officers, or even worse, being removed from the job. When the emotional call for help is missed, the result can be deadly--approximately every 17 hours, a peace officer ends his or her own life. While some suicides are impulsive acts, in many cases the warning signs can be traced back for years. Frequently, a suicidal individual gives thought to how they will take their life and yields clues to their intentions. Recognition of these clues is key to prevention.

Common Suicide Myths People who talk about suicide will not do it.

Fact: Approximately 80% of people who commit suicide exhibited indicators of their intentions. Suicide threats should be taken seriously. People who talk about suicide may contemplate or even try an act of self-destruction.

Mentioning suicide or confronting a person about suicide will only make them angry and increase the risk of suicide.

Fact: For people considering suicide, having someone to talk it out with can be a strong preventive measure. Directly asking someone about suicidal intent lowers anxiety, opens communication, and lowers the risk of an impulsive act.

Only experts can prevent suicide.

Fact: Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.

Suicidal people keep their plans to themselves.

Fact: Most suicidal people communicate their intent sometime during the week preceding the event.

Suicidal people always want to die.

Fact: Many suicidal people want to live better and happier lives, even while stating that they want to die. What they are really saying is that they need help and relief from the intense emotional pain they are experiencing.

We as officers understand that suicide occurs every day in every part of the world. The feelings of loss are universal; we lose someone we love and from that a sense of abandonment, betrayal, and hopelessness consumes us. These feelings can be overwhelming, with no discernible end in sight. We (police officers) feel alone, like no one else ever experienced these feelings. We feel isolated, despondent, and sure that there is no chance of making it through even one more day. Knowing this, how can we better help those at risk, like law enforcement personnel? There is a recognizable problem with the occupation of law enforcement, which has a suicide rate twice that of the general population. If the tables were turned and twice the number of police were killed in the line of duty than took their own lives, it would be addressed very quickly. More importantly, the role of a police officer is one of high stress, danger, violence, and constant hyper vigilance.

To that end, coping mechanisms for police officers are sometimes harmful, such as alcohol abuse, substance abuse, anger, impatience, violence, and arguments with loved ones. Additionally, police officers have notoriously higher rates of cancer, heart disease, and depression than the rest of the population. There needs to be an awakening among the rank and file and management. In a larger sense, this tragic and desperate act damages more than just the immediate family--it is generally accepted that suicide permanently affects at least six other people who knew the victim.

When a police officer commits suicide, it sets in motion a chain of events that will affect many people for a long time. In the aftermath of a suicide, everyone begins to "second-guess" what they could have done to prevent it. Police departments around the country are finally addressing this crisis through training, Employee Assistance Programs, peer groups, social support systems, faith and religion, or by simply being supportive. Knowing that we are not alone in this tragedy and that others have survived is comforting. We know that this happens daily to families and agencies like ours. We need to understand that communicating and sharing one's grief with others can be one of the most beneficial, cathartic, and healing methods for both the officer and his or her family. With this said, there are a number of resources that can help us get better and/ or understand this problem further, which can easily be found on the Internet, in the existing literature, and through medical professionals and support groups.

Let us examine this a bit closer; when attempting to understand depression and suicide, we must learn about what we are dealing with. If one looks closely, there are clues or obvious warning signs that someone is on the brink of taking his or her own life.

Critical Warning Signs

* Talking about suicide or death

* Giving direct verbal cues, such as "I wish I were dead" and "I'm going to end it all"

* Giving less direct verbal cues, such as "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"

* Self-isolation from friends and family

* Expressing the belief that life is meaningless or hopeless

* Giving away cherished possessions

* Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn

* Neglecting his or her appearance and hygiene

These signs are especially critical if this individual has attempted suicide in the past or has a history of or current problem with depression, alcohol, or post-traumatic stress disorder (PTSD). Research indicates that a combination of alcohol use and PTSD produces a tenfold increase in the risk of suicide for law enforcement personnel (Violanti, 2004).

Another possible explanation, or warning sign, for higher rates of suicide among police officers is having a ready access to firearms, making them more susceptible to impulsive acts. Officers

do not need to seek out a means for committing suicide because they carry one with them--the majority of police suicides involve the officer's service weapon.

Additional Warning Signs

Experts have identified other warning signs that indicate a fellow officer may be thinking of self-harm. Officers at risk of suicide may do one or more of the following (Mohandie & Hatcher, 1999):

* Announce that they are going to do something that will ruin their careers, but that they don't care

* Admit that they feel out of control

* Appear hostile, blaming, argumentative, and insubordinate or appear passive, defeated, and hopeless

* Develop a morbid interest in suicide or homicide

* Indicate that they are overwhelmed and cannot find solutions to their problems

* Ask another officer to keep their weapon or inappropriately use or display their weapon

* Exhibit reckless behavior; taking unnecessary risks on the job and/or in their personal lives

