

National Police Suicide Estimates: Web Surveillance Study III

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*Abstract:*The present study is the third in a series of web surveillance of police suicides (prior analyses conducted in 2008 and 2009). In this age of world web communications, a police suicide in even the smallest and most remote community is generally transmitted nationally and through police websites, forums, and blogs. 55,000 police suicide specific web articles were reviewed over the entire year. 2012 data was then compared with 2008 and 2009 police suicide data. There were 141 police suicides in 2008. Suicides declined from 143 in 2009 to 126 in 2012 (an 11.9% decrease). Across the three time periods, male and female suicides appeared to occur at a similar rate, averaging 92% and 6% respectively. In 2012, (1) suicides appeared to cluster more in the 40-44 year age group more than in previous years among officers of lower rank; (2) an increase in suicide was seen among officers with 15-19 years of service; (3) gunshots remained the most prevalent means of suicide across all three years (91.5%), and (4) personal problems appeared to be prevalent (83%) with work associated legal problems ranking second (13%). Approximately 11% of suicides were military veterans. California (n=10) and New York (n=12) had the highest police suicide rates. Four murder-suicides were noted over the entire year. Suggestions for suicide preventive policies, improving police mental health, and future research are discussed. [International Journal of Emergency Mental Health and Human Resilience, 2013, 15(1), pp. 31-38].

Key words: police suicide, police suicide rates, prevention, mental health

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Obtaining information on police suicide is extremely difficult. Suicide is not openly discussed by police personnel; officers tend to view suicide as dishonorable to the officer and profession (Violanti, Vena, & Petralia, 1998). Departmental statistics on police suicide are rare, and police agencies are sometimes reluctant to allow researchers access to existing data. The Federal Bureau of Investigation Law Enforcement Officers Killed or Assaulted (LEOKA, 2010) data does not provide suicide information.

Another problem which muddles police suicide rate accuracy is the difficulty in gathering data on a national level. If one wanted to conduct a national epidemiological study on police suicide, it would take an enormous amount of resources and time. Several national databases such as the CDC National Occupational Mortality Survey (1993) do provide occupational death certificate data on suicides for 28 states. Future inclusion of more states and updated data may help to enhance knowledge on police suicide rates.

The Present Study

In two previous web surveillance studies, we tested an alternative method for estimating police suicides on a national level. The National Surveillance of Police Suicide (NSOPS) studies consisted of nationwide surveillance of the worldwide web for the years 2008 and 2009 (O'Hara & Violanti, 2009). Based on promising results, we presently repeated our methodology and conducted this analysis for the year 2012.

METHOD

While no perfect system exists for estimating police suicide rates, we had reasonable success utilizing internet surveillance methods to estimate police rates in 2008 and 2009. Internet research tends towards the immediate, which provides some advantage over federal national occupational databases that are several years behind. The web can be searched through hundreds or thousands of pages in relation to the topic of suicide within seconds. In addition, other personal communication facilities can provide direct access and other individuals with relevant interests and knowledge. The present study employed commercially available search engines enabling a search query to run against multiple search engines simultaneously and creating a list of aggregated search results.

Through the use of the web in our analysis, it was recognized that in this age of vast, rapidly interlinking web communications, a police suicide in even the smallest and most remote community is not only reported in that local area but, given both public and media interest in the subject, is reported by multiple media in a chain reaction that lasts several days to several weeks. Adding to the repetitious spread of these reports on the internet are the dozens of police websites, forums, and blogs, which are quick to re-report the event. This has greatly reduced the likelihood that a police suicide would go unnoticed.

The application of the same surveillance methodology in the present study that we used in 2008 and 2009 helped to ensure consistency of data and allowed us to compare across the years. Two assumptions were made in our past and present studies. First, previous research suggests that approximately 17% of police suicides are misclassified as accidents or undetermined deaths (Violanti, 2007). Second, it is possible that we may have missed approximately a 20 % residual of suicides due to our own review process, researcher error, or by news articles that conceivably might not have been fed into the internet. The latter assumption is robust, given the intensity of our review process and our observation during the year that police suicides are of high media interest, are reported by multiple news media from surrounding communities (press and television), and thus will almost inevitably appear in articles by other media repeated times—often for weeks.

