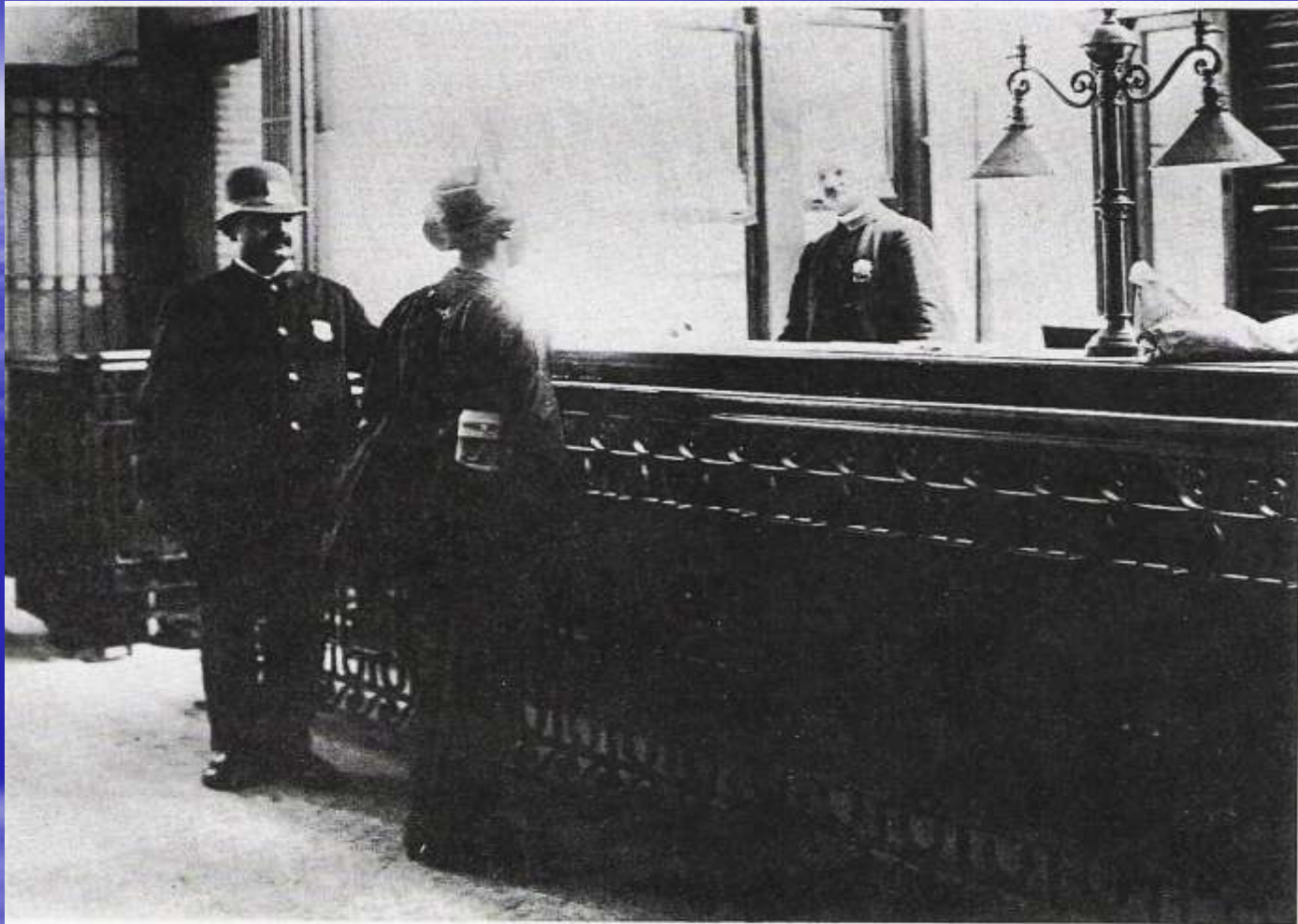


# Police Suicide: In Harm's Way II



*Presented by*  
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Arraigning a prisoner at a new Tenderloin police station, 1908.  
*Courtesy of the Library of Congress*

**Times have changed...**

# Trooper kills himself in the wake of robbery

By AMY LORENTZEN

*Associated Press*

MADISON, Neb. — A state trooper committed suicide Friday, apparently upset because he botched a background check involving a man who one week later allegedly killed five people in a bank robbery, authorities said.

Mark Zach, 35, shot himself with his service revolver just outside Norfolk, the site of Thursday's deadly heist.

Zach had stopped one of the four robbery suspects last week and ticketed him for carrying a concealed weapon, Gov. Mike Johanns said.

