

# Florida's Answer to the Stressors Leading to Police Suicide

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## **Abstract**

*The stressors related to the duties of a law enforcement officer are frequently ignored by the law enforcement agency. These stressors can lead to police suicide, which has stimulated a deeper study into this topic by researchers. The Chief Executives of Florida law enforcement agencies were surveyed to determine what they were doing to combat this issue. The findings indicate although Florida law enforcement agencies provide various programs to help relieve stressors, there is no consistency throughout the state. Based on the survey results, this could be inferred as a fiscal problem.*

## **Introduction**

Suicide among the rank and file of a police agency is a topic many law enforcement officers don't discuss. What police officer is willing to take his or her life? The best possible answer is no police officer is willing to take their own life. They are here to protect, serve, save lives, and even put their life in harm's way to protect others. This is just not the case; police officers are human too and suffer the same and many additional perils that the average citizen does not. The objective of this research is to see what Florida law enforcement agencies are doing to help recognize and prevent suicides among law enforcement officers.

Perin (2007) quotes retired Virginia police officer Renee Meador: "Sixteen years ago, we started to train Robo-Cop. We messed up by telling them you can't be human." As stated by Lindsey and Kelly (2004) "It is not socially acceptable for law enforcement officers to show emotion ... it is a sign of weakness ... a loss of control ... and we are trained and programmed to not lose control under any circumstances." From starting the academy through field training, and in all aspects of law enforcement, officers have been told if they can't handle the stress, they need to get out of the profession. However, police officers are people who have the same basic human concerns and needs that we all have— they want to be loved, accepted, and respected as parents, children, friends, mates, employees, and community members. Officers want serenity and self-esteem. "They are no more unique than the rest of us, with our distinctive personal histories, dreams, points of view, values, challenges, strengths, and weaknesses" (Kirschman, 2006).

The tragedy is police suicides have been happening for years. Most law enforcement officers choose to ignore it, viewing suicide as a sign of weakness and a taboo topic of discussion. Researchers have found that 13 to 35 percent of all police officers suffer from post-traumatic stress disorder (PTSD) as defined by the American Psychiatric Association (Brosnan, 1999). This is far greater than the 6.8 percent

prevalence found in the general population as indicated by the National Comorbidity Survey (2005). It is even more troubling to discover that 147 police officers took their own lives in 2011 ("The Badge of Life; Psychological Survival for Police Officers," 2012) while 56 police officers were feloniously killed in the line of duty in 2010 (Federal Bureau of Investigation, 2011). Based on these numbers, officers are up to 2.6 times more likely to commit suicide than being feloniously killed in the line of duty. Gaining a clear understanding of the risk of suicide among police has been neither simple nor straightforward (Stuart, 2008). Now that we have briefly examined some of the statistics on police suicide, it is time for an overview of the sources used in this study.

## **Literature Review**

Statistics for police suicides are not easily accessible. Among the many reasons are reporting inconsistencies, embarrassment to the law enforcement agency, protecting the officer's family, liability issues, and insurance benefits (Kelly & Rich, 2006). Police suicides may be routinely misclassified as either accidents or undetermined deaths. Because police officers traditionally subscribe to a myth of indestructibility, they view suicide as particularly disgraceful to the victim officer and to the profession. The desire to shield victim officers, their families, and their departments from the stigma of suicide, may lead investigators to intentionally overlook certain evidence during the classification process. Research performed by Violanti (2010) indicated that deaths to male police officers had an increased risk of 17 percent to be misclassified as "undetermined." Robert Douglas of the National P.O.L.I.C.E. Suicide Foundation has studied police suicides extensively. He believes that officers commit suicide at a rate of 300 to 400 a year, on and off duty (Kelly & Rich, 2006). This is more than double the number of suicides in 2011, as documented by *The Badge of Life; Psychological Survival for Police Officers* (2012). With that statistic, there is no doubt that suicide amongst the members of police agencies is an epidemic that must be addressed.

There are a number of theories about why individuals kill themselves. A common perception is that the person is likely experiencing intolerable psychological pain and the only way to make this pain stop is to cease consciousness (Violanti, 2007). Most officers who commit suicide are not mentally ill or weak. Many have failed to cope effectively with their stress. Often afflicted with professional and personal troubles, an officer can feel trapped and out of control. When they see no way out, suicide is often the result (Perin, 2007). More importantly, the role of a police officer is one of high stress, danger, violence, and constant hypervigilance (Larned, 2010).

Law enforcement officers are subject to gross amounts of stress from nearly the moment they enter the profession. Most have been trained to recognize the source of external stressors at work, such as police-involved shootings, violent crime investigations, and physical injury (Lindsey & Kelly, 2004). That sounds easy until they are called on to tell a wife that her husband was killed in a car accident; to watch as a mother cries over the dead body of her drug-addicted child; or to see children abused by the adults in their lives. Law enforcement personnel have to witness and live with such situations every day. Officers are taught to push these images out of their minds

and leave them at work. The culture of law enforcement encourages officers to believe they can just move on from these things, but that's not the way it really works. These default roles build up and take a toll on officers over the years, wearing them down emotionally (Pangaro, 2010). Officers constantly see the worst side of humanity and often feel that they work day after day for an unappreciative, even hostile public ("Suicides Are a Problem Among Police Officers," 2009). This provides the "us versus them" effect and tends to make the officer withdraw from the public they have taken an oath to protect. It is also possible that exposure to death and human suffering produces a numbing effect; that is, death becomes easier to accept as a possible solution to seemingly impossible problems (Violanti, 1995). Research indicates that the death of a spouse or a child, the loss of a child or spouse through divorce, terminal illness, responsibility for a co-worker's death, legal issues, indictments, lonely feelings, sexual accusations, loss of employment, debt, and retirement are the primary reasons an officer might commit suicide. These are all legitimate concerns, but most of society is exposed to many of these stressors as well. There must be a definitive and distinct difference between law enforcement and society as a whole. The most apparent would be the continuous stress of life and death within the law enforcement occupation itself. There is often no second chance to "get it right" as a cop. Once a traumatic incident happens that involves a police officer, he or she will be judged many times over for extended periods of time for something that can happen in seconds. This stress can lead to depression, and the depression can lead to negative coping techniques like violence and alcohol or substance abuse (Larned, 2010).

According to Violanti (1995) the following are reasons why some police officers commit suicide: 1) high stress of police work; 2) frustration and helplessness that stems from the irony of American policing; 3) alcohol abuse; and 4) the separation from the police culture through termination or retirement. Another identified factor as to why police officers commit suicide is they are at a greater likelihood to suffer from PTSD, which is a result of their duty to respond to violence, trauma, and death. Too often they are drawn into situations that the average citizen desperately flees (Brosnan, 1999).

Law enforcement, by its very nature, is a culture that is skeptical about whom it accepts. Christol (2009) indicates several studies have shown it takes an average of 18 to 24 months to become fully indoctrinated into that culture. After four to five years of service, officers begin to experience problems separating their personal and professional lives, thus creating a conflict of who they really are. While they may see themselves as a parent, spouse, coach, etc., they tend to see themselves as a law enforcement officer first and everything else second. This conflict creates a persona that being a law enforcement officer is who they are, and if they lose that, they lose their identity and control of their lives. Another problem encountered is that some suicide victims don't leave documentation as to why they killed themselves; therefore, we are unable to learn their rationalization for the suicide.

