

COPICIDE

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“COPICIDE”

Concepts, Cases, and Controversies of Suicide by Cop

By

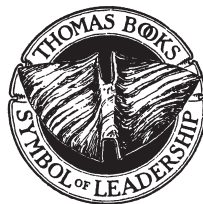
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This book is dedicated to all police officers who remain steadfast in their duty to preserve law and order despite the difficult nature of their work.

FOREWORD

EDITING THE SUICIDE SCRIPT: CHANGING A COP'S LIFE STORY

This book provides an important insight by poignantly establishing a much clearer definition of what has been known historically as “suicide by cop.” As explored in the chapters of this book, “Copicide” can be defined as: An incident involving the use of deadly force by a law enforcement agent(s) in response to the provocation of a threat/use of deadly force against the agent(s) or others by an actor who has voluntarily entered the suicidal drama and has communicated verbally or nonverbally the desire to commit suicide. The introduction of the “victim scripted behavior” theory put forth by Dr. James Drylie allows the reader to quantify and qualify the incidence of copicide in simple practical terminology.

As a mental health clinician, with over a decade of counseling police officers and their families, I am compelled to consider the psychological implications of copicide for all involved. Much of the past relevant research and observations regarding this issue are reviewed in this book in an attempt to set the stage and script a new approach utilizing “victim scripted behavior” theory. Psychologically, officers need to be in control (Reese & Castellano, 2007), and this remains a priority in policing throughout the country. Copicide has the potential of neutralizing the ability to control for an officer simply trying to protect and serve their communities. The scrutiny of police officers by the media based on the improper actions of a few, rather than the heroic efforts of our finest further complicate this issue. Officers involved in copicide and use of deadly force experience a myriad of emotions before, during, and after these critical incidents. Understanding and defining what did and did not occur in copicide is paramount to an

officer's capacity for resilience. This book writes a "script" to tell the real story of copicide.

From my perspective as a police officer's wife, every day I wake up, fully aware that my husband may leave for work and not return home as a result of the dangerous nature of his police work. This is another element of copicide that becomes clear in the pages that follow. The potential for shooting incidents and use of deadly force is always looming as a possibility in our experience as a police family. Society's apparent increase in violence, combined with an apparent irreverence for law enforcement, increase my worries and concerns for my husband's safety. My rationalization for the risks he may be exposed to is simple. He is a public servant and in doing so protects our community. To consider that his life and others may be risked in a copicide is infuriating and disturbing to my entire police family. The investigative and media pressures for any officer-involved shooting becomes a threat to their career and in turn to the families' financial and moral sustenance.

Copicide may present doubts and risks for an officer and their family simply because of the unpredictable nature of their behavior as public servants. The "script" is presented in the police academy, rehearsed over the years in a career span perfected in a moment of crisis. Copicide depends on the script by selecting the cast and the "final scene." For the police officer, their families, and their career, they must carefully consider how, when, and why they enter a "script" in copicide. Ultimately, they may find themselves able to edit the script, and if not recognize they are not the star in a copicide. A police officer's life story is scripted for something much bigger involving service, compassion, and survival beyond this singular potential dramatic scene.

Cherie Castellano

REFERENCE

- Reese, J., & Castellano, C. (2007). *Law enforcement families: The ultimate backup*. Williamsburg, VA: Richmond Hills Publishing.

Cherie Castellano, MA, CSW, LPC, AAETS is the Program Director for Cop2 Cop, the first legislated law enforcement crisis hotline in the United States. She is a faculty member of the New Jersey Medical School Department of Psychiatry (UMDNJ) where she has honed her clinical skills as an expert in law enforcement psychological services as a member of the American Academy of Experts in Traumatic Stress.

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On a personal note, Cherie is married to a Detective with the Morris County Prosecutors’ Office, has two (2) young sons and believes her role as a police wife is her greatest achievement.

