Suicide and Law Enforcement:
(Impact on Society and The Family Unit)

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Suicide and Law Enforcement: (Impact on Society and The Family Unit):

1. Research on Police Suicide
2. Precipitants of Police Suicide
3. The Police Role & Suicide Risk
4. PTSD & Suicide
5. Police Retirement
6. Police Suicide Prevention
Research on Police Suicide:
Research on Police Suicide:

1. Aggression and Self-Destruction
2. Bonafacio’s Theory
3. Social Dimension Theory
4. Disintegration from Society Theory
5. Research Strategies
6. Classification of Police Suicides
7. Police Suicides – Source of Data
Aggression & Self-Destruction
(Freud’s Concept):

1. Served as basis of early theories of police suicides
2. Social limitation of aggression undermined the psychic health of an individual…the notion of suicide as a viable choice.
3. Many of his theories of suicide potentiality were not empirically supported
4. His theory on limitation by society with respect to aggression activity still holds true today.

Freud, 1954; Violant, 1996
“Police officers work under such a strong code of 'social license' that government and or agency controls eventually place behavioral constrictions...that officers find difficult to adjust to.”

Freidman, 1968
Bonafacio’s Theory:

1. A psychodynamic approach that states that exposure to crime, human misery and death may eventually exacerbate feelings of inadequacy, causing an officer to feel overwhelmed with feelings of self-loathing.

2. General consensus: The ‘Id’ overwhelms the ‘ego’s ‘capacity to maintain a balance between external reality and the superego.

“Suicide becomes the option for a police officer’s attempt to restore the self-concept as moral and decent...an attempt to reclaim the superego’s approval.”

Bonafacio, 1991
Social Dimension Theory:

1. Aggression is a societal as well as individual mode of frustration.
2. Social factors are an important consideration to the decision to commit suicide.

Henry & Short, 1954
“Officers are regularly exposed to human misery and the constant demand for ‘interpersonal giving’, often well beyond their ability to respond accordingly, which leads to frustration.”

Heiman, 1975
Disintegration from Society Theory:

1. The constant feeling of being alienated and isolated from mainstream society increases the potential for suicide.

Nelson & Smith, 1970
“Although the preponderance of suicides finds an increased risk for suicide among police officers, further inquiry is necessary to help clarify the variance in suicide rates.”

Gershon, Lin, & Li, 2002
Research Strategies (To Be Examined):

1. Premorbid factors: (that increase suicide risk among officers)
   a) Demographic variables
   b) Police work exposures
   c) Posttraumatic stress (PTSD)
   d) Alcohol and or drug usage

Nelson & Smith, 1970
Classification of Police Suicides:

1. 20% estimated to be purposely misclassified
2. Research suggest that suicide rate among police officers much more elevated than that of the general population.

Henry & Short, 1954
Police Suicides & It’s Potential
(The Best Source for Data):

1. In the clinical setting
2. A qualitative look into the dynamics which lead officers to take the path of suicide is best examined at the therapeutic setting.

Henry & Short, 1954
Precipitants of Police Suicide:
Precipitants of Police Suicide

1. Stress and the Police Family
2. Traumatic Stress in Police Work
3. Shattered Illusions of Invulnerability
4. Coping with Stress and Trauma
5. Trauma and Police Suicide and Ideation
6. Suicide and Firearms
7. Alcohol and Suicides
Factors Related to Stress in Police Work:

1. Organizational Practice
2. Criminal Justice System
3. Public Perceptions
4. Inherent Nature of Police Work

Territo & Vetter, 1981; Reese, 1986
Most Bothersome Factor:

1. Organizational Practice
2. Inherent Nature of Police Work

Factors Related to Organizational/Inter-Departmental Practices:

1. Organizational Practice
2. Inherent Nature of Police Work

Factors Related to Organizational/Inter-Departmental Practices:

1. Authoritarian Structure
2. Lack of Participation in Decisions Affecting Daily Work Tasks of Officers
3. Lack of Administrative Support
4. Unfair Discipline

Krees, 1986; Ellison & Genz, 1983; Kelling & Pate, 1975
Officers View of Police Organization:

1. Non-Supportive
2. Unresponsive to Their Needs
3. Promotional Process Perceived as Lacking in Integrity
4. External Influences from Politics

Perrier & Toner, 1984; Aron, 1992
Stressor Inherent in Police Work:

1. Danger (Known & Unknown)
2. Shift Work
3. Public Apathy
4. Boredom
5. A Sense of Uselessness
6. Dealing with Misery & Death