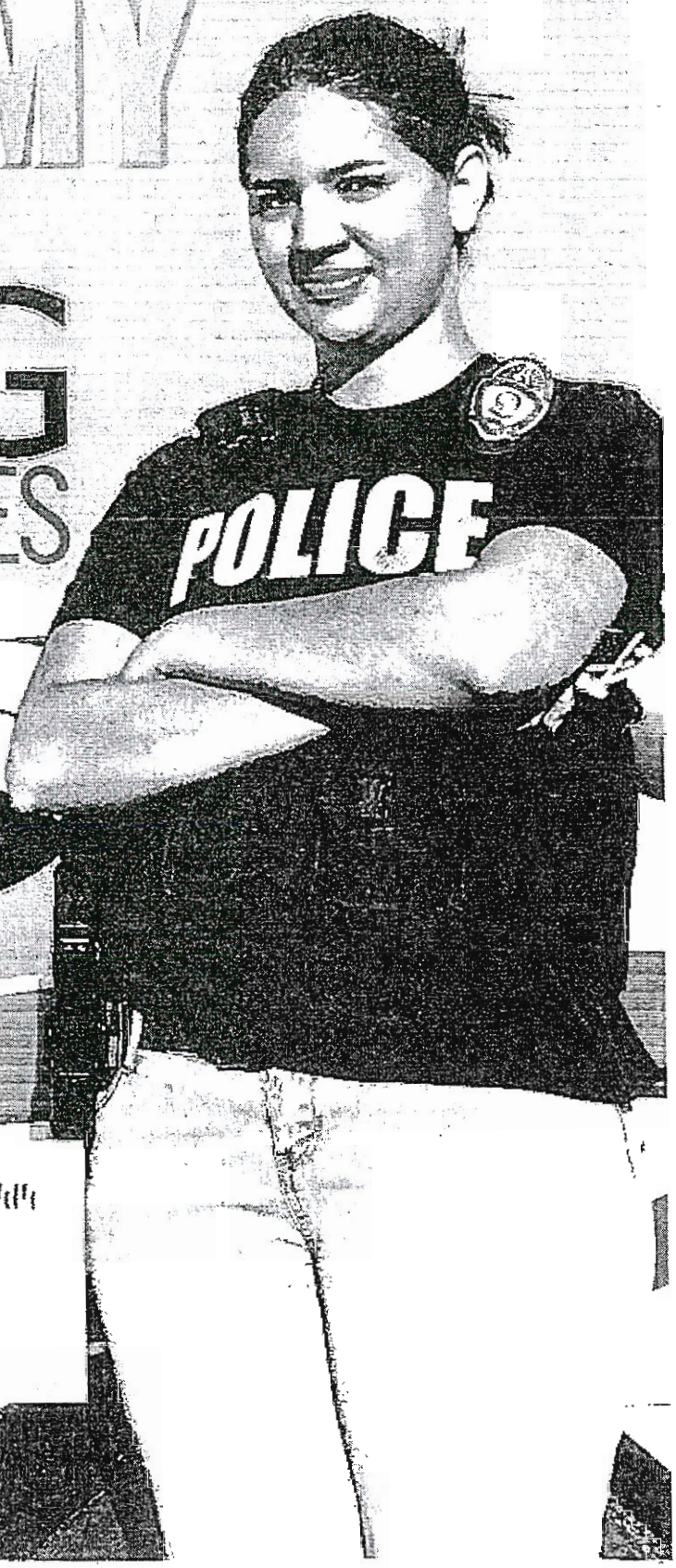
* Carry more weapons than appropriate

* Exhibit deteriorating job performance (which may be the result of alcohol or drug abuse)

It is critical to understand that suicide is never the right answer. If you are contemplating suicide or suspect that someone you know may be in danger of committing suicide, seek help immediately. The National Suicide Prevention Life line is 1-800-273Talk. Remember, suicide is a permanent act to a temporary problem. You cannot come back to receive the intended attention.

NATIONAL ACADEMY

HIRING BEST PRACTICES



PLUS:

THE TOLL OF TRAUMA: ADDRESSING MENTAL HEALTH IN LAW ENFORCEMENT

NON-PROFIT
U.S. POSTAGE
PAID
LEBANON
JUNCTION KY
PERMIT NO. 8

THE TOLL OF TRAUMA

Law enforcement agencies are changing their attitudes toward PTSD and providing more mental health counseling for officers.

LEISCHEN STELTEN

MORE THAN A MONTH after the mass murder at Sandy Hook Elementary School in Newtown, Conn., seven of the first responding officers to that scene shared their experiences in an article in the New York Times. The horror they witnessed inside those classrooms where 20 children were mercilessly slaughtered is unimaginable even by the standards of police officers who are trained to respond to gruesome scenes ranging from traffic accidents to homicides.

"One look and your life was absolutely changed," Officer Michael McGowan of the Newtown Police Department told the Times.

The officers interviewed for the Times article were very clear that they did not want their personal suffering to be in any way compared to that of the parents of these murdered children, but their pain and indicators of long-term trauma were evident based on their description of the event.

Most law enforcement officers would agree that all the training in the world cannot prepare an officer to deal with terrible mental trauma. But are agencies doing enough to address this issue, whether it's from the routine mayhem and violence that officers witness or from something as horrific as Sandy Hook? Are the mental health services, education, and resources available sufficient and accessible to officers? And are today's police officers more comfortable seeking such assistance, whether their issues stem from a trauma or simply the daily stress of being a police officer?

Police and PTSD

A FEW MONTHS BEFORE THE SANDY HOOK SHOOTING, several researchers from the Yale University School of Medicine partnered with the New Haven Police Union, the New Haven Police Department, and local healthcare providers to study mental health issues in law enforcement. Last October they released a report evaluating the prevalence of post-traumatic stress disorder (PTSD), depression, and alcohol abuse in police officers as well as the subsequent impact on their productivity. In addition, the study looked at the availability and use of mental health services by law enforcement officers.

Among 150 officers who responded to the survey, 24% of them reported PTSD, 9% depression, and 19% of them alcohol abuse. Of those respondents, only 46.7% had ever sought mental health services. The most cited reason for not accessing these services was concern regarding confidentiality and the potential "negative career impact," according to the report.

However, all the veteran officers interviewed for this article agreed that the availability of mental health services is far better today than it has ever been before.

Shifting Attitudes

CHIEF JOEL HURLIMAN is a graduate of Session 203 of the FBI National Academy and has been with the Shelton (Conn.) Police Department for 35 years, chief for seven. Shelton is a neighboring town to Newtown, so one of Hurliman's officers responded to the scene at Sandy Hook Elementary. This officer, along with the other responding officers, went through a mandatory debriefing and will continue to undergo evaluation. Receiving this kind of immediate attention and evaluation after a traumatic incident is a relatively new development in law enforcement.

Ronald Hampton, president of the East Coast Gang Investigators Association and graduate of Session 241 of the FBI NA in 2010, has been in law enforcement for 19 years and said that he has seen a dramatic shift in how departments deal with their officers' psychological and overall health. "I think departments are becoming much more proactive with officers who are involved in traumatic incidents, and they are automatically sending them to go talk to someone," he says.

Chief Hurliman agrees and adds it's important for chiefs and supervisors to monitor their officers' behavior closely to identify changes. "If they start exhibiting behaviors—and it doesn't have to be glaring behaviors, just things that are not normal for that person—it's the job of the supervisor to notice," he says. "This could include someone who starts excessively drinking or if there is a change in their demeanor, like they were once easy-going and now they're tense and short-tempered."