However, Zach transposed two digits when entering the gun's serial number into a police computer — a mistake that kept him from learning the weapon had been stolen, Johanns said.

The gun was confiscated by authorities, but Zach apparently felt responsible for not getting the suspect behind bars on a more serious stolen weapons charge, said Col. Tom Nesbitt, Nebraska State Patrol superintendent.

"Trooper Zach could not accept that," Nesbitt said. "He took his responsibility very, very seriously."

Nesbitt did not elaborate as to how he knew how Zach was feeling. It wasn't known whether a more serious charge would have

put the man behind bars or for how long.

Zach was a 12-year veteran of the patrol and was based in Norfolk. He and his wife had six children, ranging in age from 4 to 15, Nesbitt said. Zach was elected this year as an area chairman for the State Troopers Association of Nebraska.

Zach stopped Erick Fernando Vela, 21, for a traffic violation Sept. 19 and arrested him on a concealed weapons charge. Vela was released after posting bond.

Authorities say Vela and three other men stormed into a U.S. Bank branch in Norfolk on Thursday and killed four employees and a customer before fleeing. All have been captured and charged with first-degree murder.

"Zach was in no way responsible for what happened in Norfolk yesterday," Johanns said. "This tragedy only compounds yesterday's tragedy."

Norfolk Mayor Gordon Adams said he believed the stress of such a disturbing case could lead a law officer to consider suicide.

"That's dreadful," Adams said. "It is the kind of fallout you get sometimes with these tragic events."

Norfolk held a crisis intervention session for police, fire and other emergency personnel Friday. It wasn't known how many people attended.

**"Zach was in no way responsible for what happened in Norfolk yesterday. This tragedy only compounds yesterday's tragedy." Nebraska Gov. Mike Johanns, on state trooper's suicide**

**“Suicide is a conscious act of  
self-annihilation brought  
about by multi-dimensional  
malaise”**

**Edwin Schniedman**

State of Florida:

13<sup>th</sup> highest suicide rate  
in the U.S.

14.2/100,000

# Law Enforcement Suicide Rates from USA Today Article

- **San Diego PD 1992-98, 2,000 sworn , 5 suicides, 35.7 suicide rate.**
- **FBI 1993-98, 11,500 Sworn , 18 Suicides, 26.1 suicide rate.**
- **Chicago PD 1990-98, 13,500 Sworn, 20 Suicides, 20.7 Rate**
- **LAPD 1990-98, 9,668 Sworn, 22 Suicides, 18.1 Rate.**
- **NYPD 1985-98, 40,000 personnel, 87 Suicides, 15.5 Rate**

Nationwide estimated police  
suicide rate:

17/100,000 (Aamodt, 1999)

Nationwide U.S. Population Rate:

10.6/100,000

Police are supposed to be a  
*“healthy working population”*  
and should have lower rates

**27% (86) of 318 surveyed  
departments reported suicides over  
the past 5 years**

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<u>Number of suicides</u>	<u>Percent</u>
1	57 %
2	22 %
3	5 %
4	6 %
5	3 %
6+	7 %

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## Size and Number of Departments Reporting Suicides Over the Past 5 Years (n=86)