Krees, 1986; Graf, 1986; Spielberger et al., 1981
BOREDOM:

“May Lead to a Sense of Uselessness & Frustration”
Krees, 1986

EXPOSURE TO HUMAN SUFFERING/DEATH:

“Results in an Extreme Negative View of Life and Occupation.”
Krees, 1986
Stress & Suicide (Problem):

1. Inconsistencies in Availability and Accuracy of Police Suicide Data.
2. Conducting Research on Stress and Suicide is Difficult.
STRESS/INABILITY TO COPE WITH STRESS:
“Plays an Integral Part of Police Suicide”
McCafferty, McCafferty, & McCafferty, 1992
Stress (Chronic Exposure):

1. May Lead to Symptomatic Emotional Numbing in Officers.
2. Making the Option of Death Easier to Accept as a Reasonable Coping Solution.

APA, 1994; McCafferty et al., 1992
Psychological Pressures of Police Work (Include):

1. A Constant Exposure to:
   a) Hostility
   b) Anger
   c) Aggression
   d) Depression
   e) Tragedy
Psychological Results of Such Exposure:

1. Despair
2. Alienation
3. Isolation
4. A Sense of Futility
5. Hopelessness
6. Suicide (As an Option)

APA, 1994; McCafferty et al., 1992
Stress & The Police Family:
The Police Officer Tends to (At Home):

1. Shut Down Emotions Towards the Family
2. Detachment
3. Seeking Outside Relationships
4. Marital Troubles

Danto, 1978
MARITAL TROUBLES:

Precipitating factor in the majority of suicide cases studies

Officers have difficulty admitting feelings of helplessness and depression to themselves, much less to their spouse.

Bonafacio, 1991
Danieli’s Theory of Totrans – Generational Transmissions:

1. In cases where an officer may be so bitter with the way they are being treated by the police organization that they choose suicide as a means of getting back at the organization

Danieli, 1994; Horn, 1994
Danieli’s Theory of Totrans – Generational Transmissions: Cont’d.

2. Unforeseen Results:
   a) The Lifelong pain inflicted on their family, children (if applicable) and the lesson taught to them on how to deal with problems in the future.

Danieli, 1994; Horn, 1994
Traumatic Stress in Police Work:
Factors Associated with Skills in Policing:

1. Incidents outside the range of normal occurrences (Adversely affects Officers).
2. Critical Incidents:
   a) Shootings
   b) Witnessing death/mutilation
   c) Attending to disasters
   d) Dealing with abused/maltreated children

Violanit & Aron, 1994
CRITICAL INCIDENTS:

Are often rated by Police Officers as highly stressful.

Violanti & Aron, 1994
Critical Incidents (Often Associated):

1. Prolonged reaction classification to posttraumatic stress disorders (PTSD).
2. Persistent re-experiencing of critical incident events.
3. Avoidance of associated stimuli that remind Officer’s of events.

APA, DSM-IV, 1994, p. 428
Top 10 Stresses of Policing:

1. Killing someone in the line of duty
2. Fellow Officers killed
3. Physical attack
4. Battered child
5. High speed chases
6. Shift work
7. Use of force
8. Inadequate departmental support
9. Incompatible partner
10. Accident in patrol car

Violant, 1994; Ranked by Means Scores
Factors Affecting Critical Incidents:

1. The more sudden and unexpected the occurrence, the more likely it will adversely affect the Officer.
2. Incident may have a negative psychological impact when it results in serious threat to Officer.
3. The impact of trauma on Police Officers may depend strongly on the degree of disruption of personal and social values.
CRITICAL INCIDENTS:

Officers shot in the line of work may experience physical disabling effects that may threaten their own quality of life.

Officers involved in the death of someone may be affected by the moral issue of taking a human life.

Nielson, 1986
Officer Involved in a Critical Incident:

1. 26% Experienced some form of PTSD, one month later (Especially where death occurred)

Martin, McKean & Veltkamp, 1986
Other Reported Symptoms of PTSD by Officers after exposure to a Critical Incident:

1. Sleep disturbance
2. Flashbacks
3. Guilt feelings
4. Wish that it didn’t happen
5. Depression
6. Anger
7. Lowered work interest

Loo, 1986
“Suicide may be an attempt by the Police Officer to restore feelings of strength, courage, and control over their environment, after an exposure to a traumatic incident.”
Shattered Illusions of Invulnerability:
Suicide Precursors:

1. Negative impact that trauma has on police image of being invulnerable to outside stressors.
2. Training (From the day of the academy) emphasizes a “superhuman” emotional and survival ideation.
3. Strong belief in indestructibility

Green & Dollinger, 1992
“From the very first day in the police academy, recruits are told that they are unique, far different from the average citizen and beyond psychological harm.”

