

Chapter 9

Law Enforcement Officer Suicide

Daniel W. Clark
Washington State Patrol, USA

Elizabeth K. White
Riverside County, USA

ABSTRACT

Suicide is a serious public health problem that impacts individuals, families, communities, and law enforcement personnel. More than 42,000 completed suicides were counted in the United States in 2014. Suicide has long been a concern within law enforcement. In this chapter, the authors explore the current status of Law Enforcement Officer (LEO) suicide research and dispel the myth that officer suicides are dramatically higher than in the general population. We then review general information on suicide prevention, and supplement this general information with law enforcement-specific risk factors, warning signs, variables, tips, and recommendations for intervention and postvention. Additionally, we suggest a range of available resources for further consideration.

LAW ENFORCEMENT SUICIDE

Is a chapter on suicide necessary? We believe it is, because individuals contemplating suicide are generally referred to mental health professionals. Yet, the literature clearly demonstrates that even mental health professionals do not receive adequate training in suicide assessment and management during their graduate programs. Only 55% of psychologists, 25% of social workers, 6% of marriage and family therapists, and 2% of accredited counselors' education programs contain specific training on assessment and management of suicide (Schmitz et al., 2012).

Is a chapter on *law enforcement officer* (LEO) suicide necessary? Again, we believe the answer is yes. For a variety of reasons, research, prevention, intervention and postvention are all slightly more complex in the world of law enforcement. As we proceed through the discussion of each topic, specific differences related to police culture will be highlighted at each step. In this chapter, the authors will explore LEO suicide research, review general information on suicide prevention, and supplement this general information with law enforcement-specific information, recommendations, and available resources.

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REVIEW OF RESEARCH

The Centers for Disease Control and Prevention (CDC) collects data and tracks trends and patterns in the U.S. on mortality, including deaths by suicide. Suicide rates are expressed as X number of individuals per 100,000 in the population (or X/100,000). This allows one to meaningfully compare rates across different groups. According to the American Association of Suicidology's report for 2014, the suicide rate among U.S. adults ages 18 and older is 13.4/100,000 (Drapeau & McIntosh, 2015).

At this point, it appears deceptively simple to either prove or disprove whether LEOs complete suicide at a rate higher than, equal to, or less than the general population. We need simply compare the suicide rate of the general population with that of LEOs. However, such comparisons are easier said than done. Research related to suicide rates among LEOs has been fraught with problems due to a number of factors. In fact, the greatest challenge in law enforcement suicide research has been the lack of empirical, reliable data on the subject. Previous methodological problems included lack of adequate sample size, inappropriate comparison across different periods of time, no specification of type of police work performed, and/or lack of generalizability (Hem, Berg, & Ekeberg, 2001). Violanti (2010) found support for claims of underreported LEO suicides, and Hem et al. (2001) cited a failure to use appropriate comparison groups, as well as misinterpretations of the research. Studies investigating suicidal ideation and attempts are often difficult due to union negotiated agreements that prohibit surveys and freedom of information demands that are intrusive to law enforcement. There is considerable mistrust on the part of officers that results will truly be anonymous and/or appropriately protected (International Association of Chiefs of Police, 2014; Violanti, 2007).

The police population also differs from the general population in terms of age and ethnicity, which have repeatedly been identified as factors in suicide risk (Aamodt, Stalknaker, & Smith, 2015; Centers for Disease Control & Prevention, 2016). In addition, LEOs are, by definition, employed, which is often considered a mitigating factor (Milner, Page, & LaMontague, 2014). Other complications include agency culture and environment, which can result in inadequate records or mislabeling the cause of death in an effort to protect law enforcement personnel and their families. The impact of preemployment psychological screening, which further differentiates the law enforcement population from the general population, is largely ignored as a possible contaminant. There is not even an agreed upon definition on who qualifies as an LEO in the literature reviewed (Clark, White, & Violanti, 2012).

Despite the issues identified above, a number of studies related to LEO suicide have been completed over time. These studies are the appropriate starting point in identifying a suicide rate to compare to the existing one in the general population. Many have claimed that the LEO suicide rate is two to three times higher than the general U.S. adult population. The media have reported LEO rates of 22/100,000 as compared to the 12/100,000 in the general population, which appears to be based on the 1995 Fraternal Order of Police (FOP) study of insurance claims submitted by 92 local chapters in 24 states (Langston, 1995). The media have also commonly reported 300 or more officer suicides per year and that the police rate is at least double the general population (D'Aurizio, 1997; Loh, 1994).

Research on LEO suicide has produced widely varying rates from 5.8/100,000 per year in London (Heiman, 1975) to 203.7/100,000 per year in Wyoming (Nelson & Smith, 1970). In an effort to shed some light on the matter, *USA Today* published data on five of the nation's largest law enforcement agencies in terms of their LEO suicide rates (per 100,000 individuals per year): New York Police Department- 15.5, Los Angeles Police Department- 20.7; Federal Bureau of Investigation (FBI)- 26.1; Chicago Police Department- 18.1; and San Diego Police Department- 35.7 (Fields & Jones, 1999). The annual combined

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