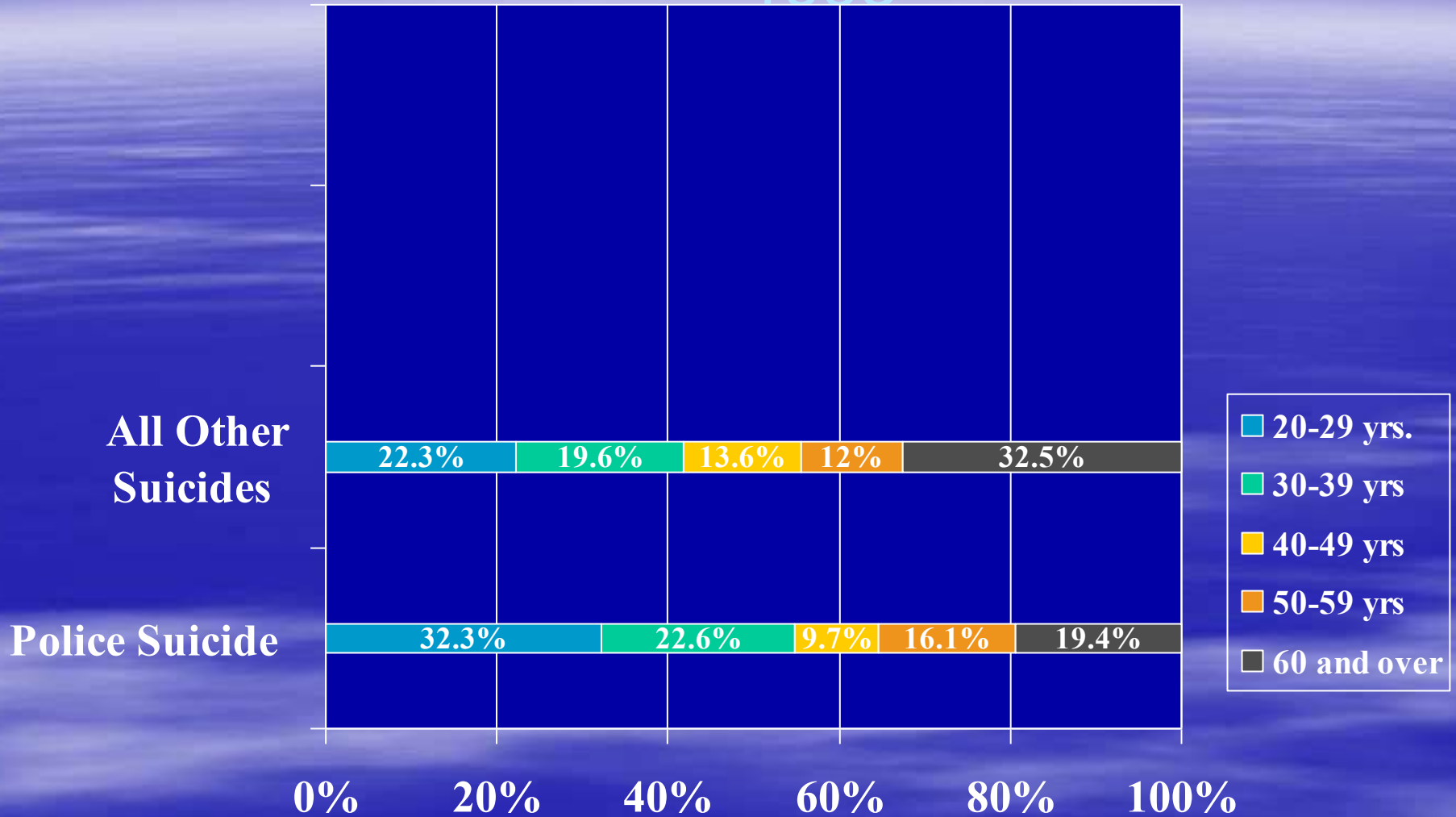
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Size of Dept.	# of Depts. Reporting suicide	Average # Suicides In Depts. Reporting Suicides
1-50 officers	11	1.45
51-1000 officers	48	2.02
1001-6400 officers	27	3.04

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N=86; 27% of total departments surveyed

# Police Suicide and Age : National Data 1993



Police Officers have

***3 TIMES THE  
RISK OF SUICIDE***

Over other municipal workers

**Statistics Tell a story  
but it boils down to this:**

**One Police Suicide is One Suicide Too Many**

***“You know, the ghosts,  
they will always be with you”***





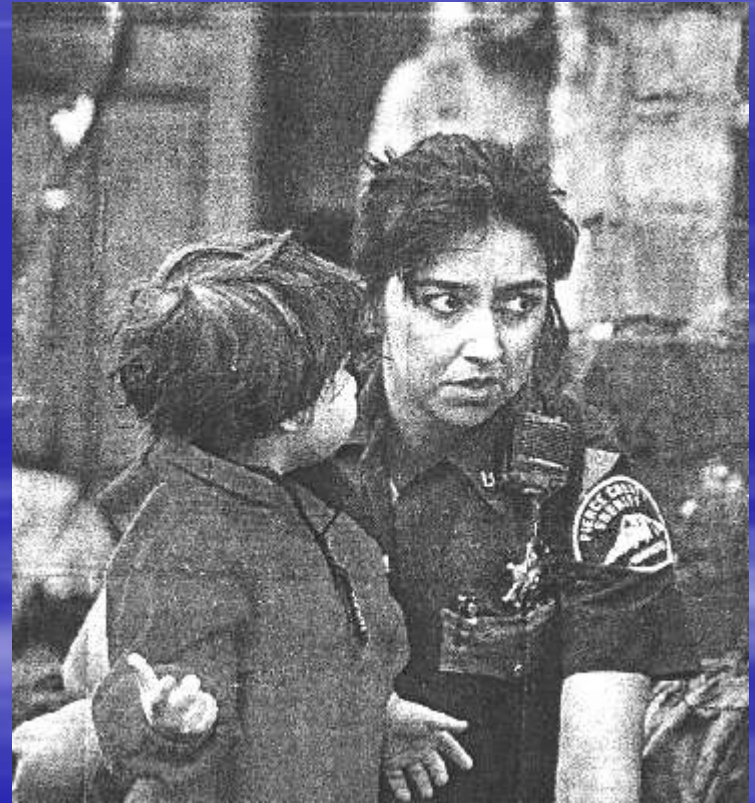
# Police Work and Suicide

- Inherent dangers of police work such as the risk of homicide or accidents *overshadow* the psychological danger of this occupation.....