This proactive approach by police agencies is not just isolated to traumatic incidents, either. Issues in officers' personal lives can impact their health and performance as well. Officer Hampton says that fellow officers are being much more proactive in identifying issues in others. "You are seeing commanders and peers being a lot more vigilant about recognizing those situations," he says. This shift can be partially attributed to the fact that there is less fear that notifying superiors can jeopardize an officer's career. While negative career impact certainly remains a factor—as indicated in the results of the Yale University study—seeking mental health or psychological help is much less stigmatized for today's officer than in the past.

In addition, Hampton has noticed that individual officers are doing a better job recognizing their own psychological

symptoms. "In this profession, what you're seeing on a regular basis from car accidents to homicides hasn't changed," Hampton explains. "But officers today are more cognizant that they can't take these things and put them in the back of their wallets and park them there for a day or a year or a career. They need to be addressed earlier and cops are becoming more perceptive of their own environment."

Stress Management

MANY OFFICERS TODAY are taking steps to educate themselves on the psychological and mental health issues that they're likely to face on the job. Mark Bond spent 20 years in law enforcement, with his highest rank being detective sergeant. He is currently an assistant professor of criminal justice at American Military University, a position he's held for 13 years. One of the courses he teaches is "Stress Management in Law Enforcement," which covers many of the different incidents that officers are likely to experience including use of deadly force. The course also covers the legal situations officers are likely to be involved in after such an incident as well as the personal stress management techniques they could use to recover after such an incident.

Bond begins the class by sharing his experience of being involved in three shooting incidents as a police officer. "When I was involved in my first shooting, I was cleared right away and I wasn't given any administrative time off. Basically they bought you a beer and told you you were a hero. You had to deal with it all on your own, and there weren't any department resources, not even a chaplain to talk to," Bond says. Sharing this with students helps them open up about their experiences as well as prepare them for what to expect as an officer.

One of the most important elements of the class is an in-depth discussion about the legal process officers can expect to face after an officer-involved shooting. "We talk about the departmental and legal processes they're likely to face," Bond says. "When you're caught up in a lawsuit how do you proceed through that minefield and come out fine?" Unfortunately, officers do not get much training in this area, he says.

The stress management course also covers the different phases of grief. Officers need to understand that they are going to experience a roller coaster of emotions including anger and fear, Bond explains. "For everyone the process is different and the techniques they need to get back to their baseline are also different," he says. Officers need to figure out what stress management techniques work for them and what they need to do to return to their "normal," he says.

Bond believes the relevance and importance of this type of course has proved itself time and time again. He has had several former students contact him years after the class, telling him they were involved in a shooting and so grateful they knew the process and they knew what to expect emotionally after the incident. "They used the techniques and theories we had talked about in class, and they were able to put those into practice to help them work through their issues," Bond says. "Many reported they were back working after an incident and believed they had recovered faster because they understood what was happening and what resources to seek out."

In the classroom, many students share their stress management techniques with one another. Bond recalls one officer who said every day when he came home from work, before he walked into his house, he would stop at a tree in his front yard and pretend to take off his gun and hang it on the "trouble tree." By going through these physical motions he was able to tell himself he was off the job and could transform his mindset to that of husband and father. When he left for work the next day, he would go through the reverse motions by going to the tree, pretending to grab his gun and strap it on, thus putting himself back in the mindset of being a police officer.

One thing that comes up often in the classroom is the closed culture of law enforcement, Bond says. Police tend to only be friends with other police officers. However, Bond emphasizes that it's important for officers not to lose all their civilian friends. "Go fishing with your old school buddy and get away from law enforcement. It can help you learn to turn it off," he says.

Mental Health Training

AS PRESIDENT OF THE EAST COAST GANG INVESTIGATORS ASSOCIATION, Hampton presents at many gang conferences throughout the country. He says that he's been surprised how many attendees are requesting courses and presentations on stress management issues and peer-to-peer counseling courses.

Hampton attributes the renewed interest in mental health topics to several factors. The rise in police suicides has forced law enforcement officers and agencies to address this issue and figure out ways to proactively identify officers who may be exhibiting troubling signs. Also, the recent rash of mass shootings by mentally deranged people has triggered a national conversation about mental health, bringing it to light on a larger scale. "It is not possible to prepare officers for everything they might see out there and most departments do the best job they can to address mental health and stress," Hampton says.

Departments Stepping Up

MAJ. SCOT HOPKINS of the Frederick County (Md.) Sheriff's Office is responsible for human resources issues, programs, and policies. He has spent 23 years in law enforcement, graduat-

PHOTO: ©ISTOCKPHOTO.COM

ing from Session 210 of the FBI NA in 2002. Hopkins has been part of managing an early warning system as part of the human resources department. The system notifies supervisors of potential issues based on paperwork submissions. For example, if an officer fills out a crash report and a worker's compensation form, and the attendance records show he or she is regularly late for work, these three forms, submitted within a certain time frame, trigger a warning alert in the system.

Once the alert is triggered, a supervisor will then be notified that there needs to be a discussion with this officer to determine the cause. These three incidents may or may not be related, says Hopkins, but it's important to have safeguards built into the department. Because these three issues are handled by different internal departments, no one person would be aware that an officer may need additional attention without this kind of system in place.

If it is determined that an officer needs additional services, Frederick County has an employee assistance program (EAP) with a team of medical and counseling staff. These services can help officers deal with stress, depression, financial issues, marital troubles, and other issues, and it is free and confidential. When asked how often this service is used, Hopkins says he will never know since the department is not contacted when officers seek these services.

While Frederick County officers do not face the same volume of daily traumatic incidents as large, metropolitan forces, they do experience their fair share of traumatic incidents. For example, in 2009 a man in Frederick killed his wife and three young children. After that incident, the department sent responding officers to the county EAP to be evaluated and cleared. However, what they discovered was that while EAP services were extremely helpful for officers going through tough life situations like divorce or financial issues, counselors were not qualified to address law-enforcement trauma. As a result, the department reached out to the military and asked what counseling services they used and ended up contracting with a specialist trained specifically in officer-related trauma.

Not all agencies have their own EAPs. The Shelton PD, for example, is a medium-sized department with 54 full-time officers, but like many small and medium departments it does not have a dedicated EAP provider, says Chief Hurliman. While Shelton officers still have access to EAP services, it just may take more time and a few more steps to connect an officer to the necessary resource.