PREFACE

I have had the occasion to speak with many police officers over these past years concerning issues of mutual interest. Recently, an officer came to my office to discuss a police shooting incident. His words intrigued me: “Yeh, doc, that guy committed *copicide*.” I asked him what he meant, and he replied that the suspect wanted to die and chose a police officer to accomplish the task. The subject proclaimed his desire to die and pointed a firearm at the officer. The officer fired and killed the subject. Apparently the term *copicide* has emerged among the police culture as a slang term for “suicide by cop” or “police assisted suicide” found in the scientific and popular literature. For the remainder of this book, we will use the term suicide by cop (SbC) interchangeably with *copicide*, as this is most commonly accepted term. “Copicide,” however, seems to be a street term growing in popular use and it is mentioned to promote a clearer understanding among practitioner police personnel.

There has been a renewed interest in the phenomenon of suicide by cop. The presupposition is that a person desires to die and threatens the police or others with harm in order for them to complete the act of killing. Suicide by cop is clearly a tangential derivation taken from Wolfgang’s classic work of “victim precipitated homicide,” where the homicide victim’s actions initiate his or her own death at the hands of another. There may be many reasons why a person would commit suicide by cop: an overwhelming desire to die but only in an extraordinary “blaze of glory,” lack of courage to commit suicide by their own hand, a desire to blame the police for a possible unjustified use of deadly physical force, or an opportunity for their surviving family to collect insurance otherwise not available in suicide deaths. A considerable amount of recent research has been conducted on suicide by cop. The purpose of this book is to bring together this research within

the framework of issues involved with this phenomenon.

The first step in obtaining a grasp on suicide by cop is to properly and consistently define the concept. Many definitions have been offered, but it is difficult to standardize them across cases. Chapter 1 asks the question “Suicide by cop: what is it?” referring to the notion that definitions of suicide by cop are not yet clear. Several definitions of the concept are characterized, with discussion of strong and weak points. An attempt is made to bring together these definitions into a more comprehensive focus, but this attempt is not without controversy. Again, as in definitional issues, the cause of death classification of suicide by cop incidents is not clear. In the majority of cases, the death is classified as a homicide, but is it a homicide or a suicide? Cause of death classification has implications for national death rate data, crime statistics, and legal controversy. Another controversy arises out of the legality of justifiable homicide. In most states, the officer’s life or the life of those nearby must be threatened in order for a police officer to use deadly physical force. In cases of suicide by cop, this may not necessarily be true. The suicide by cop perpetrator initiates the scenario not necessarily to hurt the police officer but to end his or her own life.

Other legal issues involve the use of the term “police assisted suicide” when referring to suicide by cop. This term, if used improperly, may result in legal liability for police officers much in the same way as assisted suicide laws in many states. Basically, such laws state that one may not assist or aid another person in the commission of his or her own death. Other issues may raise the fact that the officer could have brought the incident to conclusion without the use of deadly physical force.

In Chapter 2, a review of current research on suicide by cop is outlined and discussed, along with a discussion of gaps in the research. Chapter 3 presents a comprehensive collection of actual cases of suicide by cop, analysis of police situations in which they occur, descriptions of the perpetrator’s background, and motivation to engage the police in this act. In Chapter 4 James Drylie presents ideas for the development of a typology for SbC. Here he attempts to unify ideas which can help to aid in classification of SbC as a separate and distinct phenomenon.

Chapter 5 moves to a discussion of the psychological aftermath of suicide by cop shootings. Police officers are often exposed to traumatic events in their work, including abused children, fatal accidents, nat-

ural and human-initiated disasters, and shootings. Exposure to a suicide by cop incident, however, may bring about an even more severe response in the form of Posttraumatic Stress Disorder (PTSD). Suicide by cop can initiate a different type of response in police officers. Officers may feel guilt and/or anger towards the suicide by cop perpetrator because of deception and a feeling of “being used” to accomplish the death.