Murr (2007) quotes, "Police officers are taught to bottle their emotions on the job and are notoriously slow to seek help." Signs of perceived weakness are often hidden or not discussed for fear of losing the confidence and support of other officers (Larned, 2010). Troubled officers usually resist seeking help. Some officers fear that if they seek help, they will lose their jobs (Baker & Baker, 1996). Stress and an unwritten code of expected resilience have contributed to the steady rise in suicides among police

officers, according to the International Association of Chiefs of Police. Officers often take their lives because they won't ask for help because of the stigma attached to them or don't have the option to seek help (Police Suicides Rise, 2000).

Individuals who perceive themselves as problem solvers often have great difficulty admitting that they have problems of their own. As a result, some officers who feel that they can no longer tolerate psychological pain choose to solve the problem themselves through suicide rather than by asking others for help (Violanti, 1995). New York, Connecticut and New Jersey, with rising suicide rates among officers, have initiated creative programs to break through the protective wall that inhibits strong men and women, who fear that talking about their problems will make them seem weak. These programs include stress-debriefing after violent episodes, straight talk about alcoholism and annual "mental health checks" ("Saving 'The Finest'", 2012).

As is true with addressing any issue, the first and most important step is to recognize that the problem exists. Secondly, although many law enforcement professionals insist the "blue wall of silence" is not prevalent, or deny it exists, it is still a part of the police culture today. Officers will cover up for one another depending on the situation and their belief/values. There is a lot of peer pressure to "keep your mouth shut" in departments, amongst officers, and even with partners. Therefore, someone in dire need of help may not get it because this "blue wall of silence" has failed the officer (Perin, 2007).

A relationship break-up, stressful family life, and a serious illness are inconclusive risk factors of suicide. Ivanoff and Tighe (1994) indicated that there exists no definitive profile of the "suicidal police officer"; however, those officers who exhibit some warning signs (i.e. increased alcohol use, acting anxious or agitated, or withdrawing) should be provided help. Jancin (2006) quotes speaker M. David Rudd, Ph.D., at the annual meeting of the American Association of Suicidology:

"If I asked, what are the warning signs for stroke, heart attack, or diabetes, just about everybody in this room could give me a pretty accurate representative list. I think it's a tragedy that, in this field, we can't offer a coherent, consistent, compact, and empirically supported list of warning signs for suicide. Warning signs do not equal suicide. They are prompts that should get an individual to seek help or get a clinician to do a proper suicide risk assessment."

Extreme distress shows itself in various ways. The four most common issues in which persons seek clinical help are burnout, panic, depression, and PTSD. Some of the signs of burnout are tardiness, negativity, anger, second guessing self and others, extramarital affairs, increased risk taking, and increased alcohol and tobacco use. The classic symptoms of panic come in two forms: 1) psychological- fear, uncertainty, and hopelessness; and 2) physiological- sweating, cardiac palpitations, nausea, vertigo, and hyperventilation. The symptoms of depression are presented psychologically (depressed mood, emptiness, helplessness, and suicidal ideation) and physiologically (appetite loss, weight loss, insomnia, and diminished energy). PTSD has three key symptom groups which are subsequent to exposure to a traumatic event. These symptoms are 1) intrusive memories of the traumatic event; 2) avoidance and

withdrawal from people and places associated with the traumatic event; and 3) hyper startle reactions, sleep disturbance, irritability, and angry outbursts (Everly, Jr. & Reese, 2007).

An American Association of Suicidology expert consensus panel has developed the first evidence-based list of warning signs for suicide. The purpose behind developing evidence-based warning signs is previously there were numerous warning signs for suicide; however, not all of those signs were evidence-based. It was unclear for a layperson to make an accurate determination if someone was in need of professional help based on the extreme number of warning signs. Therefore, the mnemonic IS PATH WARM (Ideation, Substance abuse, Purposelessness, Anxiety, Trapped, Hopelessness, Withdrawal, Anger, Recklessness, Mood changes) was designed to assist the public and non-mental health clinicians to spot people in need of help using evidence-based warning signs of suicide (Jancin, 2006).

The California Highway Patrol trains its supervisors to recognize and confront at-risk officers with a "question, persuade, refer" technique and they push hotlines and psychological services (Murr, 2007). According to Baker and Baker (1996), supervisors or managers should schedule interviews with officers who appear depressed, sad, hopeless, discouraged or "down in the dumps." During this interview, the supervisor should check the officer's body language, look for sad facial expressions, and be alert to a flat mood.

Police work is an occupation like no other. Officers make day to day personal, mental and physical sacrifices in order to protect our community ("Five Ways Police Cope with Stress," n.d.). Officials can't stop stress in police work, but they can recognize it and help reduce the stressors (Constant, n.d.). Due to the nature of the work, officers are always going to be exposed to graphic, violent, and horrific distressing events. Effective coping techniques are humor, rationalizing, and relying on training and experience. Police officers typically have a dark or gruesome sense of humor that is not always accepted by those outside the police culture. However, finding humor in the death of a child is almost impossible. So therefore, rationalization becomes the coping strategy for dealing with the death of a child (Bisek, 2009).

Realistic information on mental health-related stigma in police cultures and the availability and effectiveness of employee health programs is lacking (Staurt, 2008). Peer support debriefings are appropriate for all personnel involved in traumatic events and should be made available for them (Christol, 2009). Fortunately, an officer reluctant to seek out help is being abated by successful counseling programs established in many departments. For individual officers, these programs have helped remove the stigma of admitting that they have problems. Intervention programs are an important resource to law enforcement agencies. Because police officers face similar challenges and pressure, regardless of the agency size, every officer should have access to comparable counseling resources (Violanti, 1995).

Employee Assistance Programs (EAPs) have been created to lend assistance to employees in need. Indeed, EAPs are now common in the police community, and police agencies rely on EAPs to help their officers resolve problems that impair their job performance, domestic relations, financial difficulties, medical or emotional problems, and substance abuse. Unfortunately, if a police officer has fallen victim to the chronic debilitating effects of PTSD, the EAP may be unable to provide the breadth of

professional services the individual needs. This makes it all the more urgent to detect early signs of PTSD and start treatment before the disease progresses (Brosnan, 1999).

Law enforcement officers are often reluctant to meet with mental health professionals because they feel counselors do not understand what it means to do police work. To combat this mind-set and deal effectively with officers, counselors must receive some unique training. They must have 1) a grounding in policing; 2) a localized knowledge of the agency and administration within which their clients reside; 3) a unique comprehension of the trauma and stresses inherent in police work; and 4) an understanding of the dark humor often used by officers to vent stress-induced anger and frustration (Cross & Ashley, 2004). Since moving into the 21<sup>st</sup> century, enormous steps have been made to recognize and provide the appropriate help to police officers dealing with suicide ideation; however, until every police agency in America has come onboard and is willing to acknowledge this problem, it will remain an epidemic that takes the lives of our protectors.

## **Methods**

To understand how law enforcement agencies in the State of Florida are handling job related stress and police suicide, an internet based survey was used (see Appendix A for the full text of the survey). The internet based survey is user-friendly, economical, and an efficient method of gathering the required information to validate this research. All law enforcement agencies in the State of Florida were invited to participate in this survey. This invitation was distributed to the law enforcement agencies via email with a hyperlink to a website managed by SurveyMonkey.com. This hyperlink provided the agency's Chief Executive with a ten-question electronic survey to complete. The survey remained available to the agency head for three weeks.