Means were substituted for missing age and years of police service data. In cases where officers clearly had less than the mean time in service, the number of years were based on a presumed hire age of twenty-one – the standard police hiring age throughout the United States. Suicides by officers separated from their employment by less than one year and exhibiting behaviors likely predictive of suicide attributable to their employment were included in the study. We adjusted our final tally of police suicides based on these a priori assumptions.

Approximately 55,000 suicide-specific web news articles were reviewed during 2012 for information relating to police suicides in the United States. Suicide data collected were (1) date of suicide; (2) location; (3) department; (4) age; (5) rank; (6) police service time; (7) means of suicide; (8) marital status; (9) probable causal factors; (10) military veteran status; and (11) statements by department and medical examiners.

RESULTS

Table one provides a comparison of descriptive data across 2008, 2009, and 2012. Both male and female suicides appeared to occur at a similar rate, averaging 92% and 6% respectively across the three years. In 2012, suicides appeared to cluster in the 40-44 year age group more than in previous years. In 2012, a rather large increase in suicide was seen in officers with 15-19 years of service compared to 2008 and 2009. Gunshot remained the most prevalent means of suicide across all three years (91.5%). In 2012, a category for possible

reasons for suicide and military veteran status was added. 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. Table two lists police suicide occurrences by U.S. states. California (n=10) and New York (n=12) had the highest rate. Interestingly, there were four murder-suicides noted.

Table 1.
Comparison of Descriptive Data- Police Suicide Web Surveillance. 2008, 2009, and 2012

2008 (n=102)		2009 (n=104)		2012(n=92)	
Gender					
Male	93 (91.2%)	Male	97 (93.3%)		84(91.2%)
Female	7 (9.8%)	Female	6 (5.8%)		8 (0.9%)
Age					
	<u>N</u> <u>%</u>		<u>N</u> <u>%</u>		<u>N</u> <u>%</u>
20-24	2 (3%)	20-24	1 (1%)	20-24	3 (4%)
25-29	7 (12%)	25-29	3 (6.8%)	25-29	7 (9%)
30-34	3 (5%)	30-34	4 (9.1%)	30-34	11 (15%)
35-39	17 (29%)	35-39	6 (13.6%)	35-39	11 (15%)
40-44	11 (19%)	40-44	12 (27.3%)	40-44	17 (23%)
45-49	10 (17%)	45-49	3 (6.8%)	45-49	12 (16%)
50-54	4 (7%)	50-54	7 (15.9%)	50-54	8 (11%)
55+	5 (8%)	55+	5 (11.3%)	55+	6 (8%)
(n=59, Mean =38.7 yrs)		(n=44, Mean=42.7 yrs)		(n=75, Mean=41 yrs)	
Years Police Service					
	<u>N</u> <u>%</u>		<u>N</u> <u>%</u>		<u>N</u> <u>%</u>
0-4	7 (17%)	0-4	4 (.7%)	0-4	9 (11%)
5-9	4 (10%)	5-9	3 (7.3%)	5-9	7 (8%)
10-14	9 (22%)	10-14	8 (2.4%)	10-14	9 (11%)
15-19	7 (17%)	15-19	4 (9.8%)	15-19	29 (37%)
20-24	7 (17%)	20-24	11 (26.8%)	20-24	12 (15%)
25+	6 (15%)	25+	10 (24.4%)	25+	10 (12%)
(n=40, Mean=12.2 yrs.)		(n= 40, Mean=17 yrs.)		(n=76, mean=15.4 yrs.)	
Rank					
Below Sergeant 89 (88.7%)		Below Sergeant 89 (89.3%)		Below Sergeant 86 (93.5%)	
Above Sergeant 11 (11.3%)		Above Sergeant 14 (13.5%)		Above Sergeant 6 (6.5%)	
Method					
	<u>N</u> <u>%</u>		<u>N</u> <u>%</u>		<u>N</u> <u>%</u>
Gunshot	136 (96.1%)	Gunshot	77 (91.7%)	Gunshot	80 (86.9%)
Hanging	3 (1.9%)	Hanging	1 (1.2%)	Hanging	4 (4.3%)
Auto	1 (0.97%)	Auto	--	Auto	1 (1.1%)
Overdose	1 (0.97%)	Overdose	4 (4.8%)	Overdose	2 (2.1%)
----	---	Knife	1(1.2%)		
Unknown	1%	Unknown	1.1%	Unknown	5.6%
Probable reasons *					
	<u>N</u> <u>%</u>		<u>N</u> <u>%</u>		<u>N</u> <u>%</u>
Legal problems				Legal problems	12 (13%)
Disciplinary issues				Disciplinary issues	8 (8%)
Work related trauma				Work related trauma	3 (3%)
Personal/unknown				Personal/unknown	69 (83%)
				Military veteran*	10 (11%)