# Policing involves exposure to:

- Human misery
- Negative public image
- Death
- Police officers experience upsetting events in their work more than other persons in society.





# Law Enforcement Maladaptive Coping Strategies

- Substance Abuse
- Family Disruption
- Work Deviance
- Suicide

# Officers who commit suicide

Primarily: MALE  
WHITE  
MARRIED  
LOWER RANK

# REASONS FOR POLICE SUICIDE

- LEGAL TROUBLE – 15%*
- MURDER-SUICIDE – 10%*
- RELATIONSHIPS – 32%*
- STRESS – 11%*
- CRITICAL INCIDENT – 6%*
- ILLNESS – 3%*
- FINANICAL - 7%*
- PSYCHOLOGICAL – 12%*
- ALCOHOL – 4%*

Louison



happy



depressed



angry



pensive



excited



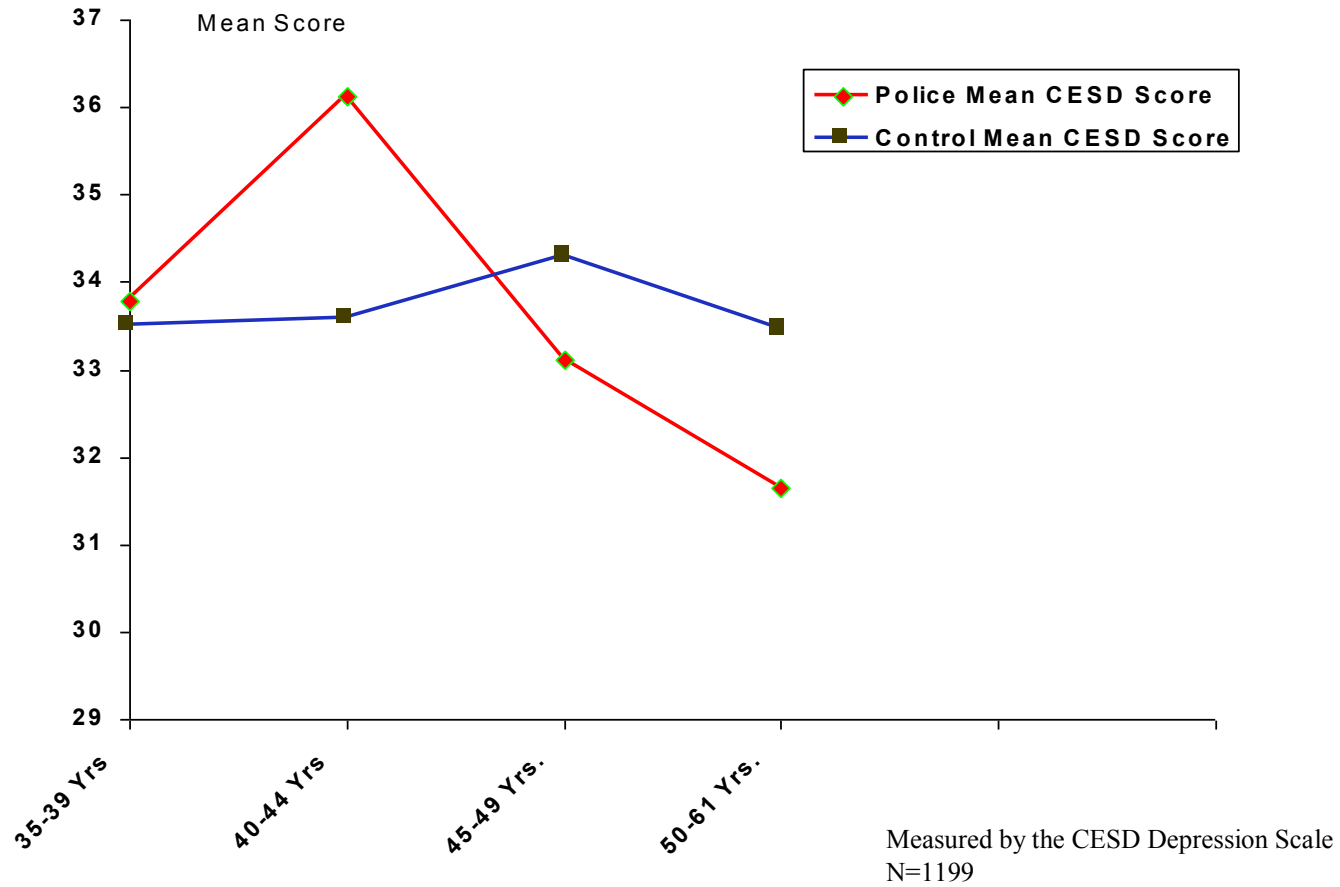
suicidal

HOW CAN YOU TELL ????

# Warning Signs or Risk Factors of Suicide

- Clinical Depression
- Personally Significant Loss
- Drug or Alcohol Abuse
- Previous Suicide Attempts
- A Marked Negative Change in Behavior

# DEPRESSION AMONG POLICE OFFICERS



## (Warning Signs Continued)

- Change in Sleep Patterns
- Feeling of Hopelessness
- Decreased Appetite
- Feelings of Guilt, Shame. Self Hatred

## (Warning Signs Continued)

- Sadness or Crying
- A Fear of Losing Control
- Verbalizing Suicidal or Hopeless Thoughts
- Giving Away Personal Possessions



## (Warning Signs Continued)

- Excessive Focus on Suicide as a Subject
- Taking Unnecessary Risks

# Trauma Stress and Police Suicide

- Post Traumatic Stress is defined as:  
*“An event where the police officer has experienced, witnessed, or was confronted with actual or threatened death, serious physical injury, or threat to the physical integrity of self or others.”*

# Elements Necessary for PTSD

- Intrusion
- Avoidance
- Physiological Arousal

## *Shattered Illusions of Invulnerability....*

- A suspected precursor of suicide concerns the negative impact that trauma has on the law enforcement image of invulnerability.

# Law Enforcement Trauma and Suicide

- Trauma deals a strong blow to the ego causing a feeling of lack of control, vulnerability, and of not being able to cope with future occurrences.

## *Shattered Illusions....*

- *The Superman Syndrome*” superhuman emotional and survival strength to deal with adversity.

# ***Recent Study on PTSD and Suicide Ideation:***

**PTSD due to witnessing the homicide of another officer**



***INCREASES RISK OF SUICIDE THINKING - 2 1/2 times***

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**PTSD due to witnessing death, devastation (e.g. 911), abused children**