## **Results**

Due to email filters, 6% of the emails were not delivered; however, 94% of the emails were delivered. Of the 388 agencies the email was delivered to, 47 were state agencies, 56 were sheriffs' offices, and 285 were police departments. Eighty-four of the 388 agencies receiving the email responded for a sample of 21.65%. Ten state agencies responded for a sampling rate of 21.28% of state agencies; 14 sheriffs' offices responded for a sampling rate of 25% of sheriffs' offices; and 60 police departments responded for a sampling rate of 21.05%.

The survey indicated 14.3% of the agencies responding do not provide an EAP for their employees. These law enforcement agencies not having an EAP are a combination of state, county, and city agencies employing one to 100 sworn members. The results confirm 73.2% of Florida's law enforcement agencies have an EAP that provides mental health professionals trained to handle the specific needs of law enforcement officers. Forty-four percent of the agencies train members to look for early warning signs of PTSD and 27.4% mandate members who show warning signs of PTSD to seek appropriate help. A Critical Incident Stress Management Team is

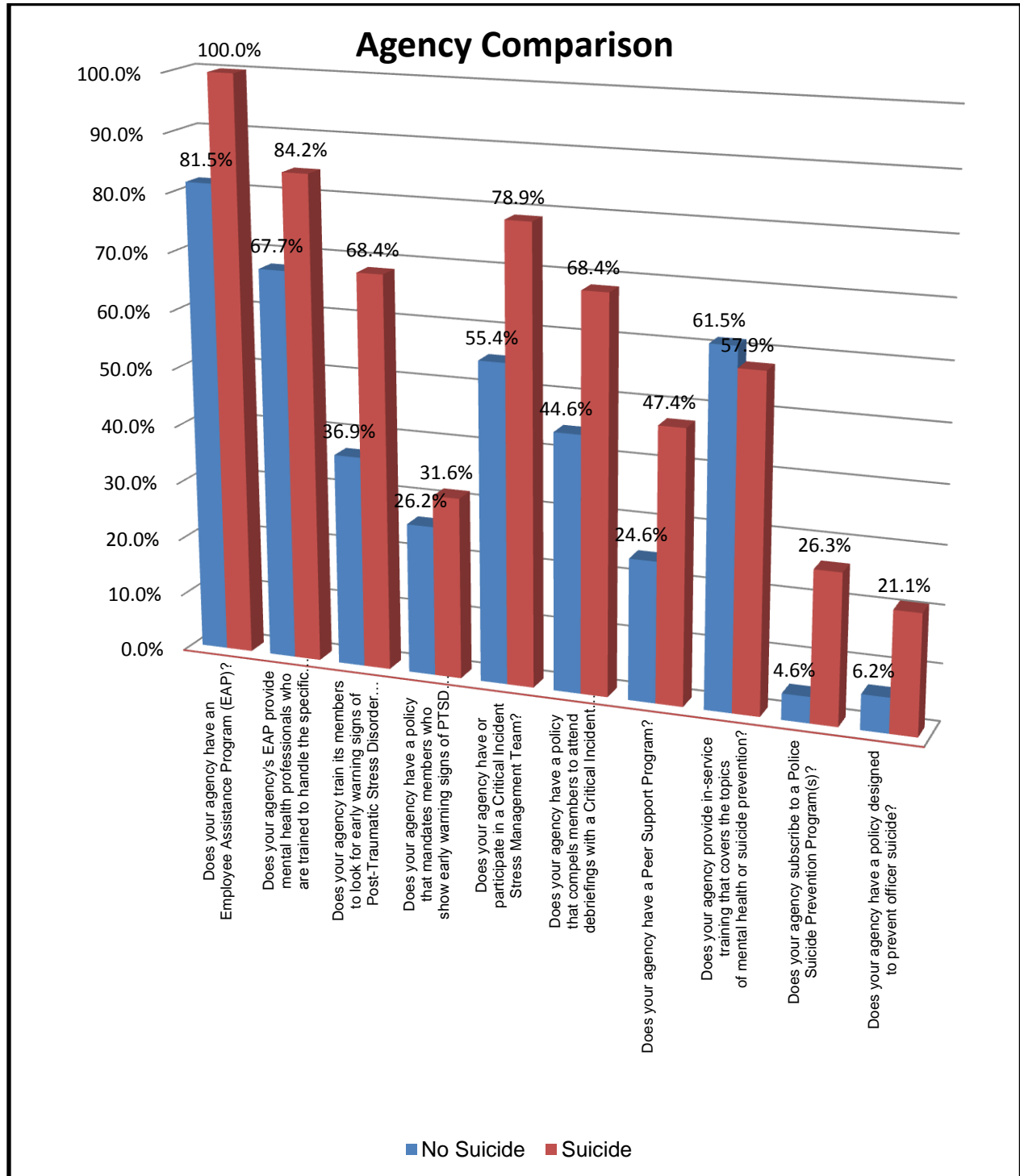
employed by 60.7% of the agencies and 50% of the agencies compel their members to attend debriefings with a Critical Incident Stress Management Team after the member has been involved in a traumatic incident. Peer Support Programs are utilized by 31.3% of the agencies surveyed. In-service training covering the topics of mental health and suicide prevention is provided by 58.3% of the law enforcement agencies. Police suicide prevention programs are not being used by 90.2% of the surveyed agencies and 90.5% say they do not have policies in place designed to prevent officer suicide.

The shocking figure is that 22.6% of the law enforcement agencies suffered the loss of an officer to suicide. Of those agencies reporting losing members to suicide, 58% were police departments, 37% were sheriff's offices, and 5% were state agencies. Police departments employing one to 100 sworn members were subjected to 32% of the officer suicides and police departments employing 101 to 500 sworn members were subjected to 26% of the officer suicides. Sheriffs' offices employing 101 to 500 sworn members account for 21% of the officer suicides and sheriffs' offices employing more than 500 sworn members accounted for 16% of the suicides. State agencies employing one to 100 sworn members account for 5% of the officer suicides. Agencies employing between one and 100 sworn members suffered 36.8% of the suicides. Of these agencies 50% have made positive changes in their policy/programs after suffering the loss of a member to suicide. Agencies employing between 101 and 500 sworn members suffered 47.4% of the suicides. Of these agencies 78% have made positive changes in their policy/programs after suffering the loss of a member to suicide. Agencies employing more than 500 sworn employees suffered 15.8% of the suicides. The survey indicated these agencies had policies/programs in place at the time of the loss.

The following chart (Agency Comparison) is a comparison between agencies that have lost an officer to suicide and agencies that have not lost an officer to suicide. The results are an affirmative response to the following survey questions:

- Does your agency have an Employee Assistance Program (EAP)?
- Does your agency's EAP provide mental health professionals who are trained to handle the specific needs of law enforcement officers?
- Does your agency train its members to look for early warning signs of Post-Traumatic Stress Disorder (PTSD) in peers and subordinates?
- Does your agency have a policy that mandates members who show early warning signs of PTSD to seek the appropriate help?
- Does your agency have or participate in a Critical Incident Stress Management Team?
- Does your agency have a policy that compels members to attend debriefings with a Critical Incident Stress Management Team, if the member was involved in a traumatic incident?
- Does your agency have a Peer Support Program?
- Does your agency provide in-service training that covers the topics of mental health or suicide prevention?
- Does your agency subscribe to any Police Suicide Prevention Program(s)?
- Does your agency have a policy designed to prevent officer suicide?