A Continuing Battle

MANY DEPARTMENTS AND INDIVIDUAL OFFICERS have acknowledged the need to address mental health and psychological issues in law enforcement. For today's officers, there are many more resources available to help them cope with an array of issues and there's also less stigma associated with seeking that assistance. Departments must continue offering training opportunities, guidance and awareness about mental health issues, stress management techniques, and available resources.

Also, more research needs to be done about this subject. Reports like the one from Yale University provide insight and information about mental health issues in law enforcement and keep the issue on everyone's radar. While those interviewed for this article agreed with the majority of the report, some did contest part of its findings.

The report concludes that mental health conditions are prevalent among police officers. However, Officer Hampton says he disagrees with the use of the word "prevalent," which he defines as being extremely common and widespread and is too strong of a word to describe mental health issues in law enforcement. "I do not believe mental health conditions are prevalent," he says. "Such conditions are certainly existent, but I would disagree that they are 'prevalent.'"

Chief Hurliman believes the report's findings of alcohol abuse in law enforcement are likely too low. The Yale University report found that alcohol abuse is very high among police officers (19%). Based on Hurliman's experience in both the military and law enforcement, he knows many of his peers have turned to alcohol as a way to deal with their stress. He also knows that alcohol abuse is not something people willingly report.

And above all, departments, police leaders, and individual officers must continue reaching out to each other. They must remain vigilant about looking for signs and symptoms in one another that may indicate stress or trauma. "I think we do still take care of our own and we recognize that we only hurt them if we don't help them," says Hampton.

For an informative, at-a-glance resource on recognizing symptoms of officer stress, request American Military University's Officer Stress Management Visor Card at https://degrees.apu.apus.edu/visor-card-step-1.html, available free of charge to law enforcement agencies.

Leischen Stelter is a senior coordinator of social media integration for the public safety team at American Military University who is pursuing a master's degree in emergency and disaster management from AMU. She writes articles about issues and trends relevant to professionals in law enforcement, fire services, emergency management, and national security. Visit Leischen's blog, In Public Safety, to read columns and commentary of interest to public safety professionals. You can also follow her on Twitter @AMUPoliceEd and on Facebook.

IACP: Breaking the Silence on Law Enforcement Suicides

By Craig T. Steckler, Chief of Police (Retired), Fremont, California, Police Department

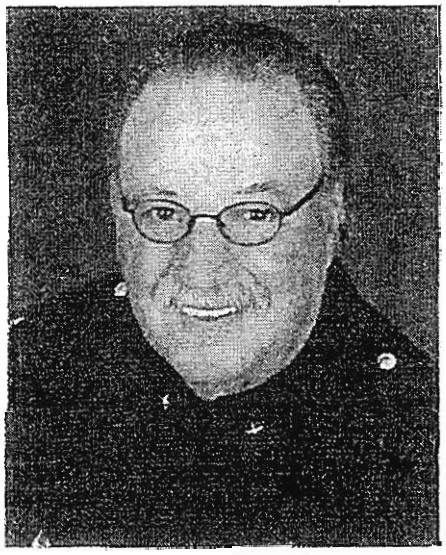
Law enforcement agencies are like families. A special camaraderie forms in a department where men and women work side by side in service to their communities. Not unlike more traditional family units, police departments are shaken to the core with the death of one of their own whether an officer or a professional employee. The response, organizational and individual, is even more complex when that death comes at the employee's own hand. In a profession where strength, bravery, and resilience are revered, mental health issues and the threat of officer suicide are "dirty little secrets"—topics very few want to address or acknowledge.

But our collective silence only compounds the problem. By ignoring the issue we implicitly promote the unqualified expectation that cops must, without question, be brave, steadfast, and resilient. Our refusal to speak openly about the issue perpetuates the stigma many officers hold about mental health issues—the stigma that depression, anxiety, and thoughts of suicide are signs of weakness and failure, not cries for help.

The truth is our police officers, and professional employees, are not immune to the stresses of the job. Arguably, they are more susceptible given the nature of police work. But continuing to ignore police suicide—to act like it doesn't happen, or that it won't happen in our department—is doing our officers, and professional employees, a grave disservice.

In reality, officer mental health is an issue of officer safety, and we should treat it as such. From body armor and seatbelt use polices, to self-defense and verbal judo training, we can all list a variety of measures available to ensure our officers' physical safety. But what are we doing to actively protect and promote their mental and emotional health? Sadly, in many cases, it is not enough. If one of your officers is in crisis, would he or she know where to turn? Would he or she feel comfortable seeking help, or fear career ramifications? Are you, as chief, or your officers, as peers, prepared to intervene? What if one of your officers took his or her own life? How would you react and respond? How would the department react and respond? These are all hard questions.

The IACP has long recognized that there is an urgent need in the field for leadership on the issues of law enforcement officer, and professional employee, suicide and mental health. In 2008, the IACP's Police Psychological Services Section, the Bureau of Justice Assistance, and EEI Communications, partnered to produce *Preventing Law Enforcement Officer Suicide*, a CD compilation of resources and best practices. Copies of this CD are available today.



Craig T. Steckler, Chief of Police (Retired), Fremont, California, Police Department

Three years ago, then-IACP President Michael Carroll declared 2010 the Year of Officer Safety. Immediate Past President Walter McNeil renewed that pledge in 2011 further stating that suicide prevention would be a major initiative of his presidency. I am proud to carry on this noble and vital effort.

Officer suicide was covered extensively at the 119th Annual IACP Conference in San Diego in 2012, with several related workshops and a plenary session. Attendance at all these events exceeded expectations, offering a clear indication of the level of interest and need. The IACP's Center for Officer Safety and Wellness section of the IACP website (http://www.theiacp.org/About/CenterforOfficerSafetyandWellness) also highlights existing suicide prevention resources with more resources to come.