Suicide is not uncommon among police officers themselves. Previous research estimates that the risk for suicide among police is higher than that of the general population. Chapter 6 presents the theoretical concept of “suicide by suspect,” referring to a police officer who intentionally places him/herself in harms way in order to die. Suicide by suspect is suicide by cop turned inside out. Some researchers posit that such deaths may be intentional to some degree as a form of indirect or hidden suicide, e.g., taking unnecessary risks, driving recklessly, seeking out dangerous police situations. There is little evidence to support this concept and it requires considerably more research.

Chapter 7 concludes the book with a discussion of (1) a summary of ideas concerning definitional issues as related to cases presented; (2) an approach for unifying the report mechanism for SbC; and (3) a theoretical model for SbC developed by Drylie (2006) termed “victim scripted theory.” It is hoped that this book will help to provide a starting point for further discussions and development of a clear conceptual basis for suicide by cop. Importantly, the development of a unifying theory is essential if we are to clarify this somewhat elusive concept that intermixes between suicide, homicide, and cause for blame.

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COPICIDE

Chapter 1

DEFINITIONAL ISSUES OF “SUICIDE BY COP”

JOHN M. VIOLANTI and JAMES J. DRYLIE

INTRODUCTION

What shall we call it? “suicide by cop;” “suicide by police;” “police assisted suicide;” “homicide;” “euthanasia;” or “victim-scripted suicide?” There are as many issues concerning the proper nomenclature for what is commonly called “suicide by cop.” The title of this book introduces yet another term, *copicide*, a slang term used by officers on the street to describe situations which they perceive as suicides initiated by perpetrators. Is it all a matter of semantics, or is there meaning attached to each of these terms? This chapter discusses some of the issues associated with definition. Throughout this chapter, we will use the common term “suicide by cop” (SbC) for the sake of anchoring our discussion.

The research conducted on suicide by cop to date has been limited in number and scope beginning in the United States in the mid- to late-1990s. This research is preceded temporally by a nominal number of references to SbC by practitioners in the police, medical, and legal professions, and an even a smaller number of academics. There seems to be a general consensus that the identification of the phenomenon emerged in the early- to mid-1980s, but to date, no source clearly delineates how, where, or when this phenomenon began has been identified. It could logically be argued that suicidal actors resorted to

the provocation of the police for the purpose of causing death of the actor long before this. However, the practices of the American police, legal and general social cultures in examining the connection of police use of force incidents and the motivation of the actor may not have been as probative, or the phenomenon may well have simply been overlooked.

SUICIDE BY COP

In the early- to mid-1980s, a phenomenon began to emerge in the United States that involved the use of force, more specifically lethal force, by police officers or similar law enforcement agents. It was gradually becoming evident that people within society were successfully using a law enforcement response as a means to an end. The desired end for these individuals was death at the hands of the police. The means to this end was an anticipated police response. This response was the use of deadly force by the police to a real or perceived threat posed by the suicidal actor.

For a variety of reasons people are committing what is ostensibly considered to be suicide and the police become the instrumentality in this drama. These individuals are manipulating police officer(s) into using lethal force by threatening violent behavior that is prompting a deadly force response by these very same police officer(s). In some instances the threat is real – such as in pointing a loaded handgun or other type of firearm in the direction of an officer(s) on scene, or by firing the weapon directly at or in the presence of the officer(s). In other cases the threat, as real as the officer(s) and others may perceive it, is in fact a fabrication, a ruse, intended to provoke a lethal response from the police. In either of these generalized scenarios the motive of the actor is at times obvious, although not always; the use of deadly force by the officer(s) in response to a real or perceived threat is intended to cause the suicidal actor's death, specifically at the hands of the police. However, not all police-involved shootings fall within this category, and it will not always be axiomatic that the use of deadly force against the police is a suicidal act. Geller and Scott (1992) note that the difficulty in classification arises when researchers attempt to compare data across jurisdictional boundaries, and the lack of national standardization in reporting and recording pertinent information by

the various police agencies often leads to ambiguity and inaccuracy. Herein lies one of the many problems with clearly defining and identifying incidents in this manner.

