

PUBLIC SAFETY SUICIDE

The Human Dimension



MARY VAN HAUTE
and JOHN M. VIOLANTI

PUBLIC SAFETY SUICIDE

PUBLIC SAFETY SUICIDE

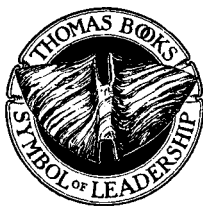
The Human Dimension

By

MARY VAN HAUTE

and

JOHN M. VIOLANTI, Ph.D.



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

This book is protected by copyright. No part of
it may be reproduced in any manner without written
permission from the publisher. All rights reserved.

©2015 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 978-0-398-08134-8 (paper)
ISBN 978-0-398-08135-5 (eBook)

Library of Congress Catalog Card Number: 2014036458

*With THOMAS BOOKS careful attention is given to all details of manufacturing
and design. It is the Publisher's desire to present books that are satisfactory as to their
physical qualities and artistic possibilities and appropriate for their particular use.
THOMAS BOOKS will be true to those laws of quality that assure a good name
and good will.*

*Printed in the United States of America
R-3*

Library of Congress Cataloging-in-Publication Data

Van Haute, Mary.

Public safety suicide : the human dimension / by Mary van Haute and
John M. Violante, Ph. D.

pages cm

Includes bibliographical references and index.

ISBN 978-0-398-08134-8 (pbk.) -- ISBN 978-0-398-08135-5 (ebook)

1. Police--Suicidal behavior. 2. Police--Mental health. 3. Fire fighters--
Suicidal behavior. 4. Fire fighters--Mental health. 5. Suicide--Prevention. I.
Violanti, John M. II. Title.

HV7936.S77V36 2015
362.28'70883632--dc23

2014036458

To my parents, Charles and Louise Conway, who bestowed unto me immeasurable gifts. Two particular gifts upheld me during this venture.

From my mother, *the ability to write*. At her wake, I had the privilege of reading the most expressive and poignant piece she ever penned. From my father, *the ability to stand up for what is right and act on it*. His dedication to humankind through fire service, EMS, and politics left indelible footprints everywhere he went. Together they endured numerous hardships in 65 years of marriage, but my parents knew the power of forgiveness and the joy of seizing the day.

They are gone from my sight, but their presence still lights my path, softens my heart, curbs my tongue, strengthens me when I've erred, and pushes me to savor every moment with my husband, daughters, sons-in-law, and grandchildren.

M.V.H.

PREFACE

As a researcher in suicide, I rely heavily upon statistics to make the case for prevention. While this pursuit is worthwhile, statistics do not tell the whole story—they are just numbers and not people. This was one of the many reasons that I decided to help Mary Van Haute write this book. Mary, with her knowledge of the human condition and experience in interventions, takes an individual human approach to the problem of suicide in public safety occupations. Added to her expertise is Mary's own life experience. She is a survivor of her brother's death by suicide. This book tells the story of real people who worked in public safety occupations and their difficult and sometimes tragic experience with near and completed suicide. For the reader, the book provides a detailed insight into the reality of suicide and how it tears into the very fiber of being human in an occupational culture that requires one to forget emotions, feelings, and at times compassion. Sincere thanks to the persons who graciously allowed us to tell the stories in this book. Perhaps their efforts will help us to better understand why.

J.M.V.

INTRODUCTION

As the Reverend Walt Wangerin stated in a radio broadcast of *Lutheran Vespers* back in 1996, suicide survivors walk a double road of grief in that they grieve the loss of their loved ones and they grieve that their loved one lived in the depths of pain without hope that anyone or anything could help.

Throughout the past 20 years of my new normal as a survivor of suicide loss, I've come to peace with knowing there is nothing I can do about my brother's death. Yet there is so much I can do to prevent another death. Through these years I have met countless survivors of suicide loss who are torn and worn from walking that double road of grief. Some are crusaders in prevention; others share their gift of compassion. On rare occasion, I have met survivors of a suicide attempt who are courageous enough to speak up and be counted. Stigma and a myriad of misnomers silence the majority of suicide attempt survivors robbing suicide prevention specialists of life-saving knowledge and perspective. Those who have come forth are champions of prevention. The voices of attempt survivors provide an immeasurable gift of enlightenment to those who work to prevent suicide; they must promote a comfortable, welcoming environment that continues to build rapport with suicide attempt survivors.