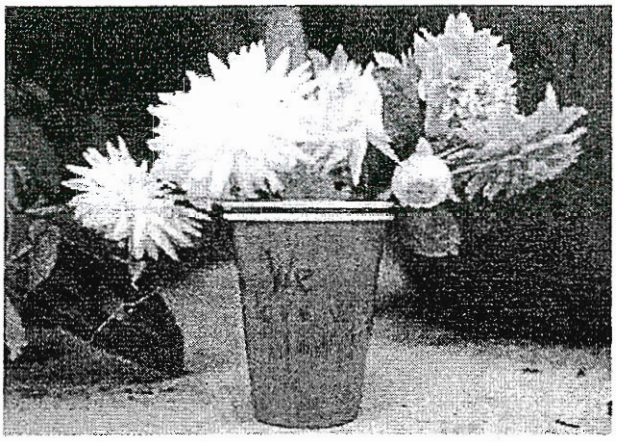
Our next steps are to provide the field with meaningful leadership and guidance. With assistance from the U.S. Department of Justice's Office of Community Oriented Policing Services, the IACP will host Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health this summer. Our goals for this symposium follow:

- **Raise awareness** regarding suicide and mental health issues in law enforcement and move toward a culture of support and understanding.
- **Identify and evaluate existing resources**, best practices, and training related to suicide prevention, intervention, and response programs.
- **Create a strategic plan** to guide police chiefs in taking proactive measures to mitigate the risk of suicide and openly address officer mental health as a core element of officer safety.

The IACP is committed to raising awareness among our members of approaches to preventing suicide and providing resources to guide them in developing prevention, intervention, and response programs that will save lives. ❖

SUICIDE

Sheriff Dearmore's death ignites change of police culture in Wahkiakum County



JUNE 08, 2013 11:00 PM • BY NATALIE ST. JOHN / THE DAILY NEWS

With no local radio or TV stations in the area, many Wahkiakum County residents rely on the steady chatter of a police radio to learn about breaking news.

But on the night county Sheriff Jon Dearmore took his own life, the police radio was unusually quiet.

As evening fell over the Grays River Valley on Oct. 23, three deputies raced to reach their boss's remote home. A distraught Lori Dearmore had told dispatchers her intoxicated husband was locked in his workshop with a store of weapons.

In his police report, one officer noted that deputies tried to handle the situation discreetly. He wrote, "During my response I was calling in the mile markers to the scene, and considering possible actions to take. ... The radio was eerily quiet."

As he dropped over the crest of KM Mountain, still six miles from the Dearmore's home, the officer turned off his sirens to prevent them from echoing throughout the valley. By the time he arrived, the unthinkable had happened.

Dearmore's death shocked his community. The earnest, enthusiastic 50-year-old sheriff had never publicly said or done anything that suggested that he was a man on the brink of killing himself.

For those who study police suicides, however, Dearmore's death would not have been a shock. In retrospect, it was evident that the sheriff bore classic symptoms of an officer in distress — he was overworked, under constant pressure, plagued by chronic pain and often sacrificed his personal needs in service to his job. Normally a moderate drinker, he had recently begun drinking more. And police records indicate that once, years before, he had spoken about suicide.

Taboo subject

Dearmore's death offers a rare insight into a hidden problem: Police suicide is a bigger and more persistent issue than most people think, partly because the law enforcement community doesn't like talking about it. A study conducted by the Badge of Life group determined that, nationwide, 143 officers committed suicide in 2009 — a rate about 50

percent higher than among the general population. The number of officers who died by their own hand that year was three times higher than the number of officers shot by criminals in the line of duty.

The number of suicides may be even higher, the group says, because police agencies sometimes misreport self-inflicted police deaths as "undetermined" or "accidental" to hide the stigma of suicide. Suicide victims may not be buried with honors and their families may lose benefits.

Suicides also may leave the victim's colleagues deeply conflicted, said police suicide expert Bob Douglas, a chaplain and retired officer who founded the National POLICE Suicide Foundation.

"If you don't lead your personnel and educate them, you're going to have this mixture of love and hate," Douglas said. "They love the officer, but they hate the action. They don't understand why the officer would do such a thing."

It's no wonder, then that suicide is a taboo topic in law enforcement culture. "The mindset," Douglas said during an interview last month, "is that we're taking care of our own. We don't hang our dirty laundry, so to speak."

Dearmore spoke openly about the stress of protecting the community with limited staff, and his struggles with pain, but he was otherwise silent about the extent and nature of his suffering. The insitutional relucantance to discuss suicide prevents the law enforcement community from addressing the problem — and from intervening, Douglas said.

As it turns out, Dearmore's suicide is uncannily similar to those of other police officers, Douglas said.

He described "the typical victim" as a middle-aged white male with an excellent performance record who is confronting some type of intense physical or emotional pain. Most commit suicide in a familiar place where they will be discovered very quickly, often by fellow law enforcement officers. In 2012, Douglas said, 92 percent of police suicides involved alcohol.

Harley-riding cop

Jonathan Lee Dearmore loved being a cop.

He had a strong performance record, and he spoke publicly with passion and conviction about his work. He regularly volunteered, and a his personnel file is full of thank-you notes for his work and advocacy on behalf of causes such as mental health services and domestic violence reduction.

His big personality and easy humor drew attention. In his off-time he loved cruising on his Harley Davidson, and he grew misty-eyed talking about his deep sense of patriotism.

"He was somebody I always respected, and always will respect, regardless of the outcome," former Undersheriff Mark Howie said in an interview in April. Howie was

installed as sheriff the day after Dearmore's death.

Like several other long-time deputies, Howie considered the sheriff to be a close friend and said his public and private personas were remarkably consistent. But Howie could see that his boss was often stretched too thin.

"Helping people was in his soul. It was in his being — a lot of times, at the sacrifice of his own needs. ... There were a lot of times when I could see that he was fatigued, and not taking care of himself."

Howie said that once last year when he encouraged Dearmore to set better boundaries during his off hours. Dearmore confided that he didn't feel he could cut back.

"I said, 'You need to get away from the cell phone when you're off.' And he said, 'It's too late.' ... He couldn't just shut that off," Howie said.

Howie says both men graduated from police academy in the early 1990s and were indoctrinated into an "old-school" culture of machismo that encouraged police officers to endure pain and suppress feelings of fear and grief.

"They never talked about things you need to do off-duty to release stress. What was talked about was 'choir practice' — debriefing with your shift. You'd go drink or talk late into the night about all the things that happened on your shift," Howie recalled.

Now, academy trainees are increasingly taught to seek counseling or call help lines, to participate in "critical incident debriefings" and to recognize the signs of post-traumatic stress disorder.

