Police Suicide: Recent studies and prevention suggestions

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A good amount of research evidence suggests that, as a group, there is an elevated rate of suicide within law enforcement. One would expect that the law enforcement suicide rates would be lower than they are, given that they are an employed, healthy and psychologically tested group (McMichael, 1976). Certainly, they should be lower than the U.S. general population, since this reference group includes the institutionalized, mentally ill, and unemployed.

We recently conducted national level studies on police suicide:

1. Police suicide via web surveillance -55,000 web articles (O'Hara & Violanti, 2009; O'Hara, Violanti, Levenson & Clark, 2013):

- An estimated 141 police suicide were counted in 2009

- An estimated 112 police suicides were counted in 2012

- Both male and female suicides appeared to occur at a similar rate, averaging 92% and 6% respectively across the two studies.

- Suicides appeared to cluster in the 40-44 year age group more than in 2013 than in previous years.

- A rather large increase in suicide was seen in officers with 15-19 years of service in 2012 compared to 2009.

- Firearms remained the most prevalent means of suicide (91.5%).

- Personal problems appeared to be the most prevalent personal reason (83%) with work associated legal problems ranking second (13%).

- Approximately 11% of suicides were military veterans.

2. A second national epidemiological study utilizing the National Institute of Occupational Safety and Health (NIOSH/CDC) occupational mortality database for the years 1999, 2003-4 and 2007 (Violanti, Robinson & Chen, 2014):

   - **For total law enforcement**- a significantly higher proportionate mortality ratio (PMR) for law enforcement suicide than was seen. (264 suicides; PMR=169, sig. $p<0.01$, 95% CI=150-191- represents a 69% increased suicide risk over the general U.S. working population).

   - **Detectives/criminal investigators** – (115 suicides; PMR=182, 95% CI= 150-218, $p<0.01$- represents an 82% increased suicide risk).

   - **Corrections officers**- (73 suicides; PMR=141, 95% CI=111-178, $p<0.01$- represents a 41% increased suicide risk).

Potential prevention strategies

1. **International Association of Chiefs of Police (IACP) and COPS symposium suggestions**.

   - Start at the top by recruiting leaders who care about the mental wellness of their officers- A "Duty of Care" (Jones, 2006).

   - Establish and institutionalize effective early warning and intervention protocols to identify and treat at-risk officers

   - Audit existing psychological services and determine whether they are effective in identifying early warning signs of mental wellness issues

- Invest in training agency-wide on mental health awareness and stress management

- Begin mental wellness training at the academy, and continue the training throughout officer careers, with a particular emphasis on first-line supervisors.

- Include family training to reinforce and invest in those critical family connections.

- Change the police culture by reducing fear and stigma associated with mental illness

2. **Gatekeeper Approach:** QPR Suicide Training for Law Enforcement- QPR stands for "Question, Persuade, and Refer" (Quinnett, 2014). QPR is a simple educational program that teaches officers how to recognize a mental health emergency and how to get a person at risk for suicide the help they need. It is also an action plan that can result in lives saved. Research and evaluations to date have shown positive results. QPR is taught across police agencies.

3. **Psychological Autopsy (PA):** A retrospective method to police suicide prevention-The major objective of a psychological autopsy is to establish whether specific variables constitute risk factors for suicide among police officers. The psychological autopsy (PA) is well established as the means for obtaining comprehensive retrospective information about victims of completed suicide (Robins, Murphy, Wilkison, Gassner & Kayes, 1959).

4. **IAT: An experimental police suicide prevention strategy**. Suicide Implicit Association Testing (IAT)-Hesitancy of police officers to seek help makes it essential to detect suicide ideation on a different level than self-reports (Violanti, Mnatsakanova, & Andrew (2013). The IAT measures subconscious levels of identification with life or death. An implicit below conscious level association with death may represent one of the final steps

in the pathway to suicide that is activated when a police officer is deciding how to respond to extreme or chronic distress (Nock, 2009; Nock, et al., 2010). More research is needed to help clarify the operational usefulness of IAT methods and their validity over time.

Conclusion

In summary, we described some recent research and potential prevention strategies for suicide among law enforcement personnel. Future research should include etiologic studies should evaluate occupational factors and precipitants that lead to increased risks. Police work serves as a fertile arena for suicide precipitants, including relationship problems, culturally approved alcohol use, firearms availability, and exposure to psychologically adverse incidents. Contextually, police work is likely a probable part of the causal chain of suicide. We may be better informed if we know the state of preventive strategies already in force in departments and whether or not they are working.

References

Jones, J. (2006). A duty of care. *Canadian Police Chief Magazine, Spring/Summer.*

McMichael AJ. (1976). Standardized mortality ratios and the "healthy worker effect": Scratching beneath the surface. Journal of Occupational Medicine, 18, 165–168.

Nock, M.K. (2009). Why do people hurt themselves? New insights into the nature and function of self-injury. Current Directions in Psychological Science, 18, 78-83.

Nock, M.K., Park, J.M., Finn, C.T., Deliberto, T.L., Dour, H.J., & Banji, M.R. (2010). Measuring the mind: Implicit cognition predicts suicidal behavior. Psychological Science, 21, 511-517, DOI: 10.1177/0956797610364762.

O'Hara, A.F. & Violanti, J.M. (2009). Police suicide: A web surveillance of national data. International Journal of Emergency Mental Health, 11, 17-24.

O'Hara, A.F., Violanti, J.M., Levenson, R.L., & Clark, R.G. (2013). National police suicide estimates: Web surveillance study III. International Journal of Emergency Mental Health and Human Resilience, 15, 31-38.

Quinnett, P. (2014). Basics of QPR. QPR Institute. http://www.qprinstitute.com/

Robins, E., Murphy, G.E., Wilkinson, R.H., Gassner, S., & Kayes, J. (1959). Some clinical

considerations in the prevention of suicide based on a study of 134 successful suicides. American

Journal of Public Health, 49, 888-889.

Violanti, J.M., Mnatsakanova, A., & Andrew, M.E. (2013). Suicide ideation in police officers:

Exploring an additional measure. *Suicidology Online*, 4, 33-41.

Violanti, J.M., Robinson, C.F. & Shen, R. (2014). Law enforcement suicide: A national analysis.

International Journal of Mental Health and Human Resilience, 15, 289-298.