Following are the stories of people who have balanced the risk of being judged and misunderstood with the value of being a mentor and role model to others. They share their stories about living with mental illness, addiction, and suicide in the hopes that it will have a positive impact on the readers and ultimately save a life. It is also a look back at the beaten path of my double road of grief. From a time of ignorance through years of hard-knocks education to a point of peaceful resolve, the trials and tasks facing a survivor of suicide loss are chronicled. Each chapter concludes with a case analysis, a take-away of lessons learned from the story courageously shared. This book is an opportunity to see that there is life after lifelessness, hope after hopelessness, and peace after restlessness.

M.V.H.

DISCLAIMER

NOTE TO THE READER: Information, opinions, and comments in all of the following chapters are those of the subject person of each chapter provided with their permission through interviews with Ms. Van Haute. As such, information, opinions, and comments are not those of the authors or of the publisher.

CONTENTS

	<i>Page</i>
<i>Preface</i>	vii
<i>Introduction</i>	ix
 <i>Chapter</i>	
CHAPTER 1. A BRIEF BACKGROUND OF RESEARCH	3
<i>John M. Violanti</i>	
Police Suicide	3
Corrections Officer Suicide	4
Firefighter Suicide.....	5
References.....	6
 CHAPTER 2. COME WEDNESDAY, IT'LL BE ALL RIGHT	7
<i>Mary Van Haute</i>	
Passion and the Prodigy	8
A Rapid Ascent.....	9
The Big One.....	11
Losing Control	12
Spinning Out of Control from Not Controlling the Spin.....	13
Regaining Control of the Spin.....	14
The Descent	17
Therapy 101	18
The Plan.....	19
The Rollout	20

Three Birds on a Wire.....	21
Triggers and Transition.....	26
The Hole in the Road	29
A Wide Path.....	30
Case Study Analysis	31
References	42
CHAPTER 3. THE CANDY MAN	43
<i>Mary Van Haute</i>	
Abnormal Normalcy	44
Living the Dream.....	44
Living the Nightmare	45
Worth the Drive or Worth the Wait.....	46
Functioning in a Fog.....	47
Checking in to Check Out.....	49
A Ward of the State	52
Sunshine on a Cloudy Day.....	54
Did You Hear?	56
Capitalizing on a Crisis.....	58
Case Study Analysis	59
References	65
CHAPTER 4. IMPRISONED.....	67
<i>Mary Van Haute</i>	
One is Too Many.....	68
The Person Behind the Number	70
The Ultimatum.....	72
Inequitable Love	72
The Calm Before the Storm	73
Please Pick Up the Phone	74
Rising Above the Pain and Risk	76
Case Study Analysis	78
References	82

CHAPTER 5. A SURVIVOR'S PERSPECTIVE, GREETINGS FROM THE STATE OF SHOCK: GLAD YOU AREN'T HERE.....	83
<i>Mary Van Haute</i>	
What I Already Knew	86
The Disturbing Reality and My Disbelief.....	88
The Sound of a Diesel Engine	90
The Existential Journey.....	95
A Self-Protection Plan Gone Awry	98
When the Unmentionable Becomes Unmanageable.....	99
Hitting the Reset	100
Working Overtime to Get the Job Done	102
Setbacks.....	103
A Literal Journey	109
Case Study Analysis.....	112
References.....	114
EPILOGUE.....	115
<i>Index.....</i>	<i>117</i>

PUBLIC SAFETY SUICIDE

Chapter 1

A BRIEF BACKGROUND OF RESEARCH

JOHN M. VIOLANTI

This introduction to research in the area of public safety suicide will not take up too much space or time. It is purposely brief so that the reader can get to the essence of this book: the human side of public safety suicide.

Police Suicide

A good amount of epidemiological evidence suggests that there is an elevated rate of suicide within public safety. Berg, Hem, Lau, Loeb, and Ekeberg (2003) in a nationwide study on suicide ideation and attempts among 3272 Norwegian police, found that 24% felt that life was not worth living, 6.4% seriously considered suicide, and 0.7% attempted suicide. Serious suicide ideation was mainly attributed to personal and family problems. Violanti (2004) found that certain traumatic police work exposures increased the risk of having a high level of posttraumatic stress disorder (PTSD) symptoms, which subsequently increased the risk of alcohol use and suicide ideation. The combined impact of PTSD and increased alcohol use led to a tenfold increased risk of suicide ideation.