Caught between the two schools of thought, Dearmore encouraged his employees to seek help as needed but couldn't bring himself to do the same, Howie said.

Public records indicate Dearmore dealt with many of the same stress inducers as other working men — an imperfect marriage, persistent personal debt and the challenges of raising a teenaged daughter. But none of these appeared to be overwhelming him, Howie said.

But by autumn 2012, chronic understaffing, regular overtime hours and an increased number of mental health and domestic violence cases in the county appeared to be wearing him down, Howie said.

In September, Dearmore spent the entire month on vacation. And in the three weeks of October before his death, he called in sick five times. County records indicate that Dearmore's back pain from a 2009 work injury was steadily worsening. He began seeing a chiropractor and he scheduled an appointment with a specialist that he did not live to keep.

In a Sept. 24 email exchange, Howie wrote, "By the way, how the heck are ya? Feels like I haven't seen you in ages ..."

Dearmore responded, "I hate to bitch, but my back, really, my legs are killing me. Other

than that, I'm good. You?"

His friend was changing, but it was hard to see, Howie recalled.

"He just had less interest in life, increased absences and increased irritability," Howie said. "He would be bothered by more things that he wouldn't normally be bothered by."

In one of their last conversations, Dearmore, who had always pledged to "hang up the uniform" if he lost his passion for law enforcement, confided that he no longer felt the same enthusiasm for the job. These changes in his personality happened so gradually that they didn't cause alarm, Howie said.

"To me, it seemed like he was burned out on work. He had a more nonchalant attitude. But to me, there was no indication of a hopelessness in living. Nothing like that."

A last email

According to police reports, on the morning of Oct. 23, Dearmore called in sick. He packed his wife's lunch, including a friendly note to her. Later in an email exchange with her, he noted, "my back/legs crazy hurt."

He spent much of his day in his home workshop that one officer described as his "man cave." He was surrounded by the things he loved — horse tack, his Harley Davidson, tools and memorabilia. He drank Fireball whiskey and beer and emailed himself the lyrics to a country music song about suicide, adding a despairing note in which he berated himself for his perceived personal failures.

He played the song again and again on his cell phone. When Lori Dearmore arrived home from her teaching job at Naselle School, she took the phone into the house with her, and the argument that followed turned physical. Intoxicated, he shoved her into a wall, and threatened her with a handgun, before retreating again to his workshop.

She left the house and called for help.

As two officers who had known him for years tentatively stepped into his workshop about 20 minutes later, Dearmore ended his life with one of his handguns. The police scanner was still sounding in the background.

As Howie points out, "nobody will ever really know that last day, what he was thinking."

As a result of Dearmore's death, Howie is encouraging Wahkiakum deputies to seek counseling, lead balanced lives and care for their emotional and spiritual health. The department has more regular de briefings now, is reinstating a chaplaincy program and is developing a formal protocol for helping officers in distress. Howie is talking openly about the need to change police culture.

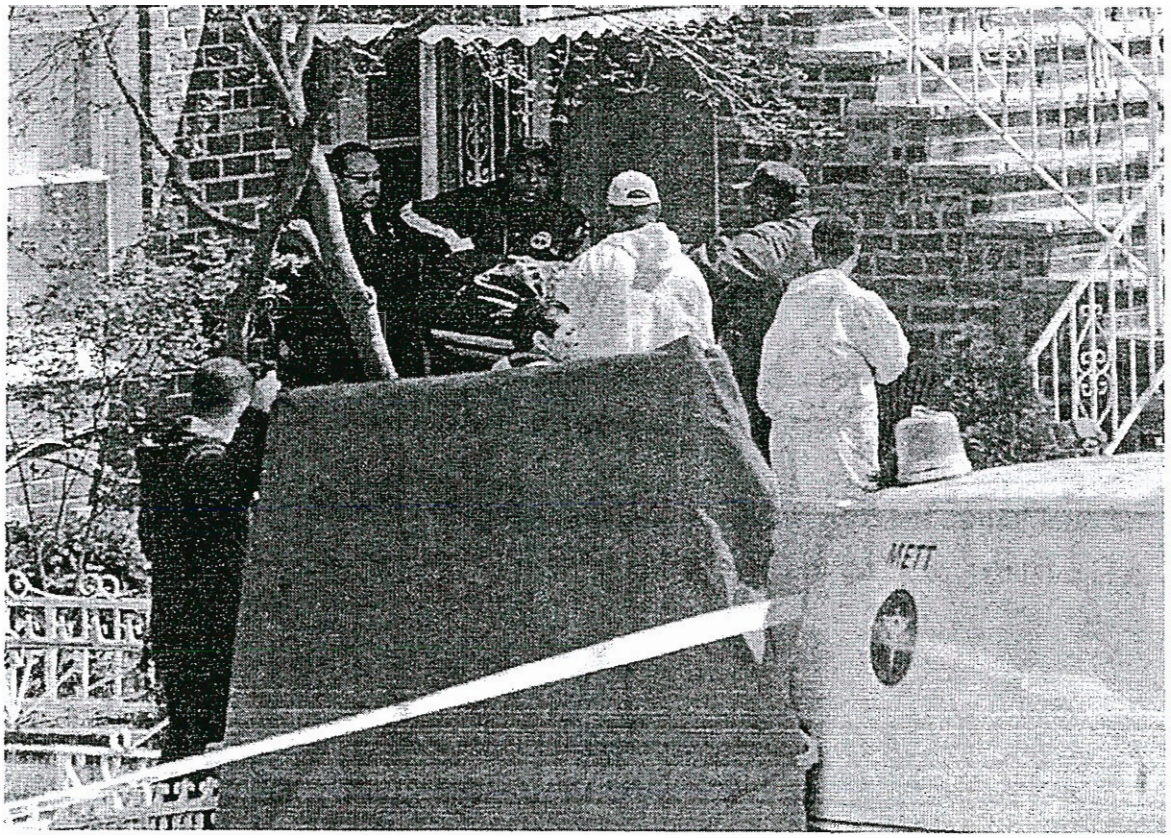
"We're seeing bigger dangers in our communities. We've got to have people who are fit and ready in more ways than just physically. Just getting the discussion going is a big start," Howie said.