Burger & Burns, 1988

Metro-Dade Advertisement (Circa 1980’s):
“Only 1 in 14 can earn the right to wear the silver badge.”
Suicide Precursors (Results):

1. Officers learn to “shut-off” their feelings towards various situations at work.
2. The ability to regain a sense of being uniquely protected from harm, diminishes if the officer becomes vulnerable to their feelings.

Greening & Burns, 1988; Greening & Dellinger, 1992
Coping with Stress and Trauma:
Vulnerability to Traumatic Events Bring About:

1. Shame
2. Fear
3. A heightened sense of danger to oneself
4. A general feeling that one’s “armor” is shattered

“Suicide may become an option as the Officer attempts to adapt to shattered perceptions of invulnerability.”

McCafferty et al., 1992
Crime (Perception):

1. Officers routinely feel helpless and ineffective in dealing with crime.

Peck, 1984
“Suicide may be a result of the Officer’s inability to accept failure and to cope with stress or trauma.”
Officers in a State of Constriction
(Perceived Two Alternatives):

1. Removal of intolerable conditions
2. Suicide

Schneidman, 1985
Maladaptive Police Coping Strategies:

1. Police Officers tend to use problem solving coping strategies less than non-police persons
2. Escape avoidance
3. Distancing

Violanti, 1933a
Escape Avoidance:

1. Avoidance of People
2. Use of alcohol or drugs

Violanti, 1933b
Distancing:

1. Emotional escape from situations
2. A psychological distancing from situations is involved
3. Leads to depersonalization

Pogrebin & Poole, 1991; Violanti, 1983
“Distancing may lead to a depersonalization, which has been noted as a prominent feature of police behavior and culture.”

Pogrebin & Poole, 1991; Violanti, 1983
Police Environment
(From the time of the Academy):

1. Use of distancing
2. Self-control
3. Accepting personal responsibility
4. Escape-avoidance

Violanti, 1993a
Perceived Appraisal Strategies of Police (What Gets Them in Trouble):

1. Unaware of peoples feelings/situation
2. Unaware of their own anxieties to situations exposed to
3. Judgment decisions made upon an inflexible/rigid plan-of-action

Fridell & Binder, 1992; Pogrebin & Poole, 1991
“It is possible that suicide may become a final coping alternative for the Officer.”

Fridell & Binder, 1992; Pogrebin & Poole, 1991
Trauma & Police Suicide Ideation:
Exposure to Traumatic Events Increases an Officer’s Risk To:

1. High PTSD symptomology
2. Comorbid increased to alcohol and/or drug use
3. Suicide ideation

Fremouw et al., 1990; Bongar, 1991
“For those Officers who cannot cope adequately, symptoms of PTSD may become overwhelming and the inevitable conclusion is that life is no longer worth living…triggering suicide ideation.”

Violanti, 2003; Carlier et al., 1996
Use of Alcohol
(Police Culture):

1. Reinforces its use as a social and psychological device for coping with the stresses of the job (i.e., “Choir Practice”)

Violanti, 2003
“Alcoholism is the second most common diagnosis among suicides, occurring more often in men than in women.”

Volpicelli, Balaraman, Han et al., 1999
Suicide and Firearms:
The Presence of Firearms:

1. Increases probability of suicide
2. Common method of suicide

CDC, 1985, Shaffer & Fisher, 1981
“The firearm is more than just a work tool to Police Officers; it is a symbol of their authority, identity as guardians of the law, and mastery over the environment.”

Violenti, 1983

“Most people respect the law, everyone respects the gun.”
Police Firearms Represents:

1. Physical and psychological shield
2. It puts the Officer “one-up” on the rest of society

Violant, Vena & Marshall, 1986
“Accessibility of firearms is likely an important precipitant in police suicide, since Officers have immediate access, both on and off-duty.”

Ivanoff, 1994
“The police have a higher rate of firearm suicide than other groups who work with firearms.”

Moldeven, 1994
Use of Firearms in Suicides (Officers):

1. 95% of the time
2. 90% away from workplace

Moldeven, 1994
“Because suicide with a firearm is often immediately lethal, Officers have the opportunity to commit suicide impulsively with little or no time to consider their actions.”

