Cops Who Kill Themselves

by Ellen Kirschman - Sep 11, 2018

How does a person who was once hardy enough to pass a demanding application process, a rigorous psychological screening, and an arduous training program become so overwhelmed that suicide is the only way out? There are probably as many reasons and combinations of reasons as there are officers who kill themselves.

For years, police professionals and mental health professionals have tried to reconstruct events that lead to suicide. Their psychological autopsies implicate alcoholism, family conflicts, relationship losses, disciplinary problems, depression, post-traumatic stress, immediate access to guns and skill in using them, drug abuse, poor coping skills, financial difficulties, age and gender, job stress, exposure to work-related trauma, scandal, shame, failure, and a distorted but culturally correct sense of invincibility and independence. If there is a common thread linking these elements, it is the doomed officer's inability to ask for or find confidential help before small problems snowball into a tidal wave of torment.

There's lots of talk these days about law enforcement suicide and not much agreement on the scope of the problem or on how police compare with different occupational groups. According to the Centers for Disease Control and Prevention (CDC), the industries with the highest rates of suicide are farming, fishing, and forestry.

One generally accepted yet disturbing calculation about police suicide is that cops may be two to three times more likely to kill themselves than to be killed in the line of duty. When I talk about police suicide, this is the statistic I generally use.

The National Study of Police Suicide profiled 126 law enforcement suicides. On the basis of these profiles, the study's authors concluded that LEOs who are most at risk for killing themselves are single males between the ages of 40 and 44 with an average of 16 years on the job. The study authors also had some good news to deliver. Law enforcement suicides have dropped 14 percent since the study began in 2008, from a high of 143 in 2009 to 108 in 2016. They attribute this decline to the nationwide recognition of the problem, an increased openness to psychotherapy, the expanded use of peer support, chaplaincy programs, mental health awareness, and suicide prevention training.

Red Flags and Warning Signs:
Most people who commit suicide give hints—some clear, some coded—that suicide is on their mind or that they are deeply distressed about something. Every item in the following discussion is an indication that a person needs help, whether or not that person is actively considering suicide.

Serious Depression: Serious depression is more than a case of the blues. Depressed people have a hopeless, pessimistic outlook on life. They may be anxious, bitter, irritable, restless, and under functioning. Some are withdrawn and get little or no joy out of life or the things that once pleased them. Seriously depressed people have trouble sleeping and may have no appetite or sex drive. They may be lethargic and often sick; they may lose weight and take little interest in their appearance. You may or may not be able to see what caused their depression; sometimes it is obvious—like a death in the family—and sometimes it is not.

Depressed people may be inwardly punitive, filled with guilt, shame, and self-hatred. It is almost as though they have a double life—they appear to be adjusted and successful, but they secretly feel like impostors. The strain of covering up or the fear of exposing their inadequacies can precipitate a suicide attempt.

While a great many suicidal people are clinically depressed, they are only rarely psychotic. More than likely their distress results from a tangled series of events and a temporarily hopeless outlook. Even if they are clinically depressed or suffering from some emotional disability, depression and mental illness are treatable with medication and psychotherapy. The common element in suicide is hopelessness and/or helplessness, not mental illness.

A Significant Loss—Actual or Threatened: We will all suffer losses in our lives: loss of friends, family, health, pride, looks, love, confidence, money, work, reputation, dreams, and so on. Everyone copes differently with loss, and every loss is different. Some losses mount up or occur in a series. Many people, especially cops, push themselves to recover from a loss before they are ready. Sometimes this comes back to haunt them later on.

Cops who lose their jobs because of an injury face a double whammy. They have lost health and vigor, as well as an identity, a purpose in life, and fraternity. This kind of transition stirs up significant emotional turmoil, and cops need a lot of support during this time, especially if they feel retirement has been forced on them by doctors, administrators, or as a result of disciplinary action.

Unfortunately, many cops ignore the serious emotional losses that go with premature retirement. They laugh it off—perhaps to avoid thinking it could happen to them too—and kid the retiree about faking problems and conning the employer. Some folks envy and greatly overrate the disabled cop's tax-free income, and it keeps them from seeing things through the retiree's eyes. Many cops I know who retired prematurely wind up being happier than they have been in ages. Still, there may be a rocky transition while they are adjusting to the idea and worrying about future unknowns. There is some evidence that there is an uptick in suicide among retired officers.

The loss of a relationship is perhaps the most devastating loss, one that is frequently associated with suicide. It is sadly ironic that cops who maintain an I-don't-need-you attitude toward their mates can sometimes be devastated when the very person they have pushed away or kept at a distance eventually leaves.

Substance Abuse: You already know this: alcohol reduces inhibitions. People who use or abuse drugs or alcohol are at risk for many forms of self-destructive behavior, suicide being the most serious. Uncontrolled drinking or drug abuse, along with smoking, is a slow, passive form of suicide. Some studies predict that 15% of all alcoholics will commit active suicide during their lifetimes. An angry separation or divorce will be the most common precipitating event.

Previous Suicide Attempts or Threats: It is a myth that people who threaten or attempt suicide will not actually do it. Most suicidal people are undecided about living or dying. It is rare that someone commits suicide without letting others know in advance how he or she is feeling. Unfortunately, the cry for help is often indirect and hard to decipher.

