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# Suicide Among Police Personnel

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**By**
**Jeremy Alber**

**Copperas Cove Police Department**
**Copperas Cove, Texas**
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# ABSTRACT

Suicide is a problem among police personnel, and it appears the important topic may be taboo among the profession. Police administrations should provide, and require the use of, emotional and psychological outlets to reduce the likelihood of a police officer turning to suicide as a solution to poor coping skills. There is a large impact on the law enforcement profession when an officer suffers from psychological impacts that would lead a person to such a solution. Many police departments do not address potential psychological problems in policy, and, in turn, there is no mental health outlet available when a need arises.

People with certain personality traits are drawn to law enforcement careers. These people tend to be problem solvers who have a desire to make a difference, and they like the excitement law enforcement offers (Hackett & Violanti, 2003). Often, there is nobody to turn to when the problem solver has a mental health situation not easily solved. If police adminstrations were to take a more proactive approach by addressing the issue in policy, the problems may be addressed before it is too late for the suffering officer.

Research was conducted by reviewing updated literature regarding police stress, stress management, and police suicide. The sources overwhelmingly suggested that suicide among police personnel is a problem that needs to be addressed by police administrations nation wide. Police administrators must be observant about stressors for law enforcement officers so they can deal with the situation before another life is taken.

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# INTRODUCTION

Suicide among police personnel is a problem plaguing the United States and has been a problem for some time now. Many people ask why the person chose such a permanent solution to a problem that very well may have been temporary. Police officers may not consider the potential ramifications their family and friends may have to pay for such an act. The person's family and friends are actually victimized by suicide as well. Without a suicide note, there are often more questions left unanswered, which leaves a large void in each life the person may have touched professionally and personally. Often, the reason a police officer chooses to commit suicide is unknown to the department and the people in the officer's life because the officer is not open to speaking of his or her problems.

The public is often outraged and surprised to hear that a police officer has committed suicide. This outrage comes from the trust and expectations placed on the police community to be better at coping with daily stressors of which law enforcement personnel are exposed. Publicity surrounding police suicide may, in part, give the impression that police officers are at a higher risk of committing suicide than the average individual (Marzuk, Nock, Leon, Portera, & Tardiff, 2002). Police officers are exposed to unique stressors that other professions do not have to deal with.

Some complaints a police officer may have to deal with may seem meaningless, while others may be critical, like the death of a child. Many police administrators do not acknowledge the potential stress placed on the law enforcement professional in daily activities, and they refuse to take steps to prevent a potential tragedy in the making. The law enforcement profession and society suffer with each death and suicide of a law

enforcement officer. Police administrations have a duty to address the problem of law enforcement officer suicide and the potential stressors leading to the suicide attempts.

Police administrators must address potential stressors of law enforcement officers. When one law enforcement officer takes his or her own life due to the enormity of the stress absorbed during a career, the impact spans across the profession as well as the families. The suicide of a law enforcement officer within a department "can send the agency or a specific work unit into an emotional tailspin that can take months, if not years, to recover" (Hackett & Violanti, 2003, p. 11). The law enforcement community does not have the ability to take extended time to deal with the loss of a coworker. Crime does not stop when the police community is grieving. Law enforcement agencies should implement a plan to intervene with an employee's desire to commit suicide, and it should include having mental health professionals available to treat officers who may be contemplating suicide (Hackett & Violanti, 2003). Through proper training, the first line supervisor may be the most equipped to assist with an officer contemplating suicide. Many police administrations have failed to implement training for the first line supervisor to be effective in this intervention.

Police administrations can take a proactive role in helping officers deal with stress. Departments can increase stress management training, offer professional counseling for the officer and their families, support peer advisement, and require physical fitness standards to assist officers in coping with stress (Kureczka, 1999). Many departments and officers want to make a difference in suicide prevention, but they do not take the responsibility to do so and respond with words similar to "they need to do something about" suicides (Violanti & Samuels, 2007). Police departments should

provide, and require the use of, emotional and psychological outlets to reduce the likelihood a police officer turns to suicide as a solution to poor coping skills.