O’Carroll, Rosenberg & Mercy, 1991
Alcohol and Suicide:
Alcohol Dependency (Contributed To):

1. 25% of all suicides a year in the United States
2. It is a factor in suicide
3. Its use is precipitated by stress
4. It is a maladaptive response by officers (it’s use)
5. 25% of officers have a serious related problem to alcohol abuse

Ascard, 1990; Murphy, 1992; Kroles, 1986
Alcohol Dependency
(Can Lead To):

1. High absenteeism
2. Intoxication on duty
3. Complaints by supervisors
4. Complaints by citizens of misconduct on-duty
5. Traffic accidents
6. Decrease in work performance

McCafferty et al., 1992
“Because of the fear associated with department and or agency administrative personnel, many Officers fearing discipline, are unwilling to officially report their dependence.”

Kroes, 1986
“In general, police organizations often appear ambivalent towards drinking problems (especially with respect to possible drug dependency) and will place blame on the individual Officer and not the police occupational structure.”

Kroes, 1986
INTERMISSION
The Police Role & Suicide Risk:
The Police Role & Suicide Risk:

1. An Officers Frame of Thinking
2. Psychosocial Model of Police Suicide
3. Impact of Acquired Police Role
4. Police Role & Relationships
An Officers Frame of Thinking:

1. Tend to assimilate a mode of dichotomized “decision-making.”
2. The situation is either “right or wrong.”
3. There is no discretionary middle ground.

Blau, 1994
“Constrictive” Cognitive Style
(Dealing with Problems):

1. An officer’s inability to cognitively process alternatives other than “right” or “wrong” or “black” or White.”

Schniedman, 1986
Socialization Process of Police Role
(Includes):

1. Constrictive thinking.
2. Applies police role to personal life.
“The officer may consistently approach stressful situations from a police role perspective rather than that of spouse, parent, friend, or significant other role.”

Thoits, 1986
Suicide
(Multidimensional Phenomenon)

1. Includes interactions with:
   a) Other individuals.
   b) Formal and informal police organization.
   c) Relationships within the police structure.
   d) Society at large

Vailiant & Blumenethal, 1990
Psychosocial Model of Police Suicide
Re-Socialization Process
(The Rookie)

1. From citizen to police officer.
2. Acquisition of police role.
3. Acquisition process strong at initial police training (Academy).

Harris, 1973
“Police work gets in your blood...you become it, and it becomes you.”

Violanti, 1990
What the Rookie is Taught:

1. A sense of “superhuman” emotional strength is instilled.
2. They are unique (Different from the average citizen).
3. Beyond harm (The “brotherhood” will protect you).
4. Self-defensive tactics
5. Street survival
6. Firearm use.

Paton & Violanti, 1996
“Officers can become addicted to such excitement and become part of what is coined the “brotherhood” or part of the “thin-blue-line.””

Gilmartin, 1990
**Police Work (Creates):**

1. **Learned perceptual set of thinking**  
   (Altering drastically how one interacts with people and the environment).
2. **Physiologically adaption to the excitement and danger.**
3. **Becomes psychologically depressed in calm or normal periods.**
4. **Becomes listless and detached from anything unrelated to police work.**

*Paton & Violanti, 1996*
Police Work (Creates): Cont’d

5. Difficulties adjusting to role as a spouse or father, and or friend outside police environment.

Gilmartin, 1986
“A prevalent theory in police research indicates that person(s) involved in highly stressful jobs may actually become addicted to such exposures.”

Van der Kolk, 1987
Police Work (Other Influences):

1. Formal police organization demands:
   a) Individual adherence to role.
   b) Judicial system
   c) Legislative (Laws)
   d) Media.
   e) Special interest group (i.e., MADD, PULSE, etc.)

Salancik, 1978
“The police organization is unique from others, because of the intensity with which it restricts officers into their work role...combination of para-military and bureaucratic controls...”

Violant, 1981
Formal Police Organization (Exerts):

1. Role prescriptions.
2. Places officers on the defensive.
3. Prescribes specific roles.
4. Dictates how one must fulfill their role as an officer.
5. Reinforces a “false Personalization” role to society.

Harris, 1973
False Personalization:

1. A facade of behavior that forces officers to act out roles which were contrary to their true identities and feelings.

Harris, 1973
“They (Officer) forsake themselves and other role identities for those prescribed by standards of the police organization.”

