

**The Bill Blackwood  
Law Enforcement Management Institute of Texas**

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**Police Suicide**

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**An Administrative Research Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**

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## **ABSTRACT**

This research describes police suicide as being a silent killer. Police work causes stress and officers need to be taught how to recognize stress and get help from trained professionals when the need arises. Psychiatrists, marriage counselors, family doctors, mental health specialists, a friend, or a loved one can help law enforcement professionals. Psychotherapy and medication are treatment options, but only if the medication is prescribed and monitored by a doctor. Police officers have unique problems that need professional help and education is the key. Many times the officer recognizes he or she has a problem, but fails to discuss the situation for fear the other officers will think he or she is weak, or out of the fear that he or she will be replaced because he or she is a liability. How many times in police careers have we heard “if you can’t take the heat, get out of the kitchen” when an officer had a problem. Key points such as detection, admitting there is a problem, and doing something about it, save lives.

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## INTRODUCTION

Thousands of people around the world commit suicide every year. This is not a discriminatory situation. It is important to understand that suicide is often the result of a possible mental health issue, which is classified as a disease. It is also important to recognize that people who decide to take their own lives come from all walks of life and age groups. Police officers, young and old, are not immune to succumbing to the devastating issues they face in their daily lives while doing their jobs.

Suicide is a silent killer due to the fact that many people do not recognize, and possibly choose not to recognize the signs and symptoms that are present in a suicidal individual. It is unknown whether or not anyone really knows why so many police officers take their own lives every year. Understanding the issues or symptoms that are present, those warning signs that may or may not be the same as in other professions, can assist family, friends and co-workers in recognizing and hopefully intervening in time when an officer is at risk.

The purpose of this research is to examine why so many police officers take their own lives and understand the ways to recognize the signs and symptoms of the problem so that intervention may occur in time. Through awareness comes prevention. This is true not only for family, friends and co-workers, but also for individual officers who are having trouble with mental health issues and may not recognize the need to seek assistance. The specific question that will be addressed in this research is: "What can police officers do to prevent suicide?"

This researcher will conduct a review of literature on the subject of suicide, its signs, symptoms and effects. Along with this, a survey of the members of the

Leadership Command College (LCC) Module I, Class 69, will be conducted. It is anticipated that this research will provide information that not only may be alarming but will also open the doors to prevention and intervention. A heightened sense of awareness of the stressors present in the law enforcement profession that can influence an individual's mental health and well being, can benefit all individuals, including other officers, who are in some way related or in contact with police officers. This will benefit individual officers, the departments they work for, the community they serve, and last but not least, the family of that individual officer.

## **REVIEW OF LITERATURE**

Police officers often have a negative image. They deal with an irate public, which expects them to be problem solvers. No matter what decision the officer makes to solve that problem there is usually someone that did not like his or her decision. The job description includes the ability to: be a therapist, counselor, preacher, teacher, and general physiotherapist. An enormous pressure is on the officer to perform super human feats (Violanti, 1996).

Law enforcement is similar to the military. Ranks are earned, strict rules are followed, and the ability to control is a must. Officers are public servants, but often realize that they are not wanted when they arrive at the call. Law enforcement is not viewed in the same light as a hero. The public views the officer as an intruder. The civilian resents the implication that they can't handle the problem themselves.

An officer's job is to mediate between friends, church members, neighbors and citizens of the same town they live in. The officer will be reminded that they know the individual; thus special treatment is expected. Family life is often stressful because the

officers' family will be reminded that their father or mother arrested a family member of theirs. Dealing with negative situations often causes the officer to alter his or her personality from a positive 'people loving person' to a negative, 'they are out to get me' view. As the officer pulls away from life's positive influences, such as church, service clubs, friends and family, problems can slowly evolve, resulting into a loner personality type where escapism is the ultimate goal.