The chart shows the disparity between those agencies who have suffered the loss of a member to suicide and those who have not. The chart does not indicate whether or not the programs were in place before the loss of a member or were implemented after the loss. The results indicate statistically the previous mentioned programs were in place in a higher percentage of agencies that had suffered a loss versus those agencies that had not.

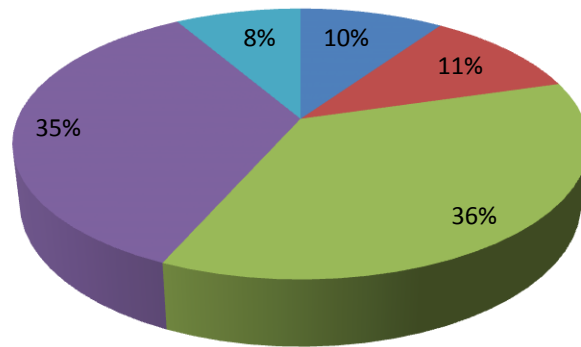




Using a scale of 1 to 5, with 1 being poor and 5 being excellent, the following charts indicate the results of the effectiveness of law enforcement workplace sponsored programs used to manage the stressors of police work:

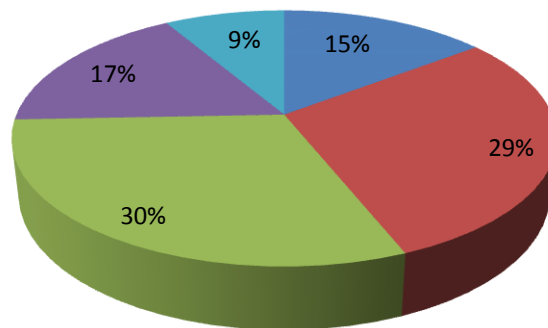
### Effectiveness of Agency Sponsored Mental Health Programs

■ 1 ■ 2 ■ 3 ■ 4 ■ 5



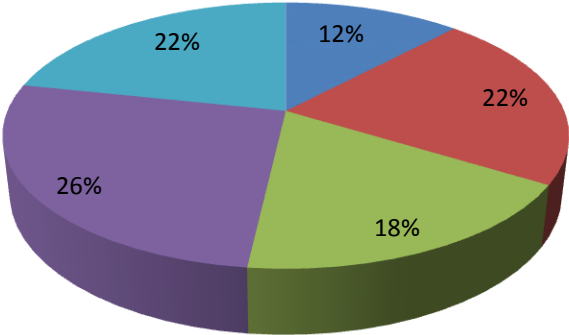
### Effectiveness of Agency Sponsored Dietary Programs

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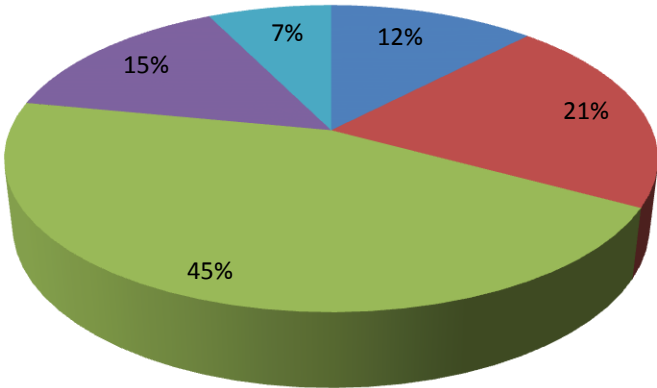
### Effectiveness of Agency Sponsored Exercise Programs

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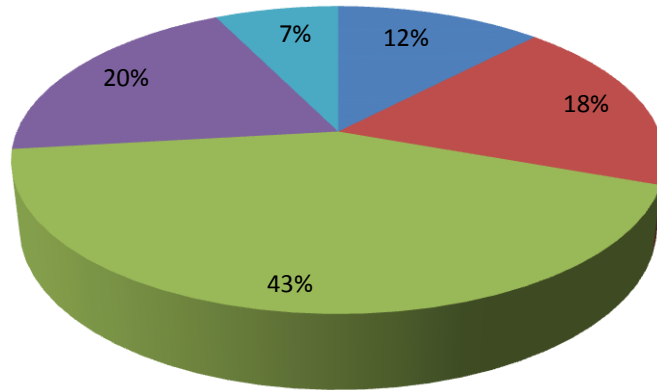
### Effectiveness of Agency Sponsored Alcohol Abuse Programs

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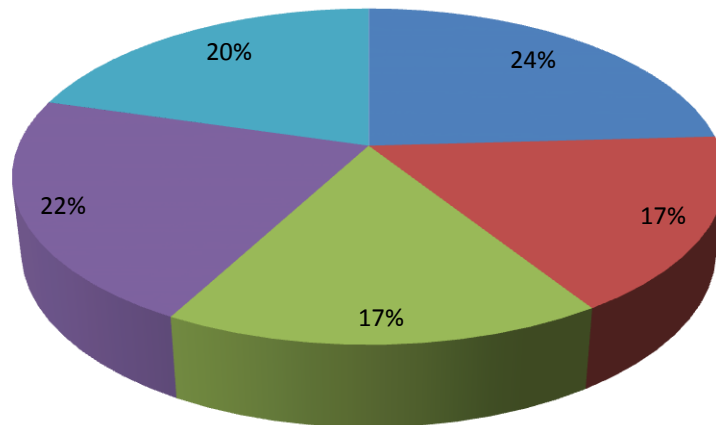
## Effectiveness of Agency Sponsored Substance Abuse Programs

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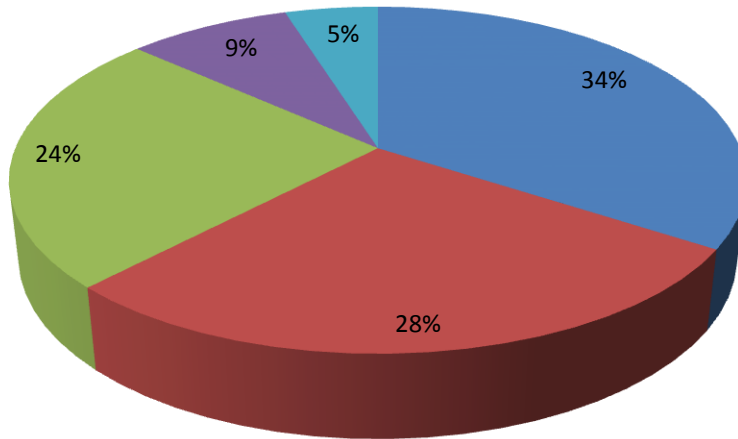
## Effectiveness of Agency Sponsored Tobacco Cessation Programs

■ 1 ■ 2 ■ 3 ■ 4 ■ 5



## Effectiveness of Agency Sponsored Debt Relief Programs

■ 1 ■ 2 ■ 3 ■ 4 ■ 5



### Discussion

There is one thing in common among the 14.3% of law enforcement agencies not having an EAP; they employ one to 100 sworn officers. One hundred percent of the law enforcement agencies employing more than 100 employees have EAPs in place. Seventy-five percent of the agencies employing one to 100 sworn members claim to have an EAP that provides mental health professionals trained to accommodate the specific needs of law enforcement officers. In contrast, 96% of the agencies that employ more than 100 sworn members claim to have an EAP that provides mental health professionals trained to accommodate the specific needs of law enforcement officers. This indicates that larger agencies, supported by heftier state and county budgets, have more programs. The literature review indicated there once were inadequate professional services provided by the EAPs used by law enforcement agencies across the United States. According to the survey results, this does not seem to be the case in Florida; the majority of the police agencies have employee assistance programs designed to meet specific needs of police officers.

