

UNDER THE BLUE SHADOW

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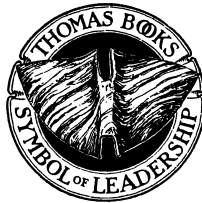
Clinical and Behavioral Perspectives
on Police Suicide

By

JOHN M. VIOLANTI, PH.D.

and

STEPHANIE SAMUELS, MA, MSW, LCSW



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This volume is dedicated to those who have suffered unendurable psychological pain. To those who have come forth and those who have gone away. To those who could find no other way out. To those survivors who still suffer. May you all find peace.

John M. Violanti

To the brave men and woman in law enforcement who selflessly give of themselves every day and have asked little in return. Thank you for trusting me with your lives. May you know that you are never alone. To my husband, Michael, I believe you are truly named after Saint Michael, the patron saint of the police. Thank you for putting up with my long hours and at times short temper. You are and always have been my “everything.” To my two daughters, Nicole and Emily, thank you for your love, admiration, support, and understanding. May you be blessed and find what you love to do and be fortunate enough to make a career of it, and even more fortunate to have a wonderful family to share it with. To my dad, Jack, who taught me to follow my dreams, and never give up; thank you for supporting me. To my mom, Fran, who showed me the importance of being an independent woman. To my brother, Don, who gave me the foundation to work with men and the ability to hold my own. To Jackie, for getting me off of ledges and keeping me grounded for so many years . . . you are my role model.

Stephanie Samuels

PREFACE

Police work involves the difficult task of preventing community dysfunction. Officers frequently deal with human misery, street-level combat situations, abused children, severe assaults, death, natural and human initiated disasters, and terrorism. Still, there remains a hidden danger to officers not visible on the street – that of psychological harm. This was part of the reason we titled this book “under the blue shadow.” The day-to-day exposure of police officers can lead to an accumulation of psychological anomalies and a depletion of effective ways to cope. Most officers adjust, but some turn to maladaptive coping such as alcohol abuse, relationship disruptions, and ultimately suicide. Recent studies suggest that police officers may kill themselves more often than they are killed by others. There is controversy about the accuracy of these police suicide “rates”; however, within the microcosm of police work – the individual officer – lies part of the answer to this tragic kind of death. In some respects, psychological survival in police work may be as difficult as street survival. Some officers described in this book have walked on the edge of suicide. Others have thought about suicide and have gone so far as to plan how to kill themselves. How and why they got to that point is exemplified by their work experiences.

The authors of this book have both had experience with policing. The cases described in this book are from the files of Stephanie Samuels who has counseled troubled officers for many years. Dr. John M. Violanti is a 23-year veteran of the New York State Police and has conducted research on police trauma and suicide for 20 years. We thought that putting together clinical cases and research in one volume would help to provide a well-rounded view of police officers “under the blue shadow.” It is our hope that this book will afford police officers, police

executives, counselors, and other mental health professionals a valuable resource for helping officers to survive this psychologically dangerous occupation.

John M. Violanti
Stephanie Samuels

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UNDER THE BLUE SHADOW

Chapter 1

INTRODUCTION

JOHN M. VIOLANTI

This book concerns the psychological danger of police work and the potential consequence of suicide. Some officers described in this book have walked on the fringes of suicide. How and why they got to that point is exemplified by their work experiences. In this first chapter, we outline the goals of the book and a description of chapters.

Police work involves the difficult task of preventing dysfunction and preserving law and order within the community. Officers frequently deal with human misery, street combat, abused children, severe assaults, death, natural disasters, and terrorism. Still, there remains a hidden danger to officers not visible on the street – that of psychological harm. Some officers turn to maladaptive coping such as alcohol abuse, relationship disruptions, and ultimately suicide. Recent studies suggest that police officers kill themselves more often than they are killed by others. In some respects, psychological survival in police work may be as difficult as street survival.

The authors of this book have both had experience with policing. The clinical cases described in this book are from the files of Stephanie Samuels, a therapist who has counseled troubled officers for many years. It should be noted that the police officers described in these cases graciously and willingly gave their permission to let us tell their stories. Not an easy task for police officers who generally perceive of themselves as “problem solvers” and not people with problems. The names and places are not real for need to protect the confidentiality of the officers involved.

Stephanie Samuels has a passion for helping police officers get through difficult life problems. She has accomplished her tasks well. Dr.