Suicide is high in law enforcement because the stresses of life and death situations occur often. When a person dies as a result of the officer's decision, the officer often takes the internal blame. The difference between a military situation and a police officer is the command. The officer must act on the incidence immediately, without a commanding officer suggesting what to do in each situation. Police officers act on instinct, training and survival. A life threatening kill, or be killed, situation can exist where the officer's life is hanging in the balance. Military combat and police work often share similar conditions and outcomes and police officers often experience traumatic events in their work, which can increase extreme psychological trauma. Cops are undoubtedly involved in combat. The conditions are: an unknown enemy, a continual sense of insecurity, lack of public support, witnessing abusive violence, and depersonalization. It is also threatening for an officer to feel unsupported by fellow law enforcement officers and leaders who quite possibly are waiting for a mistake to be made, which can bring an end to an individual's career. A police officer experiences an uneasy transition everyday. They must go from a stressful, sometimes violent nature of police work to the normalcy of community and family life. Combat-like conditions evoke aggressive impulses, which can eventually turn on the self (Violanti, et al., 1996).

Cops deal with shift work, which disrupts normal sleep patterns. Alcohol and sedatives are used to sleep and caffeine and over-the-counter stimulants are used to stay awake. This can escalate and lead to serious problems. Sleep deprivation takes its toll on work performance. One gets in the zombie mode where you mindlessly go through the daily routines (Kirschman et al., 1997).

Cops are often type A people. They are fast and have no patience with slower people. It is as though they are in the fast forward mode. Cops often find it hard to be still and it is hard for them to gear down. On-the-job injuries are common and can include: a broken finger from a tussle, a broken shoulder, twisted knees, torn cartilages, and bad backs. Officers are beaten up and get in situations where the bad guy is younger, in better shape and the officer can often be outsized many times over. The stress level, muscle tension and knotted stomach takes' its toll on the officer (Kirschman, et al., 1997).

Police officers are often viewed as socially unacceptable and unfriendly. Cops are expected to use as little force as possible and always be pleasant regardless of what others say or do to them. Pent-up anger and aggression cannot be freely expressed. Subsequently, frustration and the blockage of outward aggression may lead to suicide (Violanti, et al., 1996).

Police officers can become addicted to a physiological, as well as social dependency on the excitement of police work. Officers become psychologically depressed in calm or normal periods. Police officers become listless and detached from anything unrelated to police work. Officers can actually become addicted to excitement and danger (Hackett, 2003).

Traditionally, no matter what their problems, police officers refrain from asking for help. Officers do not wish to appear weak or vulnerable in front of their peers. They perceive themselves as problem solvers and not persons with problems. Police officers have a divorce rate higher than other professions. Shift-work creates conflicts with family activities (Violanti , et al., 1996).

Counseling services should be made available to families and officers when they experience marital problems or any other mental health issue. It is very important that any counseling services that are provided to the officer are not discussed with the officer's agency. Police suicide training programs are needed which include recognition of psychological depression, communication skills, conflict resolution, and intimate relationship maintenance (Hackett, et al., 2003).

According to Violanti (1996), suicide accounted for 37% of police officers deaths. The average age was 49.7 and guns were the method used by 95% of police suicides. Violanti (1996), says the officer's service weapon is important to them. The officer uses their weapon as a means to solve the problems' of: Emotional pain, poor self – esteem, high stress, sever depression, anxieties, fears, phobias, panic attacks, marital problems, career concerns, addiction to drugs and alcohol, feeling stuck, nightmares and having trouble sleeping.

## **METHODOLOGY**

The topic of this research paper is police suicide. Suicide is a silent killer that police investigators often cover up to protect the victim officer and family from the stigma of suicide (Violanti, et al., 1996).



The purpose of this research is to prevent police officer suicide. Officers have reported prolonged symptoms in response to work – related incidents. A study conducted by Mantell (1988) in San Diego found that approximately 50% of the officers involved in the McDonald's restaurant killings in that city had symptoms of posttraumatic stress disorder. Officers reported problems with: anger, sleep disturbances, flashbacks, guilt feelings, wishing it didn't happen and depression. Recovery took as long as 20 weeks after the incident (Violanti, et al., 1996).