***INCREASES THE RISK OF SUICIDE THINKING - OVER 3 Times***

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**PTSD coupled with alcohol use**

***INCREASES THE RISK OF SUICIDE THINKING NEARLY 10 TIMES***

# **NYPD SUICIDE PREVENTION TRAINING PROGRAM**

## ***Conclusions and Recommendations***

Andrea Ivanoff and William Tighe



# SUICIDE TRAINING OBJECTIVES

Identify common risk factors or warning signs that indicate someone has serious life problems or may be thinking about suicide.

Acknowledge personal responsibility to recognize and get help when having life problems.

Training Objectives -contd

Recognize when other Police officers may be having life problems and intervene to help them get assistance.

Identify the community and departmental resources available to the POLICE OFFICER who needs help with problems, large or small.

# The Need for Law Enforcement Suicide Prevention Training

- Prior to the NYPD suicide prevention training, almost half the officers surveyed believed the common myths about suicide.
- Further, they were unwilling to use available formal resources for themselves or others.

# Improvements as a Result of NYPD Suicide Training

- Attitudes toward getting psychological help improved.
- Knowledge regarding the myths of suicide.
- Use of formal NYPD personal services increased.
- Increased likelihood of seeking help by more than 1/2 of the officers.
- Incidents of suicide markedly decreased during the training year.

# Did the Changes Last?

## 6 month follow-up results

- Attitudes toward use of family and chaplaincy continued to improve.
- Attitudes toward using supervisors, partners, NYPD friends, and family as resources improved.
- All attitudes remained more positive than in pre – training survey.
- Use of psych. Services decreased slightly while EIU and help line continued to rise.

# RECOMMENDATIONS

- Development and increased accessibility of alternative confidential helping resources for officers within the police culture.
- Existing formal resources were created to fulfill specific tasks and address serious problems. If officers can approach unofficial, confidential resources with smaller problems, it may prevent escalation.

Concerns and attitudes of high risk officers (those who acknowledge previous ideation or suicidal behavior) should receive particular attention and targeting in planning training.