With the horrific events law enforcement officers are known to be subjected to during their career, it is astonishing that less than half of the agencies train their personnel to look for early warning signs of PTSD in their employees. Having members trained to look for these warning signs would be a tremendous factor in successfully treating these officers and saving their lives. Compelling members that display early warning signs of PTSD to seek professional help is not a punishment. This is compassion and commitment that validates how much the agency truly cares for its

members. Only 27.4% of the law enforcement agencies in Florida are willing to require their members to seek help that will potentially save their lives. Those suffering from PTSD are at a much higher risk to commit suicide than those not having PTSD.

The same is a concern with Critical Incident and Stress Management Teams. Slightly over 60% of the agencies use this program. Furthermore, of those agencies using this resource, only 72.5% of the agencies compel their members to meet with the Critical Incident and Stress Management Team after being exposed to a critical incident. When the agency mandates attendance, it removes any stigma of using this program. This meeting with the team gives the member the time to decompress after being exposed to a traumatic incident; therefore, potentially removing some liability from the law enforcement agency. This program is not the solution; however, it is another step in the right direction of demonstrating an agency is willing to take care of its members.

A peer support group is an inexpensive way to help agency members vent the day-to-day stressors of police work. It is a volunteer group that is comprised of members who experience the same type of stressors. This group could consist of police or a combination of public safety employees. Only 31.3% of the agencies use this program that would cost them little to nothing, even though it would provide a tremendous benefit to agency members. This type of program is often where the early warning signs of PTSD or suicide could be discovered.

Law enforcement agencies tend to ignore police suicide as a problem and tend to view it as a sign of weakness. Only 58.3% of Florida's law enforcement agencies responding to the survey provide in-service training covering the topics of mental health or suicide prevention. This means that 41.7% of the agencies don't train their officers in the subjects of mental health or suicide prevention. This may be associated with the lack of funding, the lack of qualified personnel to teach this, or the avoidance of this topic altogether. Whatever the underlying reasons are, these agencies must take a proactive approach to police suicide by implementing and providing worthwhile training to their law enforcement officers.

Of the surveyed agencies, 9.8% of Florida's law enforcement agencies subscribe to a police suicide prevention program and 9.5% of the agencies have a policy in place designed to prevent police suicides. These figures indicate there is an essential problem that needs an immediate answer. Florida's law enforcement agencies are not devoting enough attention to the topic of police suicide prevention. This may be caused by the lack of an accreditation standard or as previously mentioned, the lack of funding. Whatever the reason is, much needs to be done to take an affirmative position in the efforts to save officers from suicide.

In reviewing the results from the law enforcement Chief Executives participating in this survey, the following responses were obtained concerning the effectiveness of workplace programs deployed by Florida's law enforcement agencies to reduce the stressors of police work:

- Mental health program:
  - 20.48% reasoned their agency provide the employees a less than average program.
  - 36.14% considered their agency program is acceptable.

- 43.38% felt the agency provides their employees an above average program.
- Dietary program:
  - 43.9% reasoned their agency provide the employees a less than average program.
  - 30.49% considered their agency program is acceptable.
  - 25.61% felt the agency provides their employees an above average program.
- Exercise program:
  - 33.73% reasoned their agency provide the employees a less than average program.
  - 18.07% considered their agency program is acceptable.
  - 48.2% felt the agency provides their employees an above average program.
- Alcohol abuse program:
  - 32.93% reasoned their agency provide the employees a less than average program.
  - 45.12% considered their agency program is acceptable.
  - 21.95% felt the agency provides their employees an above average program.
- Substance abuse program:
  - 30.49% reasoned their agency provide the employees a less than average program.
  - 42.68% considered their agency program is acceptable.
  - 26.83% felt the agency provides their employees an above average program.
- Tobacco cessation program:
  - 40.96% reasoned their agency provide the employees a less than average program.
  - 16.87% considered their agency program is acceptable.
  - 42.17% felt the agency provides their employees an above average program.
- Debt relief program:
  - 62.2% reasoned their agency provide the employees a less than average program.
  - 24.39% considered their agency program is acceptable.
  - 13.41% felt the agency provides their employees an above average program.

These programs are beneficial to law enforcement officers and are capable of relieving the stressors associated with police work. It brings to discuss the cause delaying agencies to ensure they have good programs in place to benefit their employees. This could be contributed to a lack of funds, resources, or even time. With all the agency has invested in an officer, their individual well-being needs to be considered as well; so these viable programs are worthy investments.

The large agencies (employing more than 500 officers) had many policies/programs in place at the time of the loss of an officer to suicide. This demonstrates that agencies having numerous policies/programs in place are more than two times less likely to suffer the loss of a member to suicide than the agencies that have minimum programs in place. Another correlation was that the state and county agencies with larger budgets in place than the municipalities were less likely to lose an officer to suicide. State agencies suffered the lowest percentage loss of members to suicide (5%), sheriffs' offices suffered the second lowest percentage loss of members to suicide (37%), and police departments suffered the largest loss percentage (58%). In comparing the data of those agencies having suicides and those not having suicides, it is evident that those agencies suffering the loss of one of their members have reacted to the loss by establishing programs to prevent future occurrences.

### **Recommendations**

When it comes to training new officers, Florida has one of the best basic recruit curriculums in the country. Its mandatory retraining requirements are top notch also. However, much more needs to be done in the area of assisting its law enforcement officers in relieving the stressors of police work. This task seems to be put on the individual agencies and is not a problem of the state. It could start in the Florida Basic Recruit Training Program by teaching these officers what kind of stressors they will face in their careers and how to cope with these stressors. "Officer Safety and Survival: Stress Management" is currently covered in Chapter 5, Unit 2 of the *Florida Basic Recruit Training Program: Law Enforcement, Volume 1* textbook. This is in the Patrol 1 section of the text. This consists of thirteen paragraphs covering two full pages, then two sentences get carried over to a third page. Since it falls under the Patrol 1 chapter, this is typically taught by law enforcement officers whose minimum qualifications are that they have completed the Instructor Techniques course. The only thing standardized across the state is that Chapter 5, Unit 2, "Officer Safety and Survival: Stress Management" is part of the curriculum. This unit should be taught by a qualified source, such as a psychologist or psychiatrist trained to handle the specific needs of law enforcement officers. They would be a better wealth of information to explain the psychological and physiological effects stress has on the human body and appropriate ways to cope with the stressors these recruits may one day face as a police officer. However, a cost saving alternative is to have officers specially trained by a psychologist or psychiatrist teach the course.

The state of Florida, Florida Sheriff's Association and Florida Police Chief's Association back the Commission for Florida Law Enforcement Accreditation. Perhaps including accreditation standards that would mandate the agency employ minimum programs to provide officers the assistance they need in coping with the stressors of the job. This standard would also have to include mechanisms for maintaining an acceptable level, otherwise they will fail.