Violanti is a retired New York State trooper and has conducted research on police trauma and suicide for 20 years. We thought it beneficial to put clinical case descriptions and research in one volume to provide a well-rounded view of police officers “under the blue shadow.”

In Chapter 2, Stephanie Samuels presents the viewpoint of a therapist who *chooses* to work with police officers. I use the word *chooses* because not all therapists have the ability to work with police officers as clients. It takes a special kind of person to “get into their psyche,” as Stephanie would say. In Chapter 3, we discuss several of the early models of suicide from which are derived present-day ideas about police suicide. In addition, we discuss many of the recent studies conducted on police suicide. A controversy exists today as to the rate of police suicide and further research in this area is desperately needed.

Chapter 4 presents a hypothetical model of the development of suicide potential in police officers, given their involvement in a culture that provides fertile ground for such potential. The model is based on work socialization processes which predispose officers to a specific police behavioral role as the principal strategy for dealing with life strains. The conception of police role posited here is apart from the traditional definition of police roles as differentiated patterns of activity through which police organizations satisfy functional requirements. The model does not imply causality of suicide nor is it intended to explain why police officers have a higher or lower suicide rate than other populations. There is no inference of how officers are differentially affected either psychologically or by job exposure, status, rank, or length of service. The police role may be only part of a complex interaction involving the individual, formal and informal police organization, relationships within the police structure, and society at large.

In Chapter 5, we discuss the impact of posttraumatic stress disorder (PTSD) on the police psyche. PTSD is generally triggered by experiencing, witnessing, or being confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others and the person’s response involved intense fear, helplessness, or horror (DSM-IV: American Psychiatric Association, 1994). In the course of their work, officers may become involved in life or death situations, where they are shot or must shoot and perhaps kill another human being. They can experience the death of others, abused children, accident and assault victims, and general human misery in the course of a day at work. This vast range of

work experiences may cumulatively produce psychological trauma in officers, and police officers are more likely to experience trauma producing incidents in higher proportions than civilian populations. Chapter 6 follows up with a discussion and case presentation on PTSD symptomatology and suicide ideation.

Chapter 7 outlines the impact of the police organization on the psychological well-being of its members. The goal for management should be to encourage treatment, not to encourage denial of the effect of PTSD or depression. One can reduce the risk of suicide in a police department by increasing the likelihood that those officers who suffer from PTSD or depression obtain appropriate medical treatment. This can only be achieved by removing existing department policies which serve as barriers to mental health intervention. Quite often, officers do not feel free to seek mental health treatment without facing possible repercussions. To diminish this perception, departments may need to create new policies clearly describing their approach to officers receiving treatment for mental health conditions. A Police Department's Employee Assistance Program can do little to encourage officers to obtain treatment for depression, when department policy sends a different message (Diamond, 2003).

The phenomenon of "suicide by cop" is the focus in Chapter 8. James Drylie's thoughtful introduction to suicide by cop leads us to further examine clinical cases of this phenomenon among police officers. There presently exists very little information on the effects of suicide by cop on police officers. Shootings are generally reported by police officers as the most traumatic type of incident (Violanti, 1994).

Chapter 9 considers the theoretical notion of "suicide by suspect," a possible pathway for officers considering suicide but desiring to commit this act discretely and without detection. There is presently no empirical evidence to substantiate such a theory and it is brought up as a matter of discussion. For the suicide prone police officer, suicide may be considered a dishonorable or shameful way out of psychological or life difficulties. The badge is perceived as a shield of honor, not retreat to death. Thus, for the officer contemplating suicide, suicide by suspect represents an opportunity to end his or her life in an honorable and occupationally acceptable way; to die in the line of duty. Additionally, there is the matter of survivor benefits. If the officer outwardly commits suicide, there is presently no federal monetary compensation or private insurance benefits allowed for survivors. Stephanie Samuels present several cases where officers considered suicide by suspect.

There are other issues relevant to police psychological well-being and potential pathways to suicide. In Chapter 10, two additional issues are discussed: aggression management and sexual preference. Stephanie Samuels presents cases involving these issues.

Chapter 11 presents conclusions and insight which may be gained from this book. Several aspects of suicide prevention are discussed. It is our hope that this book will provide police officers, police executives, counselors, and other mental health professionals with a valuable resource for helping officers to survive this psychologically dangerous occupation.

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