## POSITION

Police officers seek solutions to problems by suicide because they are exposed to unique stressors that other professions are not exposed to. The police occupation has been charecterized as stressful, and it poses a special concern (Sewell, 1999). This is not to say that police work is inherently more stressful than other professions; however, the stress is unique to the police profession and should not be considered in the confines of normal stress. The stress a police professional may have to deal with is unique and relatively violent when compared to the stressors encountered in the general population (Band & Manuele, 1999).

These unique stressors tend to manifest themselves in dynamic ways, and it poses a threat to police officers. Some problems associated with long term police stress are the depletion of energy, both emotional and physical, negative self esteem, and negative attitudes toward people, life, and work. As the police officer's mind becomes overwhelmed with uncontrollable emotions, depression and psychoses may develop (Harmon, 2005). Psychosis (psychoses) has been "defined as a loss of contact with reality, usually including false beliefs about what is taking place or who one is (delusions) and seeing or hearing things that are not there (hallucinations)" (Medicine Plus, 2011, para. 1). For some officers, the breaking point comes from a single traumatic event, while, for others, it is a culmination of moderate stress experieced over a longer period of time (Miller, 1999). The totality of stress in police work leads to physical health problems like high blood pressure, insomnia, and changes in stress

hormone levels (Sammon, 2004). Officers may seek medical help for the physical problems associated with stress and the inability to manage these problems. At times, the officer has misdiagnosed his or her own problem as being physical when, in actuallity, the problem is emotional, and they may have been more susceptible to treatment by speaking with a mental health professional earlier.

People with certain personality traits are drawn to law enforcement careers. These people tend to be problem solvers who have a desire to make a difference, and they like the excitement law enforcement offers (Hackett & Violanti, 2003). A person with a weak personality may be seen as naïve and may not fit the mold for police work. Many calls for service in a police officers career call for him or her to take decisive action to protect property or preserve life. Officers are faced with tough decisions and a range of decision making tools have to be employed daily. After graduation from the police academy, officers spend the majority of their careers solving problems for others in their community. It is often difficult to shift from being a person who solves problems to a person who now has problems (Hackett & Violanti, 2003). Police officers tend to shut the emotions down rather than deal with them head on.

Police officers do not seek help through professional means on their own because of the stigma of suicide. Most officers put their best foot forward when attempting to catch a criminal, but they fail to be as vigilent when seeking psychological help because the criminal or problem is not tangible (Violanti & Samuels, 2007). When police officers have their vision of being invulnerable disrupted by a traumatic event, many feelings arise, including fear and vulnerability (Violanti & Samuels, 2007). These feelings of vulnerability and fear are precursers indicating a potential suicidal person.

Suicide is a problem in police cultures, and it is clearly evident by the amount of material available concerning the topic. Many departments do not keep records regarding completed suicides from officers in their respective departments (Hackett & Violanti, 2003). Police officers view suicide as disgraceful, cowardly, dishonoring, a weakness, or a failure, which makes the likelihood of an officer seeking assistance on their own slim (Hackett & Violanti, 2003).

When a police officer chooses to take his or her own life, the entire law enforcement community suffers as well as the family of the officer. In many cases, a wave of grief strikes across the department, and it may produce a lack of morale and work quality among surviving officers (Violanti, 1999). Suicide often poses more questions than it does answers. Suicide is an act of despiration and is often carried out when other stress outlets appear unavailable or inadequate (Violanti, 1999). Violanti (2007) found that when a police officer commits suicide, it is usually violent in nature and the probability of a firearm being inolved was increased. The violence of the police suicide often produces the feeling of resentment or anger toward the victim as well as the police organization (Violanti, 2007). These feelings immediately after the loss are counterproductive to healing and pose no benefit to the family of the victim or the law enforcement community.

## COUNTER POSITION

There are counterclaims to the argument that the police administration should provide, and require the use of, emotional and psychological outlets to reduce the likelihood a police officer turns to suicide as a solution to poor coping skills. Many people will say the officers may have to be placed on medication, and they would not be

fit for duty. Some people may say the officer should be self-aware, and they should not have to speak with a mental health professional unless they so choose. Another counterclaim would be that this is a privacy issue, and police officers may be fearful their mental health information would be released to other officers within the department or other potential employers and may cause problems for current or future employment.