Law enforcement budgets are strained everyday by the rising costs of health insurance, retirement packages, the latest and greatest equipment, and day-to-day operating expenses. Even with these financial burdens, the agencies are finding a way

to survive. Investing in some of the previously mentioned programs that will provide officers with the tools needed to survive the stressors of police work may be an additional financial burden. However, the result of the agency losing an officer to suicide will have a much larger impact on the psyche of the existing employees and the department than the cost of sustainable programs and policies.

Fifteen years ago, two assailants heavily armed with assault rifles and wearing body armor robbed the North Hollywood Bank of America in Los Angeles, California. When law enforcement responded to the incident, they quickly discovered they did not have adequate weapons and equipment to immediately resolve this event. Therefore, several law enforcement officers and civilians sustained non-life threatening injuries as police endured an hour long shootout with these two perpetrators who were eventually killed. In response to this incident, most law enforcement agencies realized the potential of being out gunned by the "bad guy". The solution was equipping their officers with patrol rifles, in an effort to survive these types of incidents. As in recognizing the lack of patrol rifles was a problem, it must be realized that police suicide is a major problem. It is evident when more officers are losing their lives to police suicide, than dying in the line of duty. After an in the line of duty death, the incident is thoroughly reviewed so measures are put into place to try and prevent it from occurring again. Officers are taught tactics to survive against the bad guy. Now let's teach the tactics to survive the stressor of this occupation that are causing officers to take their own lives. To lower the numbers of police suicides, Florida must take an affirmative approach and be proactive in providing guidance to its law enforcement agencies in creating good policies and programs to prevent police suicide. This would include methods to help fund these programs for agencies that lacked the fiscal resources.

Lieutenant Ken Birkhofer is employed by the City of Eustis Police Department. After being honorably discharged from the United States Marine Corps, he started his law enforcement career as a dispatcher with the Seminole County Sheriff's Office in 1989. Two years later Ken left the Seminole County Sheriff's Office to take a job as a police officer with the Eustis Police Department. Over the last 21 years Ken has been promoted through the ranks and now holds the position of Lieutenant. As a Lieutenant he has held the following positions; Administrative Services Commander, Uniform Patrol Commander, and is currently assigned as the Investigative Services Commander. Ken obtained his Bachelor's Degree in Criminal Justice Administration from Columbia Southern University and is a graduate of the FBI Law Enforcement Executive Development Seminar.



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## Appendix A

### Survey of Florida's Law Enforcement Agencies

#### 1. What type of law enforcement agency do you represent?

- Police
- Sheriff
- State

#### 2. What is the name of your agency?

#### 3. How many sworn officers does your agency employ?

- 1 to 100
- 101 to 500
- 501 or more

#### 4. Programs, training, and policies:

Yes

No

Does your agency have an Employee Assistance Program (EAP)?



Does your agency's EAP provide mental health professionals who are trained to handle the specific needs of law enforcement



officers?

Does your agency train its members to look for early warning signs of Post-Traumatic Stress Disorder (PTSD) in peers and subordinates?



Does your agency have a policy that mandates members who show early warning signs of PTSD to seek the appropriate help?



Does your agency have or participate in a Critical Incident Stress Management Team?



Does your agency have a policy that compels members to attend debriefings with a Critical Incident Stress



**Management Team, if the member was involved in a traumatic incident?**

**Does your agency have a Peer Support Program?**



**Does your agency provide in-service training that covers the topics of mental health or suicide prevention?**



**Does your agency subscribe to any Police Suicide Prevention Program(s)?**



**Does your agency have a policy designed to prevent officer suicide?**



**5. Does your agency have other programs in place to assist law enforcement officers with job stressors? If so, please list.**

Yes

No

6. Using a scale from 1 to 5, with 1 being poor and 5 excellent; rate your agency's effectiveness in providing the following programs to help officers manage stressors associated with police work?

1

2

3

4

5

Mental health

Dietary

Exercise

Alcohol abuse

Substance abuse

Tobacco  
cessation

Debt relief

7. Has your agency lost an officer to suicide?

Yes

No

8. If you responded "yes" to question 7, please answer the questions below:

Yes

No

Was an employee assistance program in place at the time of the loss?

Was there a Peer Support Group in place at the time of the loss?

Was there a critical incident debriefing program in place at the time of the loss?

Were stress awareness and resolution programs in place at the time of the loss?

Was in-service training being provided in regards to mental health and suicide prevention at the time of loss?