# Recommended Additional Training

- Depression Recognition and Management
- Interpersonal Skills Training
- Conflict Resolution
- Communications Skills
- Intimate Relationship Maintenance
- Domestic Violence
- Violence: Guns, Drugs, and Alcohol



# Further Recommendations

- Periodic Training Boosters of adequate intensity and duration should continue throughout service to keep awareness keen, the topic current, and willingness to intervene high.

# Police Officer “Lifesaving” Should Begin at the Academy Level

- Training should convey the attitude that, “Knowing how to take care of yourself is as important as knowing how to fire your weapon.”
- Training should include recognition of the warning signals and individual risk behaviors (depression, mood swings, relationship crisis).

# " CALL FOR BACKUP "

Intervention and Prevention

## All Law Enforcement Agencies Should Consider the Following as Standard Preventative Actions:

- Recruit Selection Criteria (psychological screening)
- Ongoing Stress Management Training
- Stress Inoculation Training
- Supervisor Training
- Identify and Track High Risk Employees
- Psych. Assessment for Special Duties (SWAT, Bomb Squad, Narcs, etc.)
- Critical Incident Intervention Services (De-briefing and Peer Support Units)
- A Pre-selected psychological service
- Training on substance abuse and life style choices

# Standard Preventative Actions, Cont.

- Suicide Hotlines
- Spousal Support Programs
- Pre-Retirement Counseling
- Psychological Autopsies
- Survivor Supports
- Intervention Evaluations

# THE POLICE SUICIDE

Crisis

SCENARIO:

What to look for

and

what to do

# Suicidal Crisis Episode



Approximately 3 weeks

Source: Quinnett & Watson, 2001

**WHAT AM  
I LOOKING FOR ???**



# “Something just does not seem right”

Officer begins to pull away from interpersonal relationships

May be no longer easy going

May become very rigid

Sense of humor may be restrained

Does not laugh at jokes anymore

not right (contd)

Not “fun to be around” anymore

Taking shortcuts with safety precautions  
at work

Fellow officers comment that he/she  
should “lighten up”

Family complaints that officer has  
changed

# The “Shield” Goes up

People start to notice the change

More they want to help, the less trusting officer becomes

Vicious cycle begins

Officer builds a barrier between him/herself and those who try to help

The shield goes up

## “Late Stages”

Officer fears he/she can trust no one but him/herself

Feels alone abandoned, and isolated

Humiliated about loss of personal control and vulnerability

Culture does not allow such feelings

# “Signs of imminent danger”

Officer loses all sense of trust in self

Cannot form meaningful attachments

Starts to send overt message about suicide  
(warning signs)

- Death reference

- Gun cleaning

- Dry runs

- Plans

# “Period of improvement”

The decision has been made

Improved mood, great relief

Energy level increased

At peace with the decision to die

A time of mortal danger

What to do:

Dealing with the suicidal  
Police officer

*Source: Claudia Greene, MD*

*“My life depends on trust”*

26 year-old tactical officer



# “The initial contact”

Most critical part- most difficult

Officer does trust self for others

Officer burdened with negative issues

Saving face is critical, as well as feeling in total control

Officer displays false emotional status as “OK”

Will anticipate your every move

Officer may want you to feel “As bad as he/she feels”

# How can you save a life?

Don't act on "rescue fantasies", you will make things worse

Don't push yourself on the officer

The more you push, the more the officer will resist

All you can do is to offer the officer a vision of a different solution and a set of tools to complete that solution

If the officer has made up his/her mind to die, it will happen and there is little that you can do about it.

Good news is that most suicidal people have some degree of ambivalence about dying

The crucial point is to identify and connect with the ambivalent part of the officer.

The aim is to make the officer reconnect with his/her hopes and dreams and help him/her discover ways to make them a possibility once more.

STAY REAL, STAY NOW

Tell officer what you are thinking  
and how you see your role as

ASSISTING (not helping)

Tell officer you will be there for the duration

Tell officer it is OK to have feelings

“Big guys” do cry (General Schwarzkopf being homesick)

Treat officer as an adult

Use the word “we”

you will not rest until you can assist officer in considering other options

**“One can eat an elephant  
if they take one bite at a time”**

**Dr. Claudia Greene**

Go over list of officer's immediate problems

*The "S" list*

Which problem "broke the Camel's back"?

Ask "why now"? as opposed to yesterday or tomorrow? Will give a clue to the most pressing problem.

Odds are officer tried to do everything to fix the problem

*"Swallowed the elephant whole"*



**WHEN SUICIDE  
IS IMMINENT**

Some officers will not be able to trust

Imminent suicide is a  
*“hemorrhage of the self”*

Know, in advance, where you can get  
professional emergency help fast.