Kirhman, 1983
Informal Police Culture (Exerts):

1. Pressure on officer to conform.
2. Assume a different and distinct role from public.
3. Prescribes a theme of solidarity among officers.
4. Deals with rejection from the greater society.

Burbeck & Furnham, 1985
“Quite often, however, formal and informal police cultures are at odds with each other...”

Brown, 1981
**Police Subculture**
*(Places Officers in Dilemma)*:

1. Strict conformity to loyalty to organization.
2. Sacrificing individuality.
3. Conformity to:
   a) Police culture.
   b) Organization.
   c) Individual roles.

*Hunt, 1976; Kirschman, 1987*
“The demand of a rigid identity within the respective roles of the police culture, leaves the officer with few alternatives.”

Hunt, 1983
Impact of acquired Police Role
Acquired Police Role (Results):

1. Affect their (Officer) ability to deal with distress (Inside and outside of police work).
2. Acquired cynical notion of reality.
3. Reality is seen as being only “black” and “white.”
4. View of oneself as “problem solver.”
5. Constrictive cognitive representation to an “all-or-nothing” thinking.
6. Dichotomous type thinking.

Regoli & Poole, 1979; Schniedman’s, 1986
“While such views may be conducive to good police work, it does not lend well to dealing with personal problems.”

Regoli & Poole, 1979
Adherence to a Police Role (Limits):

2. Social roles for the amelioration of distress in general.
“When meaning is lost, or when the officer becomes isolated through role restriction, the potential for suicide may increase.”

Turner & Roszell, 1994
The Importance of Identity (For Police):

1. Self-definition.
2. Giving meaning/Purpose to social worth.
“The more social identities a person has, the less potential that person will have for depression or psychological distress.”

Thoits, 1986
Identity Accumulation Hypothesis Theory:

1. Multiple social identities can be beneficial in reducing:
   a) Distress
   b) Depression
   c) Suicide

Regoli & Poole, 1979; Schniedman’s, 1986
“As the number of role identities increases, the person’s commitment to any one role identity will decrease.”

Thoits, 1986
Police Role & Relationships
Interpersonal Relationships:

1. When at risk, suicidal ideation is increased and includes:
   a) Estrangement from family.
   b) Death of significant others.
   c) Divorce or separation.
   d) Inter-spouse aggression.

Robins, 1981
“The suicidal potentiality is significantly increased for officers undergoing marital separation or divorce.”

Potuges, 1978
Depersonalization (As a Factor):

1. Lack of human emotion and or connection.
2. Non-Expression of emotions.
3. Emotional barriers erected.
4. Emotional detachment from others (In general).
5. Compassion is subdued.

Ivanoff, 1994
“When officers are off-duty, they find it hard to turn on their emotional side.”

“The inability for police officers to use other roles to solve problems with a family person, friend, or lover may be behind many police relationship problems in general.”

Madamba, 1986
Police Peer Relationships (Demand):

1. Loyalty and cohesiveness to organization.
2. The organization comes first to any outside relationship.
“Those who violate the unwritten code of the police “brotherhood”, or cross the “thin-blue-line”, may pay the price of rejection by the organization and from their peers.”

Brown, 1981
Durkheim Altruistic Suicide Theory:

1. The product of insufficient individuality, where the individual tends to lose their own distinctive existence.

Durkheim, 1952
Societal Relationship  
(How Affected):

1. Become isolated from:
   a) Family
   b) Friends
   c) General society

2. Society (Defined)
   a) Anyone who is not a police officer – is the enemy.

*Stratton, 1980; Van Maanen, 1978*
“Isolation is an important causal agent in suicide.”

Durkheim, 1952
Suicidal Potential (Increased By):

1. Organizational stressors:
   a) Authoritarian structure.
   b) Lack of participation in decisions.
   c) Lack of administrative support.
   d) Punishment-centered philosophy.

2. Inherent stressors:
   1. Danger
   2. Shift work
   3. Public apathy
   4. Boredom

Stratton, 1980; Van Maanen, 1978
Suicidal Potential
(Increased By): Cont’d.

3. **Inherent stressors:**
   1. Sense of uselessness
   2. Dealing with misery and death
   3. Shootings
   4. Witnessing death/mutilation
   5. Disasters and abuse/maltreatment of children

Kauez, 1986; Graf, 1986; Spielburger et al., 1981; Territo & Vetter, 1981
"The stress that the individual police officer encounters is extraordinary. The effect of this overwhelming stress on the police officer is a demoralization and brutalization in which formal values become meaningless."