*Added in 2012 study
 Not all totals add up to 100% due to missing or unavailable data

Table 2.
Descriptive data of police suicide by state

STATES	# Suicides	Average Age	Gender	Average years of service	Means of suicide	Comments
Alabama	4	39	2 males, 1 female	16	4 gun	1 lieutenant
Alaska	--	--	--	--	--	--
Arizona	--	--	--	--	--	--
California	10	37	8 males, 2 females	13	9 gun, 1 hanging	1 murder-suicide
Colorado	2	30	2 males	2	2 gun	--
Connecticut	3	41	3 Males	16	2 gun, 1 poison	1- job trauma
Delaware	--	--	--	--	--	--
Florida	3	51	3 males	25	3 gun	1 lieutenant, 1 job trauma
Georgia	3	35	3 males	12	3 gun	1 Captain
Hawaii	--	--	--	--	--	--
Idaho	--	--	--	--	--	--
Illinois	3	44	2 males, 1 female	16	2 gun, 1 hanging	suicide symptoms noted
Indiana	2	48	2 males	13	2 gun	1 major
Iowa	--	--	--	--	--	--
Kansas	--	--	--	--	--	--
Kentucky	--	--	--	--	--	--
Louisiana	2	60	2 males	13	1 gun, 1 vehicle	suicide symptoms noted
Maine	--	--	--	--	--	--
Maryland	3	32	2 males, 1 females	12	3 gun	--
Massachusetts	2	35	2 males	23	2 gun	--
Michigan	2	43	2 males	15	1 gun, 1 hanging	--
Minnesota	3	31	3 males	16	3 gun	--
Mississippi	--	--	--	--	--	--
Missouri	1	32	1 male	9	1 gun	1 murder suicide
Montana	--	--	--	--	--	--
Nebraska	1	56	1 male	20	1 gun	--
New Hampshire	1	48	1 male	15	1 gun	--
New Jersey	2	50	2 males	25	2 gun	--
New Mexico	--	--	--	--	--	--
New York	12	37	11 male, 1 female	14	11 gun, 1 hanging	1 sergeant, 1 murder suicide
N. Carolina	5	48	5 males	18	4 gun, 1 poison	--
N. Dakota	--	--	--	--	--	--
Ohio	1	41	1 male	28	1 gun	--
Oklahoma	1	34	1 male	15	1 gun	--
Oregon	1	47	1 male	23	1 gun	1 lieutenant
Pennsylvania	1	68	1 male	23	1 gun	--
Rhode Island	--	--	--	--	--	--
S. Carolina	1	41	1 male	15	1 gun	--
S. Dakota	--	--	--	--	--	--
Tennessee	--	--	--	--	--	--
Texas	2	33	1 male, 1 female	7	2 gun	--
Utah	--	--	--	--	--	--
Vermont	--	--	--	--	--	--
Virginia	2	39	2 males	16	2 gun	--
Washington	2	50	2 males	23	2 gun	1 job trauma
West Virginia	--	--	--	--	--	--
Wisconsin	3	39	3 males	7	3 gun	--
FEDERAL	11	41	11 males	15	11 gun	1 murder suicide

--indicates data not available. Not all totals add up due to missing data for various categories

DISCUSSION

The present study was a follow-up to surveillance studies conducted in 2008 and 2009, in order to provide a more recent description of police suicide rates in the United States. The 2012 study also served the purpose of corroborating the reliability of the previous two studies. In consideration of our a priori methodological assumptions of misclassification and possible unreported police suicides on the web, our final total was 126 suicides. This figure is surprisingly consistent with the 2008 and 2009 studies. However, the 2012 data does show an estimated decrease in the number of police suicides since 2009 (17 fewer, 11.9%) which is encouraging.