A trusted mental health professional or  
emergency service

Try to get the officer to lay down the weapon away from the both of you

Tell officer you cannot work with him/her if  
You are afraid and you want to trust him/her

Beware of third parties asking for the weapon-  
you may not know their previous relation to the  
Officer (may be officer's problem)

If officer wants to leave, do not restrain . Do not go after him.

Let other officers handle attempt to apprehend.  
You are more useful as a friend than a “chaser”

If you get the officer to agree to go to an emergency mental health facility, take him/her there. Have another officer drive while you stay in the vehicle and continue to talk with the officer.

## *Bottom line*

Develop and maintain trust.

No successful intervention can be made if the officer cannot attach to you with trust.

It does not have to be a big trust, but it does have to be trust.

As a supervisor, you are in a good position

# **Dealing With the Aftermath of a Law Enforcement Suicide**

# SUICIDE



- The sudden and often violent death of suicide can be traumatic for other officers as well as family....

# Often Worse Than a Line of Duty

## Death

*Dennis Conroy, PhD*

- Lack of specific focus for anger
- Confusion caused by lack of protocol
- Suicide fragments a department
- Individual moral/religious values come into play
- Mental health of some employees are effected
- Relationship of the deceased with surviving employees.
- Where and how the suicide was committed



# Those Blaming the Officer....

- “He /She took the cowards way out – couldn’t take the pressure.”
- May fear they are capable of the same thing. “There but for the grace of God go I.”
- May show more anger toward the officers family and toward other officers. (Blame, Blame, Blame!!)

# Those Blaming Themselves for Not Preventing the Suicide

- “We can protect people we don’t believe deserve it but not the ones we love”
- Family dynamics come into play for the police family
- “I should have seen it coming...I never knew”

# Those Blaming Management or Society at Large for the Death....

- Some will consider it a “Line of Duty” Death (Look out for this “hot topic”)
- Some will consider it all managements or Society’s fault:
  - Uncaring Supervisors / Managers
  - Inadequate Training
  - Uncaring Citizen Population

# Developing a Plan

## General Considerations

- Be Respectful of all views of the death.
- No matter what the cause – it is a tragedy.
- Focus on the needs of the officers / civilian employees / family members.

# Law Enforcement Suicide Protocol

- Needs to be as detailed as a line of duty death.
- Death notifications to the family and co-workers.
- Media Involvement:
  - Department Spokesperson
  - Respectful of Family Feelings
  - Dealing Publicly with the Emotional Impact