**Yes**

**No**

**Were suicide prevention programs in place at the time of the loss?**

**Was there a policy in place designed to prevent officer suicide at the time of the loss?**

**Appendix B**  
Raw Survey Data

Question 4	State 1-100		State 101- 500		State 501+		Sheriff 1-100		Sheriff 101-500		Sheriff 501+		Police 1-100		Police 101-500		Police 500+		Totals				
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Have EAP	5	1	1	0	3	0	1	1	6	0	6	0	38	10	11	0	1	0	84	72	85.7%	12	14.3%
EAP LEO specific	2	3	1	0	3	0	1	1	6	0	5	1	30	17	11	0	1	0	82	60	73.2%	22	26.8%
Train members to look PTSD	4	2	1	0	2	1	0	2	5	1	3	3	15	33	7	4	0	1	84	37	44.0%	47	56.0%
Policy mandates signs PTSD to seek help	1	5	1	0	1	2	0	2	2	4	1	5	12	36	5	6	0	1	84	23	27.4%	61	72.6%
CISM	3	3	1	0	2	1	1	1	6	0	4	2	26	22	7	4	1	0	84	51	60.7%	33	39.3%
Compel members for CISM debriefing	1	5	1	0	2	1	0	2	5	1	2	4	24	24	6	5	1	0	84	42	50.0%	42	50.0%
Do you have a Peer Support	0	6	0	1	2	1	1	1	2	4	2	4	14	34	5	5	0	1	83	26	31.3%	57	68.7%
In-service training covering mental health or suicide prevention	4	2	1	0	2	1	1	1	4	2	4	2	26	22	6	5	1	0	84	49	58.3%	35	41.7%
Subscribe to police suicide prevention programs	0	6	0	1	0	3	0	2	0	6	2	3	4	43	2	9	0	1	82	8	9.8%	74	90.2%
Policy to prevent officer suicide	0	6	0	1	0	3	0	2	1	5	2	4	4	44	1	10	0	1	84	8	9.5%	76	90.5%
Question 5																							
Does your agency have other programs in place to assist law enforcement officers with job stressors?	1	4	1	0	0	3	2	0	2	4	4	2	17	31	4	6	0	1	82	31	37.8%	51	62.2%
Question 6																							
Using scale 1-5 rate your agency on effectiveness of the following:																							
Mental health																							
1	9.64%	0	0.00%	0	0.00%	1	33.33%	0	0.00%	0	0.00%	0	0.00%	6	12.50%	1	9.09%	0	0.00%	8			
2	10.84%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	16.67%	7	14.58%	1	9.09%	0	0.00%	9			
3	36.14%	3	60.00%	0	0.00%	2	66.67%	1	50.00%	0	0.00%	1	16.67%	19	39.58%	4	36.36%	0	0.00%	30			
4	34.94%	1	20.00%	1	100.00%	0	0.00%	1	50.00%	5	83.33%	3	50.00%	12	25.00%	5	45.45%	1	100.00%	29			
5	8.43%	1	20.00%	0	0.00%	0	0.00%	0	0.00%	1	16.67%	1	16.67%	4	8.33%	0	0.00%	0	0.00%	7			
	5	1		3	2	6	6	48	11	1	83												
Dietary																							
1	14.63%	1	20.00%	0	0.00%	1	0.3333333	1	50.00%	0	0.00%	0	0.00%	7	14.58%	2	18.18%	0	0.00%	12			
2	29.27%	1	20.00%	0	0.00%	2	0.6666667	0	0.00%	2	40.00%	1	16.67%	17	35.42%	1	9.09%	0	0.00%	24			
3	30.49%	2	40.00%	1	100.00%	0	0.00%	1	50.00%	0	0.00%	0	0.00%	17	35.42%	4	36.36%	0	0.00%	25			
4	17.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	40.00%	5	83.33%	5	10.42%	2	18.18%	0	0.00%	14			
5	8.54%	1	20.00%	0	0.00%	0	0.00%	0	0.00%	1	20.00%	0	0.00%	2	4.17%	2	18.18%	1	100.00%	7			
	5	1	3	2	5	6	48	11	1	82													
Exercise																							
1	12.05%	1	20.00%	0	0.00%	2	66.67%	0	0.00%	0	0.00%	0	0.00%	6	12.50%	1	9.09%	0	0.00%	10			
2	21.69%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	16.67%	1	16.67%	12	25.00%	3	27.27%	0	0.00%	18			
3	18.07%	2	40.00%	0	0.00%	1	33.33%	0	0.00%	1	16.67%	0	0.00%	9	18.75%	2	18.18%	0	0.00%	15			
4	26.51%	0	0.00%	0	0.00%	0	0.00%	1	50.00%	3	50.00%	2	33.33%	14	29.17%	2	18.18%	0	0.00%	22			
5	21.69%	2	40.00%	0	0.00%	0	0.00%	1	50.00%	1	16.67%	3	50.00%	7	14.58%	3	27.27%	1	100.00%	18			
	5	1	3	2	6	6	48	11	1	83													
Alcohol abuse																							
1	12.20%	1	20.00%	0	0.00%	1	33.33%	0	0.00%	0	0.00%	0	0.00%	7	14.89%	1	9.09%	0	0.00%	10			
2	20.73%	0	0.00%	0	0.00%	1	33.33%	0	0.00%	3	50.00%	1	16.67%	9	19.15%	2	18.18%	1	100.00%	17			
3	45.12%	2	40.00%	0	0.00%	1	33.33%	2	100.00%	1	16.67%	3	50.00%	22	46.81%	6	54.55%	0	0.00%	37			
4	14.63%	1	20.00%	1	100.00%	0	0.00%	0	0.00%	1	16.67%	1	16.67%	6	12.77%	2	18.18%	0	0.00%	12			
5	7.32%	1	20.00%	0	0.00%	0	0.00%	0	0.00%	1	16.67%	1	16.67%	3	6.38%	0	0.00%	0	0.00%	6			
	5	1	3	2	6	6	47	11	1	82													
Substance abuse																							
1	12.20%	1	20.00%	0	0.00%	1	33.33%	0	0.00%	0	0.00%	0	0.00%	7	14.89%	0	0.00%	1	100.00%	10			
2	18.29%	0	0.00%	0	0.00%	1	33.33%	0	0.00%	3	50.00%	1	16.67%	9	19.15%	1	9.09%	0	0.00%	15			
3	42.68%	2	40.00%	0	0.00%	1	33.33%	2	100.00%	2	33.33%	3	50.00%	17	36.17%	8	72.73%	0	0.00%	35			
4	19.51%	1	20.00%	1	100.00%	0	0.00%	0	0.00%	1	16.67%	2	33.33%	10	21.28%	1	9.09%	0	0.00%	16			
5	7.32%	1	20.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	8.51%	1	9.09%	0	0.00%	6			
	5	1	3	2	6	6	47	11	1	82													



<b>Tobacco cessation</b>																				
1	24.10%	1	20.00%	0	0.00%	1	33.33%	1	50.00%	1	16.67%	0	0.00%	12	25.00%	4	36.36%	0	0.00%	20
2	16.87%	0	0.00%	0	0.00%	2	66.67%	0	0.00%	1	16.67%	1	16.67%	8	16.67%	1	9.09%	1	100.00%	14
3	16.87%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	16.67%	1	16.67%	10	20.83%	3	27.27%	0	0.00%	14
4	21.69%	1	20.00%	1	100.00%	0	0.00%	0	0.00%	3	50.00%	2	33.33%	10	20.83%	1	9.09%	0	0.00%	18
5	20.48%	3	60.00%	0	0.00%	0	0.00%	1	50.00%	1	16.67%	2	33.33%	8	16.67%	2	18.18%	0	0.00%	17
		5		1		3		2		6		6		48		11		1		83
<b>Debt relief</b>																				
1	34.15%	1	20.00%	0	0.00%	2	66.67%	1	50.00%	2	33.33%	1	16.67%	13	27.66%	7	63.64%	1	100.00%	28
2	28.05%	1	20.00%	1	100.00%	0	0.00%	0	0.00%	1	16.67%	2	33.33%	17	36.17%	1	9.09%	0	0.00%	23
3	24.39%	2	40.00%	0	0.00%	1	33.33%	0	0.00%	1	16.67%	2	33.33%	11	23.40%	3	27.27%	0	0.00%	20
4	8.54%	0	0.00%	0	0.00%	0	0.00%	1	50.00%	2	33.33%	1	16.67%	3	6.38%	0	0.00%	0	0.00%	7
5	4.88%	1	20.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	6.38%	0	0.00%	0	0.00%	4
		5		1		3		2		6		6		47		11		1		82
		State 1-100		State 101- 500		State 501+		Sheriff 1-100		Sheriff 101-500		Sheriff 501+		Police 1-100		Police 101-500		Police 500+		
<b>Question 8, only pertains to 19 agencies</b>		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	18
EAP in place at time of loss		0	0	0	0	0	0	0	0	3	1	3	0	4	2	2	3	0	0	18
Peer support group in place		0	0	0	0	0	0	0	0	1	3	2	1	1	5	1	4	0	0	18
Critical incident debriefing in place		0	0	0	0	0	0	0	0	3	1	3	0	4	2	2	3	0	0	18
Stress awareness and resolution programs in place		0	0	0	0	0	0	0	0	3	1	3	0	1	5	1	4	0	0	18
In-service training being provided on mental health and suicide prevention?		0	0	0	0	0	0	0	0	1	3	3	0	1	5	0	5	0	0	18
Suicide prevention programs in place?		0	0	0	0	0	0	0	0	0	4	3	0	0	6	0	5	0	0	18
Policy in place designed to prevent suicide?		0	0	0	0	0	0	0	0	0	4	3	0	0	6	0	5	0	0	0
<b>AGENCIES NOT HAVING SUICIDE</b>		State 1-100		State 101- 500		State 501+		Sheriff 1-100		Sheriff 101-500		Sheriff 501+		Police 1-100		Police 101-500		Police 500+		
Question 4		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Have EAP		4	1	1	0	3	0	1	1	2	0	3	0	32	10	6	0	1	0	65
EAP LEO specific		2	3	1	0	3	0	1	1	2	0	2	1	26	16	6	0	1	0	65
Train members to look PTSD		3	2	1	0	2	1	0	2	1	1	0	3	13	29	4	2	0	1	65
Policy mandates signs PTSD to seek help		1	4	1	0	1	2	0	2	0	2	0	3	12	30	2	4	0	1	65
CISM		2	3	1	0	2	1	1	1	2	0	2	1	22	20	3	3	1	0	65
Compel members for CISM debriefing		1	4	1	0	2	1	0	2	1	1	1	2	20	22	2	4	1	0	65
Do you have a Peer Support		0	5	0	1	2	1	1	1	0	2	1	2	10	32	2	4	0	1	65
In-service training covering mental health or suicide prevention		4	1	1	0	2	1	1	1	2	0	1	2	25	17	3	3	1	0	65
Subscribe to police suicide prevention programs		0	5	0	1	0	3	0	2	0	2	0	3	2	40	1	5	0	1	65
Policy to prevent officer suicide		0	5	0	1	0	3	0	2	1	1	0	3	3	39	0	6	0	1	65