The Boston Globe

Nation

3 dead in apparent double murder-suicide by NYC officer

ASSOCIATED PRESS · APRIL 16, 2013



LOUIS LANZANO/ASSOCIATED PRESS

Authorities removed a body from a home in the Flatlands section of Brooklyn on Monday. According to police, a city officer shot her boyfriend before turning the gun on her 1-year-old son and then herself.

NEW YORK — A city police officer shot her 1-year-old son, the baby's father, and then herself in an apparent murder-suicide at her home Monday morning, police said.

gun, said chief police spokesman Paul Browne.

The young man escaped through a window and called 911, but by the time police arrived moments later, the three others were dead, Browne said.

The body of the 33-year-old father, Dason Peters, was found in the entry of the first-floor apartment in the Flatlands section of Brooklyn, authorities said. The bodies of Rosette Samuel, 43, and her baby boy, Dylan, were found face up on the bed in her bedroom.

The couple lived together, but it wasn't clear if they were married.

The officer and baby were apparently shot in the chest. It was not clear where Peters was struck, or how many rounds were fired. The teenager, Dondre Samuel, who is the officer's son from a previous relationship, was uninjured.

It was unclear what prompted the dispute. No note was found, and there was nothing in her police records to indicate she had been troubled, authorities said.

Samuel joined the New York Police Department in 2000 and was most recently assigned to a precinct in Queens.

PubMed

Display Settings: Abstract

Int J Emerg Ment Health. 2010 Spring;12(2):89-94.

Suicide or undetermined? A national assessment of police suicide death classification.

Violanti JM.

Department of Social & Preventive Medicine, School of Public Health & Health Professions, State University of NY at Buffalo, USA. violanti@buffalo.edu

Abstract

The validity of police suicide rates is questionable. The objective of this paper is to compare national police suicide rates with "undetermined" death rates and compare across occupations similar in exposure. An additional objective is to compare police suicide and undetermined rates in female and minority officers. Results indicated that male police officer deaths had a 17% increased risk of being misclassified as undetermined (Proportionate Mortality Ratio (PMR) = 117, 95% CI = 110,123, significant at $p < 0.01$). The risk was higher than both firefighter and military occupations (PMR = 101 (1% risk), 95% CI = 89, 114; PMR = 108 (8% risk), 95% CI = 104,113 respectively). A high risk of misclassification was also seen in female and African American officer deaths (PMR = 198 (98% risk), 95% CI = 151-255, sig. $p < 0.01$ and PMR = 344 (344% risk), 95% CI = 178-601, sig. $p < 0.01$ respectively). The significantly higher ratio of police deaths classified as undetermined is interesting, given the high profile of law enforcement in society and the generally thorough investigations of police officer deaths. Also of interest is the suggestion that police misclassification risk is higher for police than other similar occupations. Future research should suggest possible ways to increase the validity of police suicide rates through methods such as post-suicide psychological autopsies.

PMID: 21138152 [PubMed - indexed for MEDLINE]

MeSH Terms

LinkOut - more resources

Display Settings: Abstract

Behav Sci Law. 1999;17(3):357-76.

Suicide and violence risk in law enforcement: practical guidelines for risk assessment, prevention, and intervention.

Mohandie K, Hatcher C.

Los Angeles Police Department, 977 North Broadway, Suite 300, Los Angeles, CA 90012, USA.

Abstract

Research and anecdotal reports indicate that suicide and violence risk may be higher among members of law enforcement than those in other occupational categories. This article examines the phenomenon of suicide and violence risk within this population, and law enforcement cultural variables that may contribute to elevated risk. Suicide and violence risk factors and clues unique to law enforcement are described, as are intervention approaches which may be helpful to managing and reducing risk.

PMID: 10481134 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

J Forensic Sci. 2008 Nov;53(6):1455-7. Epub 2008 Aug 25.

Police officers who commit suicide by cop: a clinical study with analysis.

Arias EA, Schlesinger LB, Pinizzotto AJ, Davis EF, Fava JL, Dewey LM.

Department of Psychology, John Jay College of Criminal Justice, City University of New York, 445 W. 59th St, New York, NY 10019, USA. earias@gc.cuny.edu

Abstract

Suicide by cop has become a familiar topic among members of law enforcement, mental health professionals, and the general public. This paper presents two cases where police officers chose to commit suicide by getting other police officers to kill them. The two police officers studied, by examination of closed case files, were found to be similar to civilians who committed suicide by cop on several demographic (gender, age, history of mental illness, and suicide attempts), and situational (stress factors, trigger) variables. The cases help us to understand possible motives and management for individuals who choose to end their life in this manner.

PMID: 18752553 [PubMed - indexed for MEDLINE]

Display Settings: Abstract

Curr Opin Psychiatry. 2008 Sep;21(5):505-9.

Suicidality among police.

Stuart H.

Department of Community Health and Epidemiology, Queen's University, Kingston, Ontario, Canada. heather.stuart@queensu.ca

Abstract

PURPOSE OF REVIEW: This paper reviews recent international literature on suicide among police officers.

RECENT FINDINGS: Research examining the incidence and prevalence of suicide and suicidality among police, particularly the extent to which they constitute a high-risk group, has produced conflicting results. Police appear to be at greater risk of posttraumatic stress reactions (resulting from higher exposures to trauma) and job burnout (resulting from the way in which police work is organized), both of which increase the risk of psychosocial problems and suicide.

SUMMARY: Though worker suicide is the result of a complex interaction of personal vulnerabilities, workplace stressors, and environmental factors, research into police suicide has largely emphasized only two of these components: workplace trauma as a determinant of posttraumatic stress reactions; and organizational stressors as a determinant of job stress and burnout. Personality factors and coping styles have received less attention and there have been few attempts to understand the complex interactions between all of these factors. Prevention strategies have focused on psychological debriefing for traumatic incidents and organizational change designed to improve job commitment and reduce job burnout.

PMID: 18650696 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

The National Police Suicide Foundation, Inc.
7015 Clark Road
Seaford, Delaware 19973
302-536-1214

21 June 2012

President Obama
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear President Obama,

Our Law Enforcement Officers today are experiencing an ever growing issue of Police Officer related suicides. According to the FBI National Academy, approximately every 17 hours a police officer dies of self-inflicted wounds (Forensic Examiner, Volume 19, Number 3, Fall 2010 "Understanding Police Suicide", Jean G. Larned, National Academy Instructor). Since 1997, we have averaged 166 line of duty deaths of police officers each year, but today our officers are dying twice as fast by their own hand.

