

Officer Health, Stress, and Suicide

Voiceover

00:00

Welcome to *The Beat*—a podcast series from the COPS Office at the Department of Justice. Featuring interviews with experts from a varied field of disciplines, *The Beat* provides law enforcement with the latest developments and trending topics in community policing.

Jennifer Donelan

00:16

I'm your host, Jennifer Donelan, and today we'll hear from Dr. John Violanti. He is a retired New York State police trooper and he's also a research professor at the University of Buffalo SUNY. We're glad you're here. The topic today we're discussing is Officer Suicide. Give us a brief description or explanation of how you're approaching officer suicide and your personal interest in this topic.

Dr. John Violanti

00:40

Oh, sure. I think initially my interest started when I was a police officer and I had witnessed several of my comrades commit suicide or die by suicide and it kind of piqued my interest on what the association was between the work of being a police officer and getting to a point where you no longer want to live.

Donelan

01:03

Yes, it is and of course we understand your interest in the topic. What is your role as a research professor at the University of Buffalo on this topic?

Violanti

01:13

My role is I'm a research professor and essentially what I do is conduct research, epidemiological research on police health, police stress, and suicide. So, our role again is to find out what the scope of this problem is throughout our country, and once we do that, to determine the best sort of prevention strategies that departments can use. That's going to help in the long run. And it's a long time and coming. It's only recently that we'd become more aware of the mental strain placed on our police officers in this country and it's starting to take its toll.

Donelan

01:54

What are some examples that you found in your research of this mental strain or issues that are causing officers to consider as well as commit suicide?

Violanti

02:04

Well, we found for example that there's a high degree of depressive symptoms among police that we interview. We give them measures for depression and we find that their scores are generally higher than those that we see in the general population. We see correlates of hopelessness among officers where the fact that they're doing a job and nothing's happening, there's no change and things are getting worse, so they have no effect. Because they go out every day and risk their lives, there doesn't seem to be any effect or any appreciation of that by the general public. So, this has become very demoralizing and many officers are hurt by this. And so, they just feel that they no longer want to invest their risking their lives for doing the job. The stress they see, the trauma that they see, all of these things are affecting them psychologically. And the thing with stress is that it's a cumulative process and the more they see, the more trauma and more stress they see, the worse things get. They get to a point where they can't cope with it anymore. Some may move to substance abuse, some may move to depression, and some may decide that ultimately they want to die by suicide.

Donelan

03:41

And just the day to day of being a law enforcement officer, going out every day and not knowing what may happen and that literally your life is on the line regardless of whether you're a beat officer or even someone that just works inside the office. I guess in this modern age that we live now with viral video and everyone having a broadcast device on their person must play some role in the stress or the scrutiny that officer's feel. Can you expand on what your studies have shown, how things in times and circumstance as recent as 10 years ago must be different than they are today?

Violanti

04:17

Oh, certainly. Ten years ago as you mentioned we don't have the technology for videos and cameras and cell phones. I mean if you think about this, if you go to work every day and somebody's videotaping you with a camera while you work eight hours a day, it's got to be pretty stressful because you have to watch every single move that you make, and any move that an officer makes can be determined as the wrong move. Many people in society don't understand the laws of the use of force and what looks like an excessive use of force in one situation may be one that's allowed by law. But to the public, it doesn't look that way so the officer is scrutinized for that and he's brought in for internal investigations and so forth. So, the cameras can be a real deficit but on the other side of that, the cameras can be a plus because they can exonerate an officer from an action that he or she has taken.

The thing we find from our data on police health is that stress can affect you not only psychologically but it can affect you physically as well. And officers who have a lot of chronic stress also have indications of heart disease or cardiovascular disease. We measure this in our clinic. We can measure artery health. We can measure the possibility of diabetes and many physical ailments. And when we look at this and we look at the stress that officers have, we see associations going on. The more stress, the more likely there are going to be physical ailments as well. There is research out there now that says stress is

actually—and trauma that officers experience—actually can affect the physiology of the brain, can affect decision-making out in the street. So, a lot of these things add up to a difficult job that has chronic stress, that has people in it who are psychologically hurt and has people in it that are becoming physically hurt because of the stress they experience.