There are medications available to mental health patients that may make a police officer unfit for duty. One side effect of depression medication is the feeling of sleeplessness or drowsiness ("Mental Health Medications", 2010). Medications are cumbersome, and officers may not want to take them. Officers may not want to feel dependent or hooked on the medication. The medication has a cost associated with it, and this would have to be paid by the officer. If an officer is prescribed this medication for an extended period of time, the cost can add up to a substantial amount of money depending on the severity of the treated illness and the amount of medication prescribed.

However medications prescribed for mental health have a history of effectiveness, and they have been prescribed throughout history. This side effect of sleeplessness or drowsiness is short lived and can be mitigated by adjusting the time the medication is taken or the dosing ("Mental Health Medications", 2010). The officer would be encouraged to take this medication when he or she is likely to be unaffected by sleeplessness or drowsiness at the onset of taking the medication. If the medication caused the aforementioned side effect, the officer could report this to the physician and the dosage could be reevaluated to ensure he or she would be fit for duty. Also, the medication prescribed to treat depression is non-addictive ("Mental Health Medications",

2010). The National Institute of Mental Health (2010) indicated that people do not get addicted to anti-depressants, but stopping them abruptly can cause withdrawal symptoms or feelings of withdrawal ("Mental Health Medications", 2010, 2010). Advancement in psychopharmacology has resulted in antidepressant medications that do not cause side effects that interfere with performing normal police functions (Hackett & Violanti, 2003). Medication cost is another valid concern; however, this could be claimed as an injury received from the inherent stresses of being a police officer and would, in most cases, fall under an "on the job injury." The cost associated with the prescription medication can be covered by the employer's insurance coverage or by a compensation based insurance provided for the employee should he or she be injured while at work.

Some people may say police officers should be self-aware of the problems they potentially face while completing tasks of great stress during their career. Others may say the same about prolonged exposure to stress. While these arguments seem to have merit, they are unrealistic because the officer is so close to the potential problems. It is extremely difficult to recognize when there is a problem that may need to be addressed by a professional mental health worker. When speaking of crime in this country, police officers often comment that they feel helpless and ineffective at reducing the crime rate (Violanti, 2007). Officers do not want to admit they are failing or ineffective at anything when it comes to police work or their personal lives. When speaking of police officers, Therapist Stephanie Samuels stated that police officers are often tied up in someone else's problems, which allows them the ability to avoid facing

their own problems (Violanti & Samuels, 2007). Police officers are service minded, and this often allows them to be selfless when speaking of their own problems.

Some people may address the issue by stating this is a privacy issue and police officers may be fearful that their mental health information would be released to other officers within the department or other potential employers and may cause problems for current or future employment. Mental health information as well as all medical information is protected by law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA Privacy Rule from the US Department of Health and Human Services protects the privacy of individually identifiable health information (http://www.hhs.gov/ocr/privacy/). The information provided to a mental health professional in a counseling session is also protected by doctor patient privileges. Mental health professionals can be trusted to keep information provided to them in a counseling session private. Officers need to remember that the rammifications from seeking help from a mental health professional are never as permanent as the rammifications from seeking a solution via suicide.

## RECOMMENDATION

Police departments should provide, and require the use of, emotional and psychological outlets to reduce the likelihood a police officer turns to suicide as a solution to poor coping skills. The cost of officers taking their own lives is much too high for this problem not to be addressed. When an officer commits suicide, the impact is far greater than just the department they work for and the family of which they are a part. The impact transcends across the law enforcement community. Suicide leaves each officer in the victim's sphere of influence asking why, with no real answer to the question

or solution to the problem. Suicide in law enforcement has to be addressed in training academies and periodically throughout the officer's career to encourage the use of department resources and potentially save lives.