Depression possibly associated with work stress and suicide ideation may be possible precipitants of increased police suicide risk. Violanti, Fekedulgen, Andrew, Hartley, Manatskanova, and Burchfiel (2008) examined the association between depressive symptoms and suicide ideation. Prevalence of depression was higher among female than

male officers (12.5% vs. 6.2%). For each standard deviation increase in depression symptoms, the prevalence ratio (PR) of suicide ideation increased 73% in female police (PR = 1.73, 95% CI = 1.32-2.27) and 67% in male officers (PR = 1.67, 95% CI = 1.21-2.30). A cross-sectional study by Violanti, Charles, Hartley, Mnatsakanova, Andrew, Fekedulegn et al. (2008) assessed the association of shift work with suicide ideation. The prevalence of suicide ideation increased by 116% for every 10-unit increase in percentage of hours worked on day shift. Among those with higher symptoms of PTSD, prevalence of suicide ideation increased by 13% with every 10-unit increase in the percentage of hours worked on afternoon shift. Organizational structure may have an impact on suicide rates. Smaller law enforcement departments, for example, had a significantly higher suicide rate than large departments: 43.78/100,000 - smallest, 13.67/100,000 - small, 26.39/100,000-medium, and 12.46/100,000 - largest ($p < 0.0001$) (Violanti, Hartley, Manatsaknova, Andrew, & Burchfiel, 2012). Departments that were smallest had significantly higher suicide rates than those classified as small ($p = 0.028$) and large ($p < 0.0001$). Possible reasons include lack of availability for mental health assistance, increased workload and danger, and community visibility (Violanti et al., 2012).

Corrections Officer Suicide

As mandated by their occupation, corrections officers spend a good part of their day within the walls of correctional facilities. There is considerable responsibility associated with this occupation. Officers must keep vigilance over inmates and often unpredictable behaviors such as violence against officers and other inmates, forging handmade weapons, attempts at escape and suicide attempts (Hill, 1982). Under such work conditions, it is likely that corrections personnel experience chronic stress. Other stress factors include high work demands coupled with low control, administrative stress, shift work, longer contact hours with inmates, job dissatisfaction, dangerousness, fear of legal liability, and low social support (Dowden & Tellier, 2004).

Despite previous evidence of inordinate stress, posttraumatic stress, and family relationship disruption among correction officers, there is a paucity of suicide research on this occupational group. The majority of research on suicide within corrections institutions is based on prevention of inmate suicides (Stack & Tsoudis, 1997; Lester, 1993;

Liebling, 1993). To our knowledge, only two studies have empirically examined suicide rates *specifically focused* on corrections officers. Stack and Tsoudis (1997) analyzed suicide data from 21 states which reported occupational data on the deceased in the 1990 National Mortality Detail File; 7.14% of the officers died of suicide in 1990 compared to 4.51% of the general working age population. Controlling for the other demographic variables, correctional officers were 39% more at risk of death from suicide (vs. natural causes) than noncorrectional officers. Divorced officers had a 51% greater risk of suicide.

The New Jersey Police Suicide Task Force (2009) noted that New Jersey corrections officers committed suicide at over double the rates of police officers and the general New Jersey population. There were 55 suicides among this population between 2003-2007. Of these, 16 (30%) were corrections officers. For males ages 25-64, suicide rates were as follows; 34.8/100,000 for corrections, 15.1/100,000 for police, and 14/100,000 for the general population. Access to lethal means (firearm) was a prominent factor, as officers were far more likely to be committed with a firearm than suicides among similarly aged males.

Firefighter Suicide

There is a paucity of research on firefighter suicide. Savia (2008) completed a study on firefighter suicide in North Carolina. This project represented a preliminary exploration of death records for paid firefighters ($n = 982$) over 16 years (1984-1999). Proportionate mortality ratios (PMRs) indicated the number of firefighter suicides exceeded expected rates of suicide. Suicides occurred more than three times as often as line of duty deaths (Savia, 2008). Vargas deBarros, Martins, Saitiz, Bastos, and Ronzani (2013) assessed associations between mental health conditions and sleep disturbances among firefighters. Suicidal ideation, unhealthy alcohol use and time as a firefighter were also associated with sleep disturbances but at a borderline level of significance. The National Volunteer Fire Council (2013) looked at the impact of ignoring mental health within the fire service and the effects of depression and posttraumatic stress disorder (PTSD). Results indicated that 43% of men and 39% of women firefighters met the cutoff for a depression score. Regarding PTSD, 11% of male and 8% of female firefighters met the required score for PTSD. Overall, 25% of firefighters in this study considered suicide during their career.