# Ceremonies ?

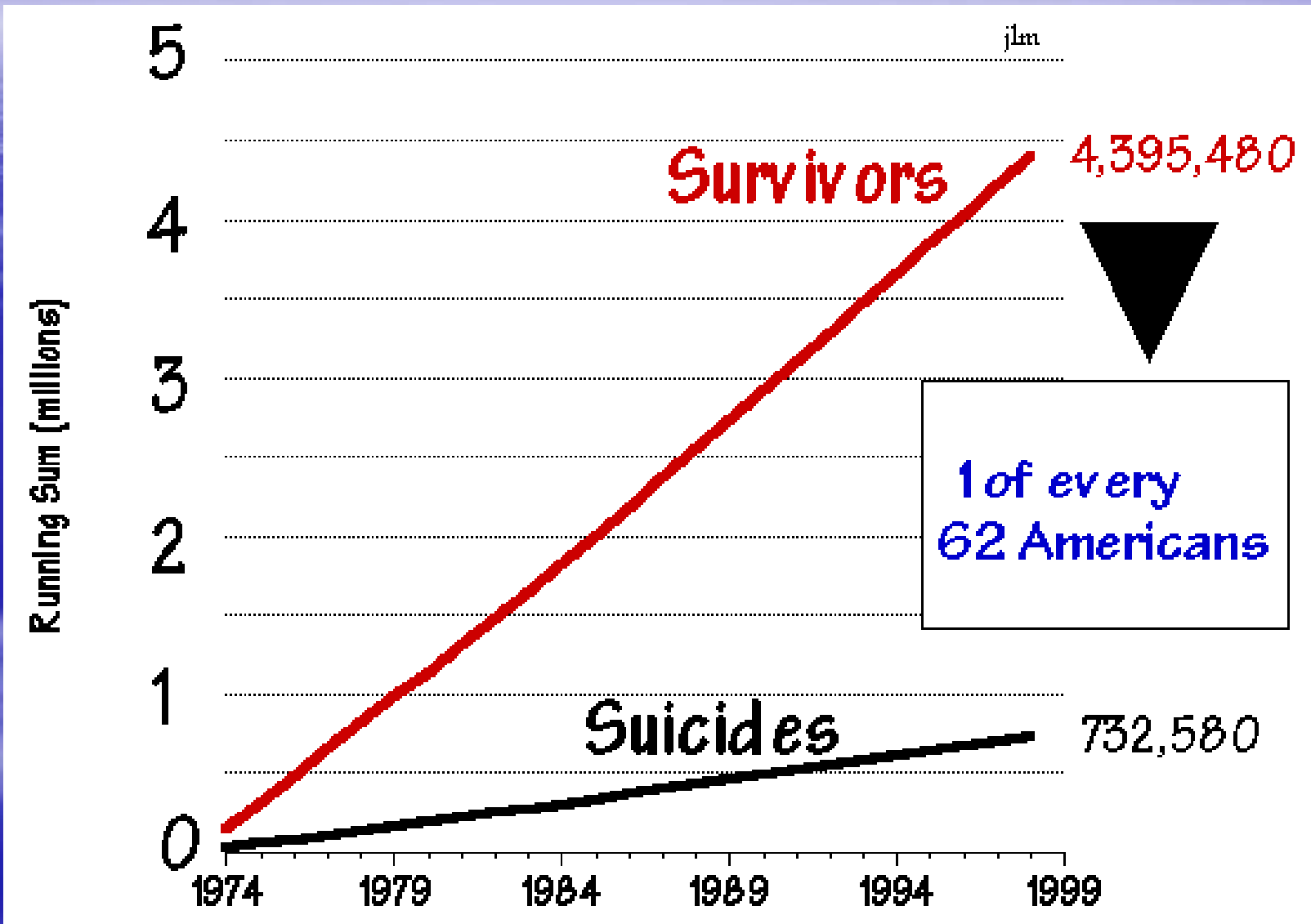
- Be Prepared for in house controversy on this topic.
- Honor Guard?
- Uniform or not? (extremely hot topic!)
- Patrol Car Parade?

# Resources

- Employee Assistance Program
- Police Chaplains
- Critical Incident Stress Debriefing Team
- Peer Support Unit

# After Suicide: Dealing with the Grief





*Each suicide intimately affects at least 6 other people (estimate)*

- Based on 31,000 suicides annually, the number of survivors grows 186,000 each year
- If there is a suicide every 17 minutes, then there are 6 new survivors every 17 minutes as well
- Based on the over 732,000 suicides from 1974 through 1998, it is estimated that the number of survivors of suicides in the U.S. is 4.4 million (1 of every 62 Americans in 1998)

# SURVIVORS OF SUICIDE

- **police survivors of suicide may be more at risk for psychological distress and trauma than their civilian counterparts.**

## *Survivor of Suicide*

- A "*survivor*" of suicide is a person who has lost someone to suicide..family members, friends, coworkers, teachers, classmates,and therapists.
- Survivors do not always have the opportunity to grieve and mourn effectively
- Because of the stigma associated with suicide the normal rituals and social support for grief is lacking, resulting in an inability to mourn

# *THE SUICIDE SURVIVOR'S GRIEF*

- Feelings of separation and isolation
- Avoidance by friends, family
- People acting as if the person had not died
- People avoid talking about deceased
- Survivors felt stigmatized, deserted, blamed by social network

# *WHAT DO I SAY ???*

- Survivor's support system is adversely affected by a suicide death
- Partly due to a negative social perception
- But also to the lack of “social rules” to guide the behavior of comforters
- Awkwardness and social discomfort
- Easier to avoid survivors than to make “mistake”

# Department procedures should be developed *BEFORE* a suicide

- Funeral Protocol
- When suicide occurs – distribute facts, not rumors
- Support for Survivors
  - Assuage the shame and guilt associated with suicide
  - Psychological Services
  - Expressions of support from LEADERS and line staff
  - Do not isolate survivors by not talking with them – visit frequently
  - Liaison Officers

# Department Grief

- *ALL* personnel will be affected
- Discuss what to expect after an officers suicide
- Get them together and talk about the suicide
- Interact with the officers family
- Get back to work - reintegrate



# *Putting It All Together*

- Prepare yourself and your personnel – it may happen.
- Be prepared ahead of time.
- Know your people – You are the critical link.
- Suicides do not occur often, but they can tear at the fiber of your department.
- Know where to get help.

*“THE ENEMY DID NOT  
FIGHT US, WE FOUGHT  
OURSELVES.....*

*THE ENEMY IS WITHIN  
US.....”*