McCafferty et al., 992, p.34
Suicidal (May Be Seen by Officers as):

1. Attempt to restore:
   a) Feelings of strength.
   b) Courage.
   c) Mastery over the environment.
   d) Regaining a sense of one’s own coping abilities.
   e) Rejection of vulnerability.

SMcCafferty et al., 1992; Bonafacio, 1991’ Violanti, 1996
Posttraumatic Stress Disorder & Suicide (PTSD)
“The Police Officer is often viewed by the public as a problem solver, but they are often called upon to deal with situations far beyond their expertise and abilities.”

Violanti & Samuels, 2007
In the Course of Work
(Police Officers Become Involved in):

1. Life and death situations
2. Shoot or be shot situations
3. Kill or be injured or killed situations
“This range of work-related experience may eventually cumulate and produce psychological trauma.”

Violanti & Samuels, 2007
**PTSD (Triggered by):**

1. **Experiencing and witnessing, or being confronted with an event that can be threatening to self.**
2. **Involve death or serious injury.**
3. **Threat to physical integrity of oneself or others.**
4. **Response can be fear, helplessness or horror.**

*DSM-IV, APA 1994*
Months After an Incident (Officers Report):

1. Prolonged symptoms in response to work-related incidents.
2. The minimal stress reactionary time experienced is found to be 3 days after the incident.

Martin, McKeen & Veltkamp, 1986; Loo, 1986
The Illusion of Invulnerability
(The Police Image):

1. This illusion is shattered oftentimes by a traumatic event.
2. The Officer may feel afraid and vulnerable.

Janoff-Bulman, 1985
“...when particularly traumatic, highly stressful events occur, we are forced in a psychological sense to deal with the shattering of the safe world assumption...it DID happen to me.”

Janoff-Bulman, 1985
Invulnerability Assumption Necessary (Officers Routinely Face):

1. Danger
2. Threats of bodily harm
3. Death on a daily basis
“From the very first day in the police academy, Recruit Officers are told that they are someone unique, far different from the average citizen, and certainly beyond harm.”

Janoff-Bulman, 1985

“Regardless of the source of trauma for Officers, the result is generally an attempt to cope with the ensuing psychological distress.”
Officers Who Feel Vulnerable
(Will Exhibit):

1. Feelings of shame
2. Fear
3. Heighten sense of danger
4. Affects future coping efficacy

Fowlie & Aveline, 1985; Fry & Stockton, 1982; Foy, Sipprelle, Rueger & Carroll, 1984; Kessler, 1979
After 9/11 – Officers reported an increase in:

1. Depression
2. Anxiety
3. Panic attacks
4. Sleep disturbances
5. General lethargy
“For those Officers who cannot cope adequately, symptoms of PTSD may become overwhelming...leading to suicide as a means of regaining control and relief.”

Carier, Lamberts & Gersons, 2000
Alcohol & The Police:

2. The police culture reinforces the use of alcohol as a social and psychological device for coping with stress on the job.
3. Lifetime prevalence of mental disorders found to be twice as high than the general population with the prevailing use of alcohol as a coping strategy.
4. May relieve symptoms of PTSD because it compensates for deficiencies in endorphin activity following a traumatic experience.

Richmond, Wodak, Kehoe & Heather, 1998; Violant, 2007; Lester, 1995; Volpicelli, Balaraman, Hahn et al., 1999
Police Retirement:
Police Retirement:

1. Highest Risk for Suicide
2. Residual Affects of Trauma
3. Occupational Trauma
4. “Action-Junkies”
5. Kolk’s Theory
6. Police Work Practices
Police Retirement:

7. Dynamics of Police Support Group
8. Therapist Perspective
9. Law Enforcement (View)
10. Disability (Physical v Psychological)
11. “The Brotherhood:
12. Successful Transitions
The Highest Risk for Suicide (Includes): Cont’d.

6. The inability to find an appropriate role to occupy.

Violanti, 1992
“Many officers face a conflict in emotions as this time, they want to leave but they experience the fear of being out in civilian life.”

Violanti, 1992
Residual Affects of Trauma (Upon Retirement):

1. Some officers may experience full or residual PTSD at the time of their separation from service.
2. Symptoms may decline, but psychological symptomatology can remain for a lifetime.
“The Residual Stress Hypothesis Theory proposes that prior trauma exposure leaves residual effects which are widespread, deep and long lasting.”