Donelan

06:34

So, what is preventing an officer from saying, "This is stressful. I'm just going to work at Target"? Why do they continue with this line of work? What is it within a police officer that causes them just to keep going with employment that might eventually be detrimental to their psychological and physical health?

Violanti

06:55

When we test officers to come out into police work with psychological testing, we find that they there—they think this is a helping profession, so they're here to help people. And as the years go on, that kind of dissipates a little bit when they really see what's going on out there. But to some degree, despite the stress, many of them, they are resilient people and they stay in the career because they think there's sometime and somewhere there's one incident that saves them from all this. Maybe they've done something heroic like rescue a baby or someone from a burning car or save someone's life by using CPR or done something good. And those are the things that carry them on, the fact they contributed in some way.

Donelan

07:47

Okay, I would assume just as a layperson that if their stress level is like at this, eight out of 10 area that they might have these good things that will abate that eight out of 10 for a while. If their stress then happens again, it doesn't restart at zero. It's still up there near that eight level. Am I correct as a layperson in understanding how that stress can affect a person?

Violanti

08:10

Yes, it can. And as I mentioned before, it's a cumulative process and the body keeps score, and after a while it gets to the deterioration point. But what we're afraid of is that when they retire, that the vestiges of these problems are going to follow them into retirement.

Donelan

08:30

So, for the research that you're doing right now, take us a little bit into that.

Violanti

08:33

What we do right now is we're involved with the Centers for Disease Control. We're using their data to look at suicide rates. What we do basically is compare the suicide rate of police officers to that of the

general United States' population and we see if there's any difference, and there is. I think we looked at one three-year period and there were an average of 90 police suicides per year over that three-year period. If you equate that to what epidemiologists do, we talk in terms of risk—if you look at the risk factor, a police officer by virtue of their occupation has a 69 percent greater risk of dying by suicide than does a worker in the general population. So, it's a staggering statistic and it's scary because the job you work may be a risk factor for suicide.

Donelan

09:37

And with this data you're gathering, what's your end goal with the data, getting it out and trying to make effective change, I guess helping reduce officer suicide?

Violanti

09:46

Policing is an occupation that's not only dangerous in the street, it's psychologically dangerous and you need to provide some services to help them deal with this. Services like psychologists, there are plenty of police psychologists out there now in many of the departments that help. Services like peer support groups. Peer support works very well because it's officers talking to officers and they have a better understanding of the job, and a lot of officers like using peer support when they have a problem. One of the biggest problems I think in getting officers to get help is the stigma of mental health problems. You know, it's okay to go to the doctor if you have a broken arm and maybe the guys will come in and they'll sign the cast on your arm. If you go to a psychologist because you're depressed or because you have suicidal tendencies and you come back to work, nobody's going to sign your cast, nobody's going to talk to you because of the stigma associated with mental health. There's not an understanding in our society and in policing that mental health is really just the same thing as physical health, it's in a different domain.

Donelan

11:15

So, I assume that our listeners, if they want more information on the work that you're doing or this topic are free to contact you?

Violanti

11:23

Sure.

Donelan

11:24

Fantastic. And that would be V-I-O-L-A-N-T-I @buffalo.edu. And if there's one thought that you could have our listeners think about as we close this podcast today, what would you want them to leave with?

Violanti

11:37

Well, if I were an officer who was having problems, suffering from depression and problems with the job, I think the best advice I could ever tell you is go get some help. Don't be afraid to be afraid. Get help. No one's going to hurt you if you do this. If you have a leader that understands the situation in which we're hoping leaders are trying to understand it, we may save your life. Or if you're a buddy of an officer who you see in that officer something going on, say something. Do something, say something. Help him get through it. He may thank you for validating his feelings and he may thank you for getting him to go somewhere to get some help.

Donelan

12:30

Thank you so much, sir, for appearing on *The Beat* today and for the work that you are doing. We look forward to hearing more about your findings and things that can be done to prevent officer suicide, and to save lives.

Violanti

12:42

Well, thanks. Thanks for having me.

Voiceover: *The Beat* Exit

12:45

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Voiceover: Disclaimer

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