People who talk about their hopeless situation or who readily identify with the "benefits" of suicide may be debating whether or not to end their lives. Statements such as "What's the use?" "I can't live this way anymore," "They'd be better off if I were dead," and so on, even when made

jokingly, should be taken seriously. The same is true for people who seem to be obsessed with the subject of suicide, particularly the details used in planning it.

Marked Change in Personality: Pay attention to the person whose personality seems to have changed. This could be an indication of a psychological or a physical illness.

Occasionally, people who have decided that suicide is their best option become deceptively happy at having made this decision. When they kill themselves, their family and friends are stunned because they thought their loved one was on the mend. A burst of energy or happiness in a despairing person or within three months of a suicidal crisis is cause for concern. Someone needs to ask this person, “Are things really better with you, or have you decided to kill yourself?”

Giving Things Away: When people break off relationships or give away their personal possessions, particularly valued possessions such as a pet or a piece of jewelry, they may have decided to die. They give things away happily because they have made a decision that looks like a solution to their problems and because, in their distorted thinking, others will benefit more from their deaths than their lives.

Reckless Behavior: We all know cops who drink and drive, smoke when their doctor has forbidden it, fail to wait for backup, don’t wear their vests, don’t use their seat belts, take on dangerous situations alone, and so on. They seem always to be courting disaster. Some of these people are natural-born thrill seekers who have a high need for excitement. But some are so ambivalent about living that they essentially leave that decision to chance or someone else. Cops who are extreme risk takers may be hoping to die in a blaze of glory or cover up their suicide so that it looks job related. Unfortunately, some of these officers are praised for their bravery when they should be counseled about their intentions.

Anniversary Reactions and Reunion Fantasies: The wish to join a loved one in death is particularly strong around a significant anniversary date. It is important to acknowledge anniversary reactions and to talk about the dead, rather than avoid the subject in the mistaken belief that it is less painful not to talk about it. This is particularly so if the officer harbors any notion that he or she was in some way responsible for the death or injury of a colleague.

Tips for Dealing with the Suicidal Cop

Don’t hesitate to speak openly about suicide. You can’t put the idea in anyone’s head if it isn’t already there. It can clear the air to raise the issue and call it for what it is without using euphemisms. Ask directly, “Are you thinking of killing yourself, committing suicide, eating your gun?” and so on.

Be assertive. Level with your loved one about your concerns; ask directly what is causing so much pain that he or she wants to stop living. Communicate your understanding that your cop in great emotional pain, but clearly say that pain can be managed and that there are other ways to solve these problems beside suicide. Let your LEO know that getting help is a sign of strength, not weakness, and that it takes guts to face your problems and yourself.

If you’ve struggled with depression or hopelessness or had suicidal thoughts, be honest in describing your own experience. Talk about what specifically helped you get through troubled times.

Assess the level of danger—the more specific the plan, the more imminent and deadly. You need to know if you should call 911 right away or if you have time to do something else.

Be prepared. If you are going to confront a troubled loved one, plan in advance—have phone numbers available, take another friend along, or have someone standing by a telephone. Pick an appropriate time and place to raise your concerns—one that is private, comfortable, and unhurried. Unless the situation is urgent, it's better not to talk to someone who has been drinking.

Prepare yourself for a lot of angry denial. Remember, cops think they should solve problems, not have them.

Be direct, yet tactful. Unless the situation is imminently life-threatening, never back people into a corner by taking control away from them, threatening them, or delivering ultimatums. Suicidal people are already feeling out of control of their lives, and in their despair they may believe suicide is the only way to get back into control.

Give hope: Find out if this person has survived some past crisis. Sometimes remembering they have been through tough times before helps people regain confidence and hope for the future. People are generally suicidal for a limited time only, and if they avoid self-destruction, they can go on to lead productive lives. Hope is the awareness that one has options. Cheering up is different from giving hope and almost always backfires.

Create ambivalence. Bust the bubble that killing yourself is an okay thing to do. Make it hard to see suicide as a "victimless crime." Name the people who will be affected by this person's suicide.

Don't worry more about someone losing a gun than losing his or her life. Without life there is no hope. Cops routinely underestimate the compassion they can expect from their administrators. Even if the administrators are punitive, no one's job is worth more than their life. The point is to intervene before the person is so desperate that someone is forced to take their gun.

Intervention is the key to preventing suicide. The consequences of getting help to someone are never as permanent as the consequences of suicide. Having meaningful, supportive relationships and a therapeutic alliance with a mental health professional greatly reduces a person's risk for suicide.

Don't argue with, give sermons to, or lecture a suicidal person. Saying that suicide is a sin, that other people are worse off, that the person shouldn't feel what he or she does feel, and so forth may only make the suicidal individual more defensive and make you less helpful. Try to see, in concrete terms, how and why this person has come to see things as they do—remember, the suicidal individual didn't arrive at this point overnight.

Respect your own limitations. Sometimes there is no way to stop someone from killing themselves or to have read their mind beforehand. Do not make offers of help you cannot reasonably support: If you are troubled, overburdened with your own problems, or simply don't care enough about this person, your best move is to find someone who does and make a referral to a mental health professional.

People who kill themselves are responsible for their choices. One person cannot drive another to suicide except under the most extreme circumstances. Take sufficient precautions. You're dealing with a cop. There are guns around.