Figley, 1978
Occupational Trauma (Addicting Affect):

1. Police officers spend much of their time preparing for the worse.
2. Training often emphasizes the worst possible case scenario.
3. Result: Officers become occupationally and personally socialized in approaching all life situation with suspicion.
“This defensive stance towards life activities can become an obsession and a liability for the officer.”

William, 1987
“Action-Junkies”:

1. Addicted to continual-type risk behaviors.

Wilson, 1980
Kolk’s Theory:

1. Addiction to traumatic re-exposure results in an endogenous opioid release accounting for the calm upon re-exposure to stress.

Kolk, 1988
“Such person(s) have difficulty in making calm and rational decisions and tend to rely on instant action rather than thought.”

Kolk, 1993
Police Work Practices (Creates):

1. A learned perceptual ideation which causes an officer to alter the manner in which they interact with the environment.
2. The environment is always perceived as being dangerous...setting into motion more physiological consequences.
3. Even mundane activities are viewed from a hyper vigilance posture, scanning the environment for potential threats.

Gilmartin, 1986
Dynamics of Police Group Support
(Loss Includes):

1. Police subculture is a “closed mini-society.”
2. Incorporates a strong cohesive code of silence and secrecy.
3. Dependence upon one another.
4. Resembles a military subculture.
5. “Teamwork” (necessary for survival).
6. Interpersonal web of protection from the outside.

Gilmartin, 1986
“One of the major regrets of separated officers is that they no longer feel a part of the department.”

Violanti, 1992
“Upon separation from police service, officers exposed to trauma will lose ready access to the group and may no longer be able to depend on other officers, police agency, or unions (i.e., FOP, PBA, POAT, etc.), to reinforce a sense of understanding and recognition of their trauma.”

Williams, 1987; Reiser & Geiger, 1984
Police Retirement
(Therapist Perspective):

1. The ending of a career in law enforcement is often filled with much ambiguity and denial for the future.

Samuel, 1992
“It seems that without question, every officer when asked, knows the precise date and time they became eligible for retirement.”

Samuels, 1992
Law Enforcement (Viewed):

1. Not as a job, or a career, but a way of life.

Samuel, 1992
“When they (Officer) leaves it, it is still a way of life. It is how they look at people, where they sit in restaurants, scanning locations, questioning their children, and their suspicions of others...that never changes.”

Samuels, 1992
Disability
(Physical v Psychological):

1. No one gets accidental disability because they are not injured.
2. The injury doesn’t have to be a physical one, but can be a psychological one too.

Samuel, 1992
“Although a physical injury can take the Officer off the job, the truth is a psychological one can happen at the same time whether the Officer chooses to deal with it or not.”

Samuels, 1992
The False Perception of the “Brotherhood” (After Retirement):

1. Although many Officers are close to their fellow Officers, while still actively working, the fact is:
   a) Upon retirement, few continue the contact.
   b) Change is uncomfortable.

Samuel, 1992
“It is difficult for officers to deal with active Officers that they worked with after retirement…few keep in-touch.”

Samuels, 1992
Factors that Contribute to Successful Transition (Into Retirement):

1. Strong family bond.
2. Intact relationship (Marriage).
3. Sound plan for retirement.
4. The ability to have practiced retirement before that faithful date (i.e., Downsizing and living on what you know you will make with one’s retirement salary.

Samuel, 1992
Police Suicide Prevention
Police Suicide Prevention:

1. Problems associated with prevention
2. Assessing suicide risk
3. Prevention steps
4. Research
5. Family Intervention
Suicide Prevention Program

(Problem):

1. String sense of denial among police personnel that suicides are a serious problem.

Samuel, 1992
“Denial is likely based on the socialization of Officers into a perception of “superhuman” emotional and survival control.”

Berger & Burns, 1988
Classification of Police Suicides (Often):

1. Misclassified as either an:
   a) Accident
   b) Undetermined cause of death.

Samuel, 1992
Suicide Risk Factors

1. Although inconclusive, there are some associated risk.
2. There are no “hardcore” profiles of the “suicidal” Police Officer.
3. Essentially 5 key characteristics/signs:
   a) Age, race and sex
      i. Males 50 years or older (Higher risk)
   b) Psychiatric symptoms
      i. Person(s) with clinical depression
   c) Stress
      i. Recent stress (i.e., Daily life events, traumas, etc.)