Suicide among officers of lower rank (below Sergeant) and the use of firearms continued to dominate, comparable to other previous studies on police suicide (Violanti, 1997). As indicated in Table 2, New York led the nation in police suicides with 12, followed by federal officers (11) and California (10). Many of the web reports contained general statements made to by police departments concerning perceived reasons for the suicide. Suicide was commonly attributed to personal problems and legal problems of the officer. Some departments blamed exposure to work trauma as a precipitant. Many stated that they noticed no signs of an impending suicide.

The age of suicide clustered in the 40-44 year range, consistent with white male middle aged persons in the general U.S. population (Centers for Disease Control Suicide Prevention, 2013). This represents a demographic shift upwards from 2008 and 2009, in which the age group 35-39 was most at risk, suggesting that the infusion of younger officers into law enforcement is resulting in an increased acceptance of emotional self-care and therapy. Youngest officers (20-24) had the lowest percentage of suicides; however their numbers were very small.

Of interest were four murder-suicides involving police officers. These were not reported in our previous work. Exposure of police officers to violence and aggression may increase the risk of homicide-suicide. Several studies have suggested associations of suicide and aggression (Romanov, Hatakka, Keskinen, Laaksonen, Kaprio, Rose et al, 1994). Farberow, Kang and Bullman (1990) compared suicide completers with accident victims, and concluded that suicide completers were more likely to have histories of angry outbursts. Other associations noted in relation to suicide are hostility and irritability. Officers considering suicide may be more likely to have a history of violence and act violently

in a greater variety of relationships, especially spousal (D'Angelo, 2000). Palermo (1994) suggested that homicide-suicide should be considered as an extension of aggression first turned inward in the form of suicide. The perpetrator is viewed as an aggressive individual who hides behind a facade of self-assertion, is unable to withstand the reality of an unexpected rejection, and possibly a drastic life change. He commits suicide after killing his extended self.

Prevention

These results are significant in terms of prevention. No departments reported that they noticed warning signs of potential suicide, and 96% of officers appeared to have slipped completely "under the radar," undergoing noticeable problems or symptoms of distress before taking their lives. The latter is significant and highlights the ability of an officer to maintain a facade, a "front," before his peers while eroding. Law enforcement does have its own code of conduct and subculture and many officers still feel a need to disguise signs of psychological distress for fear of being perceived as "soft" or weak (Arrigo & Shipley, 2004). Additionally, the high percentage of reportedly missed suicides would imply that officers continue to be far more adept at disguising their intentions than previously expected (Slovenko, 2002). Of interest was the fact that several departments acknowledged that job stress/trauma were associated factors in the suicides. The number of trauma related suicides is believed to be significantly higher but can only be determined through further study.

Recent adoption of departmental strategies to reduce suicide may have accounted for the decreased number found in the 2012 surveillance. The increased use of departmental peer support programs, through which personnel in crisis can be referred to mental health professionals for interventional care have helped. Such programs allow the officer to talk with peer support officers whom they may trust and feel more comfortable with prior to any mental health services. Peer support programs have been in existence for several decades and are now being more widely adopted by police agencies.

Second, there appears to be a recognizable reduction in the stigma among officers regarding the topic of mental health. Proactive approaches are becoming more commonplace as officers seem to be recognizing the vital role of therapy in simply surviving what is generally accepted as a toxic, poisonous work environment. As a result of this

awareness, personnel are not only taking greater advantage of peer support programs, they are proactively engaging in psychotherapy, particularly outside of law enforcement channels, with prevention in mind rather than waiting until a crisis point is reached. A classic example of this is the simple but effective program designed to prepare officers for stress and trauma before problems arise that was designed by the Badge of Life program (O'Hara, 2008). The underlying principal of the program lies in recognizing the importance of the facade in law enforcement and the core belief that, for every suicide, there are countless other officers continuing to work while masking the effects of their own accumulated stress and trauma. The program proposes that training should focus on putting officers in charge of their own mental health, beginning at the academy and every year after through voluntary, confidential "mental health checks" with a therapist of their choice, undertaken with the same diligence as a yearly dental check, physical exam, or flu shot. Emphasizing that the efforts of law enforcement are better spent on overall mental health than just suicide and crisis management, the Badge of Life program, now in its seventh year, has been offering positive incentives for participation, both for individual officers and administrators. The program actively encourages officers to voluntarily "get the help before they need it, not after." Encouragement is given to seek this assistance either through employee assistance programs or, to ensure confidence in confidentiality, on the "outside." Long-term goals include developing the individual resilience/hardiness of officers in the face of adversity, in addition to the focus of current suicide awareness/prevention programs on recovery. It presents, in essence, a form of inoculation against the negative impacts of later stress and trauma.