In their examination of the problems associated with the lack of clarity of a definition for SbC, Pinnizotta, Davis and Miller (2005) note the increasing frequency in which the term is used by police, the general public, and the media. Consider the following points offered by the authors that underscores the current ambiguity of the phenomenon:

If an offender points an unloaded firearm at a police officer who, in turn, kills that person, what facts and circumstances must be present and reported to enable agencies to determine that the incident was a suicide by cop? Did the offender deliberately point a firearm at an officer knowing it was not loaded? Or, was it merely an oversight and the offender meant to kill the officer? Obviously, an incident of this nature needs a thorough investigation to arrive at an accurate determination. (2005, p. 10)

Another problem with the ambiguity of the term SbC, aside from vagueness, is something more troubling. Can SbC be prompted or exacerbated by a particular police response? More specifically, Fyfe (2004) questions if SbC is "just an after-the-fact way of explaining sloppy police work?" Fyfe's question raises legitimate legal, policy and procedural as well as academic concerns. There is the possibility that poor or inadequately planned police tactics can exacerbate an already tenuous situation (Fyfe & Blumberg, 1985). Prior to cited discussions on SbC found in the literature Fyfe and Blumberg question the role of police tactics in dealing with certain situations prompting what Fyfe (1986) considers unnecessary police violence. This point is raised by Fyfe and Blumberg in the following passage:

Some killings by police, for example, occur when officers act in tactically inappropriate ways, and subsequently find themselves in imminently life-threatening situations that require them to shoot to survive. Some officers have forced open doors behind which they knew lurked lone knife wielding mentally disturbed persons, and have had to take lives in order to save their own. In such cases, we should ask whether attempting instead to wait out such persons would not have been more advisable. (1985, p. 114)

SOCIAL MEANINGS OF SUICIDE BY COP

Suicide Word Games: Euthanasia on the Street?

The criminal justice arena is not the only place where definitions of suicide are problematic. “Word games,” with disregard for facts and accurate definitions, are permeating medical and health care ethics and policies as well (Marker & Smith, 2007). According to Marker and Hamlon (2007), there are definitional differences between “assisted suicide” and euthanasia. One must first look at the last act without which death would not have occurred. If a third party performs the last act that intentionally causes a patient’s death, euthanasia has occurred. If the person who dies performs the last act, assisted suicide has taken place. Both euthanasia and assisted suicide involve one person facilitating the death of another. Euthanasia and assisted suicide are not about the right to die. They are about the right to kill (Marker & Hamlon, 2007).

The American Public Health Association (APHA) recently decided that “physician-assisted suicide” should be replaced with “aid in dying.” At its annual meeting:

Urges health educators, policy-makers, journalists and health care providers to recognize that the choice of a mentally competent, terminally ill person to choose to self-administer medications to bring about a peaceful death is not “suicide,” nor is the prescribing of such medication by a physician “assisted suicide.” Urges terms such as “aid-in-dying” or “patient-directed dying” be used to describe such a choice. (In Marker & Smith, 2007)

Much of this redefinition of terms related to assisted suicide has to do with public opinion. According to Marker and Smith (2007), polls found that people have a negative impression of the term “assisted suicide,” but slogans like “death with dignity” or “end of life choices” provoked a positive response. Respondents were more apt to approve letting doctors “end a patient’s life” than they were to approve giving doctors the right to “assist the patient to commit suicide.” According to one polling firm, the apparent conflict was a “consequence of mentioning, or not mentioning, the word ‘suicide.’”

Let’s think about how this works: Take a patient who has been diagnosed with a terminal condition. If that patient asks her doctor

for sleeping pills so she can sleep comfortably at night, and if the doctor prescribes them, but she takes all of the pills at once and dies, her death is called "suicide."