Lester, 1989
Suicide Risk Factors

a) Prior suicidal thoughts/Attempts
   i. Higher for persons with previous suicide attempts

b) Available resources
   a) Person(s) with little means of social support and who isolate themselves.

Lester, 1989
“Prevention of police suicide may, in essence, incorporate intervention as part of the total process”

Ivanoff & Tighe, 1994
Ranked Factors in Police Suicide
(Response by NYPD Officers):

1. Depression
2. Relationship conflicts or losses
3. Access to firearms
4. Drug/alcohol abuse
5. Financial difficulties
6. Involvement in corruption investigations
7. Difficulty with police organizations
Suicide Prevention Efforts
(Focus On):

1. Identifying factors (that can be changes):
   a) Knowledge
   b) Identification of risk factors
   c) Attitudes towards seeking help

Lester, 1989
“Training in suicide awareness and help-seeking would be useful for Police Officers at the commencement of the academy.”

The New York City Project
Suicide  (Does Not Happen):

1. It is the endpoint of a long and painful path of unendurable psychological pain.
Intervention  *(Should Include):*

1.  Peer support
2.  Supervision intervention
3.  Administration intervention
Prevention in Workplace
(Begins With):

1. A focus on systemic level assessment of risks.
2. Development of policies and procedures to mitigate potential problems.
3. Building on a person’s work and life competencies.
4. Enhancing the Officers sense of resilience.
“It must also be realized that suicide can result not from a single major crisis, but from the accumulation of apparently minor life events.”

Loo, 1995
Police Suicide Prevention Steps  
(Recommended):

1. Psychological assessment  
   a) Before and throughout career

2. Tracking high risk Officers  
   a) Criteria to identify and track high-risk Officers, i.e., Officers with marital difficulties, substance abuse, work problems, and other life problems.
Police Suicide Prevention Steps

(Recommended): Cont’d.

b) To be reviewed every 6 months.
c) Other factors: Personality and coping styles of the Police Officer, depression, substance abuse, personality disorders, anxiety or financial problems, physical illness, problems at work, and past history of suicide attempts.

3. Access to firearms (Reducing access)
a) 95% of police suicides were by firearms

McCafferty at al., 1992
Police Suicide Prevention Steps (Recommended): Cont’d

4. Family Involvement
   a) Seminars, workshops to families of Officers so that they could understand nature of work as well as counseling services made available.

5. Training
   a) Help Officers recognize and avoid psychological factors leading to suicide (Should begin at academy – Inoculation against future psychological crisis and suicidal ideation)

McCafferty at al., 1992
Police Suicide Prevention Steps
(Recommended): Cont’d.

6. Stress Awareness & Coping Skills
   a) A well rounded education program that includes identification of stress, the value and techniques of physical exercise, proper nutrition, good interpersonal communications and coping skills development.

7. Intervention
   a) Effective intervention can save an Officer’s life, as well as safeguard an agencies resultant effects of suicide.
Police Suicide Prevention Steps

(Recommended): Cont’d.

8. Crisis intervention
   a) A 24-Hour private phone service would provide such accessibility.

9. Peer support
   a) It is easier for troubled Officers to talk to other Police Officers.
Police Suicide Prevention Steps

(Recommended): Cont’d.

10. Professional intervention
   a) The establishment of a professional network of health care workers who are familiar with police problems.

11. Retirement counseling
   a) A different transition for Police Officers in general.
“Marital problems can be a most significant stress-producing factor in the suicidal Police Officer.”

“Traditionally, no matter what their problem, 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.”

McCafferty, et al., 1992
“Essentially, Officers need a safe place to go for help, preferably out of administrative view.”

Ivanoff, 1994

“The cohesiveness of Police Officers and the ‘protection’ that being part of the police culture provides is lost upon separation from police service.”

Violanti, 1992
Research:

1. The necessity to conduct research into the potential causes and precipitants of suicide on a departmental level still needs to continue.
Peer Support:

1. Considered a “safe-place” for Officers seeking help makes considerable sense in prevention.

Hackett & Violanti, 2003
“If Police Officers are working to seek help from formal mental health sources, certainly other peer Officers trained in basic intervention are good alternatives.”

Hackett & Violanti, 2003
Family Intervention:

1. Spouses and families are the best line of defense in thwarting suicide (They should be able to pick-up on the different clues that a “at-risk” Officer presents.

2. Appropriately educated socially integrated family members can recognize a potential suicide crisis in the making.
Thank You

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