The problems causing police officers to seek solitude by committing suicide have solutions, but the officers do not seek assistance, and society ultimately pays a price. Police officers face unique stressors that are not dealt with in other professions. These stressors include, but are not limited to, exposure to violence, unusual sleep schedules due to shift work, seeing death, and seeing people in their time of need every day. Stress leads to mental and physical problems that officers are not trained to deal with on a daily basis, and they are often not encouraged to seek help in times of need. Unique stressors, coupled with strong personality traits, can lead to a potentially volatile situation. Police officers are trained to deal with the problems of society, but they are not trained to seek help from others when they are dealing with situations in their own lives. There is a stigma associated with mental health and seeking help. When someone seeks assistance for mental health related issues, they are deemed crazy or not normal. Police officers can fall victim to such stereotypes as well as the general population. The police community suffers with each law enforcement death. When an officer takes his or her own life, the results are devastating to the family and the entire law enforcement community.

Many of the counter arguments associated with suicide of law enforcement are that officers may be rendered unfit for duty if they are placed on medications. This simply is not the case with the advancements in pharmacology and dosing regulations. Many of the side effects associated with medication can be reduced or alleviated

completely. Another issue that may be addressed is the idea that officers should be self-aware and able to take steps on their own without a requirement to seek help. This is very difficult to state because officers are so close to the situations that they often do not see a problem until it is too late. The physical problems associated with stress may land the officer in the hospital, but the actual problem is psychological. Some may say the privacy issues associated with speaking with a mental health professional may come in to play. However, mental health information, as well as all medical information, is protected by law under HIPAA.

The first step in making a difference in police suicide is to establish a training program that addresses this as a problem. This training should take place for supervisors to recognize potential problems. The training should be completed periodically throughout the officer's career to ensure they are encouraged to talk to a mental health professional if they are contemplating suicide. Police administrations have to be observant of employees to recognize a potential hazard and to take appropriate actions at the onset of the coping skills breaking down. Violanti (2007) found that an officer's exposure to distress may increase the likelihood for suicide if multiple resources for coping are not utilized. The stress of police work is such that coping mechanisms begin to break down because the burden is too great for the amount of experience the officer has with the unique stressors of law enforcement.

Many officers have turned to alcohol to supplement traditional coping skills. Law enforcement culture has virtually condoned the use of alcohol as a coping tool (Hackett & Violanti, 2003). Alcohol is not a good coping skill as it has a tendency to increase feelings of being depressed, and it increases impulsivity (Hackett & Violanti, 2003).

Police administrators must build solid professional relationships with individual officers to notice an increase in alcohol consumption, which may be a sign of the officer's lack of coping abilities.

Police supervisors need to be trained in the different symptoms and clues that may indicate a person is having a problem coping with the stress associated with police work. It is essential that supervisors are knowledgeable of their subordinates, and they know the symptoms of suicidal ideations (Hackett & Violanti, 2003). Many officers begin to withdraw from people when they are feeling a drastic increase of stress. If a supervisor builds solid professional relationships with the employees under their supervision, they may be able to recognize this reclusive behavior. Frequently, the ultimate coping response to an intolerable condition is suicide (Violanti, 2007). Police supervisors take active roles in the lives of street officers, and the officers are more likely to heed advice intended to help in coping than from other sources (Violanti & Samuels, 2007). It is the police supervisor's responsibility to recognize the symptoms of a stress problem and to take appropriate action to prevent the suicide attempt.

Police officers do not tend to seek counseling on their own. Police officers are often thought of as being problem solvers and a feeling of inferiority is associated with seeking help. When an officer seeks help from a professional counselor or psychologist, they are essentially saying they are unable to solve the problem with which they are faced. Police officers tend to shy away from the notion that they cannot solve a particular problem they may face. Many police officers have never had an interaction with a professional counselor other than the psychological examination required to become a certified officer before employment (Hackett & Violanti, 2003).

Officers often do not seek the help of a qualified mental health professional because they believe people with mental health issues seek help (Hackett & Violanti, 2003). Officers with suicidal ideations do not commonly believe they are suffering from a mental health issue at the time. Furthermore, a common belief is the mental health professional will not be able to help because they will only talk about the problem, and they believe talking will not assist them in any way (Hackett & Violanti, 2003). The problem of officers not seeking professional help can be averted by having a policy in place ensuring the mental health professional is available for the officer in need. The officer in need should be encouraged to speak with the professional should an extreme stress condition arise. Until suicide and mental health issues are brought to the forefront of training and policy, this will continue to be a problem for years to come.

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