Suicide can be an attempt of officers to restore feelings of strength, courage, and mastery over the environment after exposure to a traumatic incident. According to Violanti, no matter what their problems, police officers refrain from asking for help. Officers do not wish to appear weak or vulnerable in front of their peers. They perceive themselves as problem solvers and not persons with problems.

Officers need a safe place to go for help, out of administrative view. If police officers can approach such services without going through formal organizational channels, they will be more likely to seek help and less likely to commit suicide. A 24-hour private phone service should be available by means of an 800 exchange. A civilian answering service could accept the calls anonymously and notify members of an early intervention program via a beeper system. The call would then be returned and the problem discussed over the phone. If further intervention is needed an in- person contact can be made. Informational seminars and counseling should be made available to officers as early as five years prior to retirement. Spouses and other family members should be included in seminars (Violanti, et al., 1996).

The methods of inquiry for this research paper included a questionnaire, books and a DVD. Surveys will be given to the LCC, LEMIT Class 69. The surveys will be confidential and various law enforcement officers through out the state of Texas will be asked to participate in the survey. This researcher's objective is to ascertain other officer's thoughts on police suicide, preventive training, and counseling.

## **FINDINGS**

More law enforcement officers take their own lives each year than are killed by felons or die in other duty-related accidents. Education leads the field as the emerging and most critical predictor of longevity and health. It is what we do not know that can hurt us. This is good news to those of us who are trying to ward off the potential onslaught of suicides.

Officers deal with family violence, death, drugs, alcohol and despair. Cops can become emotionally numb because a shield is needed to survive – The civilian must not discover weakness in the officer, as survival depends on it. Law enforcement changes ones personality. It is hard for an officer to have fun. Control becomes a way of life.

Unpredictability causes stress. Police work can be boring for hours then a life threatening situation with terror, followed by hours of report writing. Suicide is an acknowledged problem in law enforcement.

In the survey of class 69; 67% of the participants had an officer in their agency that committed suicide; 83% responded by stating there was a problem with police suicide; 67% are offered stress related counseling from their agency; 28% employ a police psychologist; 94% of the respondents said police officers experience a high level of stress related problems; 39% knew someone in their agency who they perceived as

suicidal; 61% knew a police officer that committed suicide; 33% said their agency had been involved in a police officers suicide attempt. Ninety four % stated they thought training in suicide awareness would be useful for police. The Leadership Command College (LCC), Module 1, Class 69 responders demonstrate that stress can cause mental health; thus leading to suicide.

## **DISCUSSION/CONCLUSIONS**

Police officers have a high incidence of suicide due to stress, alcohol, divorce, substance abuse, critical incidence, posttraumatic stress syndrome, and chemical imbalances in the brain where medication is needed. The purpose of this topic is to prevent police officer suicide through education and identify that clinical depression must be treated by a doctor. The purpose of this research is also to accomplish the awareness and prevention of this silent epidemic by suggesting the need of a 24-hour help line and implement counseling and training programs for officers and their supervisors to identify these mental health issues. Police officers can prevent suicide by acknowledging the problem, recognizing the symptoms, and knowing what to do to get help. The research proposes that there is indeed a problem with police officers committing suicide. Police officers need to be aware that suicide is a problem that can't be cured without help.

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This survey will be used for the purpose of gaining information connected to an administrative research paper on awareness of police suicide. This survey will be used one time for LEMIT Class 69. Please circle correct answer.

1. Has a police officer in your agency ever committed suicide?    Yes      No
2. Do you think there is a problem with police suicide?    Yes      No
3. Does your agency offer any kind of stress related counseling?    Yes      No
4. Does your agency have a police psychologist?    Yes      No
5. Are police officers weak if they experience stress related problems?    Yes      No
6. Do you know someone in your agency who you perceive as suicidal?    Yes      No
7. Do you have personal knowledge of a police officer that committed suicide?    Yes      No
8. Has your agency been involved in a police officers suicide attempt?    Yes      No
9. Do you think training in suicide awareness would be useful for police?    Yes      No
10. Do you think suicidal awareness training would help officers to be more aware of the serious problems in police suicide?    Yes      No

Thank you for your participation,  
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