But, if that same patient asks her doctor for sleeping pills so she can die, and if the doctor prescribes them for that purpose, and she takes all of the pills as directed and dies, her death is not called "physician-assisted suicide."

Assisted-suicide advocates say that that's proper, but really it's just political correctness. By bringing postmodernism to health-care public-policy, they hope to drive their agenda to victory. (Marker & Smith, 2007)

Is "Suicide" A Proper Term in Suicide by Cop?

Suicide by cop does not entirely fit into accepted definitions of suicide. Rosenberg (1988) for example, defines suicide as "death arising from an act inflicted *upon oneself* with the intention to kill oneself." Maris, et al. (2000, p. 30) suggest a legal definition of suicide as "a fatal willful *self-inflicted* life-threatening act without apparent desire to live; implicit are two basic components lethality and intent." Most other definitions of suicide specifically state that suicide must be self-inflicted. In the case of suicide by cop, suicide is not self-inflicted.

The suicide element of intent is also blurred in present descriptions of suicide by cop. As quoted in Maris, Berman and Silverman (2000, p. 37), "intent" is the purpose a person has in using a particular means to effect a result. Intent in this case indicates that the person understood the nature and consequences of the self-destructive act. Demonstrating intent shifts the burden of blame from the police officer to the perpetrator. The suicide is not by "cop," but by the intent of the person who desires to die.

Determining intent is almost always post facto. Researchers have the luxury of performing psychological autopsies to determine historical factors which may have led to the suicide. Among these are typical signs of suicide, such as giving away prized possessions, putting one's affairs in order, making a will, leaving a note, and so forth. Unfortunately, there is no way for police officers to know what the intent of the perpetrator was in suicide by cop situations. In threatening situations, police officers may have split seconds to make a decision. Certainly if a person makes a deadly force gesture toward an officer or someone else, the decision to prevent that act by use of deadly

force may occur. For the police officer, the intent of the person who was killed is matter of subsequent investigation in defense of the shooting. If evidence is found that the person had suicidal thoughts and made plans to commit suicide (along with situational evidence of the threat of deadly harm) then the action taken by the officer is likely justified.

Lethality is another factor which determines the intent of the perpetrator to end his or her life (Maris, Berman & Silverman, 2000). With persons contemplating suicide, there may be intent but no availability of lethal means. This is where the police come in, providing a readily available means of death by firearm. The person who intends to commit suicide by cop does so with the knowledge that police officers carry firearms, know how to use them, and will use them to protect themselves and others against deadly physical harm. In addition to the desire to die, persons may want to make a symbolic "statement" against authority figures such as the police. As Maris et al. (2000, p. 294) point out, there is often symbolic meaning attached to the selection of means to complete suicide.

The police, if they are able to quickly recognize that the perpetrator is about to attempt a suicide by cop, can diffuse lethality by means of less lethal technology or simply using physical force to subdue the perpetrator. Technology is presently available that allows police officers to subdue an individual without the use of deadly physical force such as a firearm. Examples are Taser guns, sticky foam, and laser beams. Traditional nonlethal devices are batons, "stun-guns," and pepper spray. Homant and Kennedy (2000) reviewed 143 suicide-by-cop incidents and found 23 cases in which police employed less than lethal (LTL) force and an additional 13 cases in which police attempted to physically overpower the subject. These were compared with 16 cases involving negotiation and 21 cases presenting scenarios in which less than lethal force may have been possible. Forty percent of the LTL force incidents were resolved without the death of the subject, as opposed to only 11 percent of the comparison incidents. Deadly force was least likely to be resorted to in cases where police attempted to physically overcome the subject.

The difficulty with a less lethal approach is the danger involved for the police officer. Every situation is different; and if officers need to take time to consider that the perpetrator wants to die, that is valuable time taken away from the officer's own safety. This is one of the major