AGENCIES NOT HAVING SUICIDE																				
		State 1-100		State 101- 500		State 501+		Sheriff 1-100		Sheriff 101-500		Sheriff 501+		Police 1-100		Police 101-500		Police 500+		
Have EAP		80.0%		100.0%		100.0%		50.0%		100.0%		100.0%		76.2%		100.0%		100.0%		
EAP LEO specific		40.0%		100.0%		100.0%		50.0%		100.0%		66.7%		61.9%		100.0%		100.0%		
Train members to look PTSD		60.0%		100.0%		66.7%		0.0%		50.0%		0.0%		31.0%		66.7%		0.0%		
Policy mandates signs PTSD to seek help		20.0%		100.0%		33.3%		0.0%		0.0%		0.0%		28.6%		33.3%		0.0%		
CISM		40.0%		100.0%		66.7%		50.0%		100.0%		66.7%		52.4%		50.0%		100.0%		
Compel members for CISM debriefing		20.0%		100.0%		66.7%		0.0%		50.0%		33.3%		47.6%		33.3%		100.0%		
Do you have a Peer Support		0.0%		0.0%		66.7%		50.0%		0.0%		33.3%		23.8%		33.3%		0.0%		
In-service training covering mental health or suicide prevention		80.0%		100.0%		66.7%		50.0%		100.0%		33.3%		59.5%		50.0%		100.0%		
Subscribe to police suicide prevention programs		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		4.8%		16.7%		0.0%		
Policy to prevent officer suicide		0.0%		0.0%		0.0%		0.0%		50.0%		0.0%		7.1%		0.0%		0.0%		
AGENCIES NOT HAVING SUICIDE																				
		State		Sheriff		Police		Total												
Have EAP		88.9%		85.7%		79.6%		81.5%												
EAP LEO specific		66.7%		71.4%		67.3%		67.7%												
Train members to look PTSD		66.7%		14.3%		34.7%		36.9%												
Policy mandates signs PTSD to seek help		33.3%		0.0%		28.6%		26.2%												
CISM		55.6%		71.4%		53.1%		55.4%												
Compel members for CISM debriefing		44.4%		28.6%		46.9%		44.6%												
Do you have a Peer Support		22.2%		28.6%		24.5%		24.6%												
In-service training covering mental health or suicide prevention		77.8%		57.1%		59.2%		61.5%												
Subscribe to police suicide prevention programs		0.0%		0.0%		6.1%		4.6%												
Policy to prevent officer suicide		0.0%		14.3%		6.1%		6.2%												
AGENCIES HAVING SUICIDE																				
		State 1-100		State 101- 500		State 501+		Sheriff 1-100		Sheriff 101-500		Sheriff 501+		Police 1-100		Police 101-500		Police 500+		
Question 4		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Have EAP		1	0	0	0	0	0	0	0	4	0	3	0	6	0	5	0	0	0	19
EAP LEO specific		0	1	0	0	0	0	0	0	4	0	3	0	4	2	5	0	0	0	19
Train members to look PTSD		1	0	0	0	0	0	0	0	4	0	3	0	2	4	3	2	0	0	19
Policy mandates signs PTSD to seek help		0	1	0	0	0	0	0	0	2	2	1	2	0	6	3	2	0	0	19
CISM		1	0	0	0	0	0	0	0	4	0	2	1	4	2	4	1	0	0	19
Compel members for CISM debriefing		0	1	0	0	0	0	0	0	4	0	1	2	4	2	4	1	0	0	19
Do you have a Peer Support		0	1	0	0	0	0	0	0	2	2	1	2	3	3	3	2	0	0	19
In-service training covering mental health or suicide prev		0	1	0	0	0	0	0	0	2	2	3	0	3	3	3	2	0	0	19
Subscribe to police suicide prevention programs		0	1	0	0	0	0	0	0	4	2	1	2	4	1	4	0	0	0	19
Policy to prevent officer suicide		0	1	0	0	0	0	0	0	4	2	1	1	5	1	4	0	0	0	19

AGENCIES HAVING SUICIDE	State 1-100	State 101- 500	State 501+	Sheriff 1-100	Sheriff 101-500	Sheriff 501+	Police 1-100	Police 101-500	Police 500+
Have EAP	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%
EAP LEO specific	0.0%				100.0%	100.0%	66.7%	100.0%	
Train members to look PTSD	100.0%				100.0%	100.0%	33.3%	60.0%	
Policy mandates signs PTSD to seek help	0.0%				50.0%	33.3%	0.0%	60.0%	
CISM	100.0%				100.0%	66.7%	66.7%	80.0%	
Compel members for CISM debriefing	0.0%				100.0%	33.3%	66.7%	80.0%	
Do you have a Peer Support	0.0%				50.0%	33.3%	50.0%	60.0%	
In-service training covering mental health/suicide prevention	0.0%				50.0%	100.0%	50.0%	60.0%	
Subscribe to police suicide prevention programs	0.0%				0.0%	66.7%	33.3%	20.0%	
Policy to prevent officer suicide	0.0%				0.0%	66.7%	16.7%	20.0%	

AGENCIES HAVING SUICIDE	State	Sheriff	Police	Total
Have EAP	100.0%	100.0%	100.0%	100.0%
EAP LEO specific	0.0%	100.0%	81.8%	84.2%
Train members to look PTSD	100.0%	100.0%	45.5%	68.4%
Policy mandates signs PTSD to seek help	0.0%	42.9%	27.3%	31.6%
CISM	100.0%	85.7%	72.7%	78.9%
Compel members for CISM debriefing	0.0%	71.4%	72.7%	68.4%
Do you have a Peer Support	0.0%	42.9%	54.5%	47.4%
In-service training covering mental health/suicide prevention	0.0%	71.4%	54.5%	57.9%
Subscribe to police suicide prevention programs	0.0%	28.6%	27.3%	26.3%
Policy to prevent officer suicide	0.0%	28.6%	18.2%	21.1%

Percentages by Agency Size										
Suicide						No Suicide				
	State	Sheriff	Police			State	Sheriff	Police		
1-100	1	0	6	8.3%	1-100	5	2	42	58.3%	
101-500	0	4	5	10.7%	101-500	1	2	6	10.7%	
500 +	0	3	0	3.6%	500 +	3	3	1	8.3%	
				<b>22.6%</b>					<b>77.4%</b>	

Percentages by Agency Size Having Lost Officers to Suicide					
Suicide					
	State	Sheriff	Police		
1-100	1	0	6	36.8%	
101-500	0	4	5	47.4%	
500 +	0	3	0	15.8%	
				<b>100.0%</b>	