Since 1999, the military has implemented a suicide prevention program for all military personnel, unfortunately, the number of suicides for active as well as inactive personnel continue to grow at an alarming rate. Of our approximately 18,000 Law Enforcement Agencies nationwide about only 3-5% of them have any suicide prevention training for their officers. Mr. President, this is not a new issue within our ranks. Our Foundation has seen this steadily grow over the past 25 years. Because suicide is considered such a "cultural bias" among our ranks, we find it very difficult to gain support for suicide prevention training among our Law Enforcement leadership.

I personally and professionally believe that there is a solution, but I strongly seek your attention in addressing this issue within our ranks of Law Enforcement. I recommend that a Department of Suicide Prevention be established within your administration that would oversee the 18,000 Law Enforcement Agencies within our country and mandate Police Suicide Prevention Training for these agencies as it has been mandated for the military. Our Law Enforcement Officers are warriors here at home and struggle with the same issues of PTSD as our warriors abroad. We need to break down this "Blue Wall of Silence" concerning this issue of police related suicide.

Mr. President, we are all facing many challenges dealing with the mental health and emotional trauma of our young men and women in the military and we are aggressively striving to reduce this ever increasing number of suicides on a daily basis, but there is another line of defense within our country that are also experiencing mental health issues dealing with Post Traumatic Stress Disorder (PTSD) and Cumulative Career Trauma Stress (CCTS) that is also resulting in suicides on a daily basis and that is the young men and women of our law enforcement community. We have a window of opportunity to effectively address this issue today by collectively working together to bring about an awareness that there are serious suicide related issues within our ranks and that mandated suicide prevention training be implemented in the 18,000 agencies. These brave young men and women officers lay their life on the line everyday to protect our rights, the least we can do is help to protect them from the enemy within. I ask you to work together with me to help resolve this problem.

Respectfully,

Robert E. Douglas Jr.
Executive Director, NPSF

"What we are all about....."We have a wall of heros in Washington, D.C. to honor our fallen officers....but we lose a lot of officers each year whose names will never be placed on that wall. These are officers who have died by their own hand.

These officers have placed their life on the line for others many times and because of the daily stress of their profession and the effect it has on their personal life, they have reached a point where they feel like they can't go on. By their nature and because of their training, police and emergency workers make instant decisions-----so in an instant, they chose "suicide" as a way out. Many of these individuals have had exemplary careers. It is for these officers and their families, that this foundation was formed.

About the Executive Director.....
ROBERT E. DOUGLAS, JR.

Robert Douglas retired from the Baltimore City Police Department in 1994. Prior to serving with Baltimore City, he was a Police Officer in Temple Terrace, Florida for five years. He has served as Police Chaplain for the Fraternal Order of Police, Lodge #3 in Baltimore City from 1988 to 2002. He also served as Chaplain for the ATF in Baltimore and Washington, D.C. He has developed and given programs nationwide on police suicide.

He completed his undergraduate work at the University of South Florida and went on to earn a Masters Degree at the University of Baltimore and a Masters Degree of Theology from St. Mary's Seminary and University. He retired as senior pastor at Jenkins Memorial Church in Riviera Beach, Maryland after 24 years of service. He currently is Pastor of Compassionate Shepherd Ministries in Laurel, Delaware.

He is a member of the American Association for Suicidologists and a Senior Chaplain for the ICPC, and a recipient of the Jack Price Award. He is author of the book "*Death With No Valor*" which deals with the issue of police suicide *"Hope Beyond the Badge"* and *"Healing for a Hero's Heart"*.

NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC.

ROBERT E. DOUGLAS, JR.
Executive Director

www.psf.org

Office: 1-866-276-4615

6-69

The National P.O.L.I.C.E. Suicide Foundation, Inc.

To provide suicide related counseling and support for families and emergency responders. **(Emergency responders include paramedics, officers, law enforcement administration, fire fighters, correctional officers, emergency workers)**

- To provide encouragement and hope to families of suicide victims by helping them to understand and deal with their anger and guilt.
- To provide educational seminars to educate the general public and government employees on suicide awareness and prevention.
- To provide a network of communication among suicide survivors.
- Provide scholarships for families who are survivors of a law enforcement suicide

The mission of this foundation is to provide suicide awareness and prevention training programs and support services that will establish a standard of care for emergency responders and promote employee wellness.

* *

If you would like more information regarding our Train-the-Trainer Program, Quarterly Newsletter, Books, Counseling Services, Police Peer Support Fellowship, The Police Suicide Awareness Program, and/or membership, please feel free to contact us at any time.

6-70

Benefits to Member

The number of deaths due to suicide are 2 to 3 times the number of line of duty deaths among law enforcement agencies and emergency workers. Due to the increasing number of suicides in these professions, we have formed the National P.O.L.I.C.E. Suicide Foundation, Inc. We feel that many of these suicides occur because of the high "stress" level of these professions and a lack of "awareness" of the signs and symptoms and prevention techniques. Our goal is prevention through education. We hope to accomplish this by providing the following:

---Quarterly newsletter which will provide information on suicide support group services, seminars, counseling hot lines, statistics, and provide a means of supportive communication for survivors.
---Educational opportunities will be offered annually at a seminar on Suicide Awareness and Prevention
---Access to resources relating to suicide statistics and prevention (articles, books, videos, etc.)
---Assist agencies in establishing their own suicide awareness program within their agency
---Counseling Services and support groups for families of suicide victims

MEMBERSHIP APPLICATION

NAME:_____

ADDRESS:_____
_____

PHONE: Work ( )_____

Home ( )_____

FAX ( )_____

E-mail: _____

OCCUPATION:_____
_____

SIGNATURE_____

Membership dues: Individual $ 25 a year
Corporate $100 a year

Make checks payable to:

National P.O.L.I.C.E. Suicide Foundation, Inc.
7015 Clark Road
Seaford, Delaware 19973

Toll Free: 1-866-276-4615
Cell: 443-889-5666
Fax: 1- (302) 536-1214
E-MAIL: redoug2001@aol.com