The strong influence of the police culture is often a detriment to officers seeking treatment for mental health problems. Within the culture, officers are expected by peers and by themselves to be oblivious to emotional suffering. They are expected to perform police duties without recourse to feelings. While this ethos may be in some case be necessary on the street, it takes a psychological toll on the officers emotional well-being. Officers are still less likely than most to find healthy alternatives for dealing with situations other than stress; they tend, in fact, to turn to maladaptive coping strategies that include escape avoidance and distancing Violanti, (1993). When such maladaptive strategies break down, the self-appraisal skills necessary for the success of a suicide awareness program will likely prove inadequate.

Recent thoughts about police suicide advocate being your "brother's keeper" - watching for signs of suicide in other officers. While this is helpful, it is also important that officers watch out for their own mental health. Violanti (2007) suggests training officers in healthier self-care. It is crucial that this training begin at the recruit level and continue throughout the officer's career, focusing new and incumbent officers not only on the challenges to be faced, but on the personal skills, talents and resources they have available to them. In addition to the need for periodic, proactive, voluntary therapy in what is recognized as a highly toxic career field, the importance of resilience (Antonovsky, 1987; Maddi, 2006).

There are limitations to our research. We have based our final tally of police suicides on robust assumptions taken from previous research (Violanti, 2007). While web-based surveillance is reliable, it is possible that many police suicides were undiscoverable due to low level or no releases at all to the media. Our 20% addition to actual suicides found should have reasonably accounted for these underreported suicides, but we certainly did not find them all. The use of actual mortality statistics based on death certificates and psychological autopsies would be a best evidence data gathering method for suicides. Unfortunately, nationwide collection of such data is a long and difficult task. Federal national databases are presently being updated and will help to clarify more accurate police suicide rates. Despite these limitations, our year-long 2012 surveillance of more than 55,000 suicide-related news reports, followed by properly designed adjustments and accommodation for variables, yielded data not only consistent with our past surveillance studies and Centers for Disease Control data, but also with independent reporting by a wide variety of police publications that take intense interest in the topic of police suicides.

Given the present stage of research on police stress, it is likely that inaccuracies will continue to exist in the reporting of police suicide, including underreporting, misclassification, the lack of updated nationwide data, and difficulty associated with collecting data. Exposure and job socialization in policing have profound impact on officers. Exactly how to measure the impact over time that police work has on individuals is a difficult question. It will likely take long-term prospective studies to make sense out of such exposure.

While we cannot yet be certain that police work by and in itself is a suicide risk factor, we can with some assurance state that it serves as a fertile arena for suicide precipitants,

including job stress (both from critical and cumulative trauma), relationship problems, culturally approved alcohol use, and mistrust of mental health professionals.

In summary, the results of our data analysis indicate that there are needless and preventable deaths among our law enforcement officers. As departments continue to successfully prepare officers for danger on the street, they should further consider preparing them for the psychological danger of this work. Perhaps to some degree we are asking the wrong question. Suicide rates are important to guide our research, but more importantly is how to determine how to enhance overall mental health in law enforcement and prevent police suicides. We may be better informed if we know the inherent risk of police suicide and the factors contributing to it in a quantitative, qualitative, and contextual sense.

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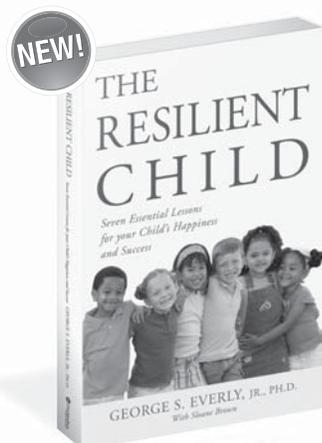
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