



Using Police As Mechanism of Self-Harm: Suicide by Cop and Psychological Autopsy

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Abstract

This topic review paper provides a brief overview of factors considered in the determination of so-called ‘suicide by cop’ (SbC), including potential contextual signs of such an event. The summarization and analysis of the suicide by cop extant literature indicates a gap, and subsequent need, in commentary on content and viability of police training in this area. Within the United States, this phenomenon is often either unrecognized, or unremarkable in official reports subsequent to an officer involved shooting. It is important for law enforcement officers to be trained to recognize, when possible, the signs of an individual seeking self-harm by attempting to elicit the action from officers. While it is important to note that such potential recognition of self-harm-seeking behavior may inform responding personnel in fashioning an approach to the individual, this does not obviate the need to consider the safety of officers and bystanders first, as such incidents may rapidly unfold. Agency training, driven by written policy and prevailing law, should be based on empirical evidence, where available, and when utilization of such research does not seek to supersede other safety considerations. While law enforcement recruit academy curriculums in the United States have increased significantly in hours of classroom study, there is a limit to the practicality of training blocks on sundry topics. Additionally, within the U.S. context, laws and court decisions impose expectations regarding training requirements and limits of liability. The use of psychological autopsy investigation holds the potential to fill knowledge gaps about an event and provide a more complete contextual picture to many fatal force usage situation involving police. Future research is needed to examine behavior motivations, potentially using the psychological autopsy investigation method, and how results can enhance police training.

Keywords: Suicide, Suicide by Cop, SbC, Police-assisted suicide, Death Investigation, Psychological Autopsy, De-escalation

Introduction

Nonsuicidal self-injury (NSSI) is the “direct, deliberate destruction of one’s own body tissue in the absence of suicidal intent” [1] (P. 10). Self-directed violence (SDV) as a topic of research, may include both fatal behavior or fit under the NSSI rubric and is considered a major public health issue [2]. Such behavior has been studied in adolescents [3], college students [4], police officers [5], and other populations. These contrast with suicide and suicide attempts in each group [6] and society generally. The examination of NSSI is important but

will not be addressed in this article. The National Institute of Mental Health (NIMH) defines suicide “death caused by self-directed injurious behavior with any intent to die as a result of the behavior” [7]. The Centers for Disease Control (CDC) cite to suicide as a leading cause of death in the United States, with nearly 45,000 lives lost in 2016 alone [8]. The CDC Fact Sheet went on to note a 30% increase in the rate of U.S. suicide since 1999. The number of people worldwide who commit suicide each year is estimated at more than 700,000, with many times that making an attempt [9]. Data on NSSI, suicide and suicide attempts are incomplete, with perhaps 50% of persons who engage in suicidal behavior never seeking health services [10]. The American Foundation for Suicide Prevention notes that for every completed suicide, approximately twenty-five other attempts are made by people who choose one way or another to end their own life [11].

Cases of suicide by cop (also known as police-assisted suicide [12,13], and victim-precipitated suicide, involve people who plan or spontaneously use police to end their life. “This can be seen in accounts of subjects pretending to brandish a weapon to police in order to provoke use of lethal force or disobeying commands and rushing police officers despite warnings that force will be used” [14]. In the U.S. civil court system, lawsuits are frequently brought against law enforcement officers and agencies asserting a claim of excessive force in cases where an individual is seriously injured or dies by police action [15]. While litigation is an expected response in many police deadly forces uses, a greater understanding of SbC may be helpful to the courts in illuminating such circumstances. Estimates of SbC within officer-involved shooting (OIS) cases range from 11-36% [16].

The term “suicide by cop,” has been used in this country since at least the early 90s [17], although the observation of some individuals provoking violence was identified by Marvin Wolfgang in his 1957 research [18]. Wolfgang’s work was broad, and not focused on the dynamic of suicidal individuals seeking police reactions. We note that SbC is also not unique to the U.S. [19, 20]. Later in the 1990s, more academic research attention looked at frequency as a factor in officer-involved shootings (OIS) [21], training issues [22], the types of subjects involved in SbC [23], percentage of OIS cases able to be categorized as SbC [24], and classification by medical examiners or coroners of cases as suicide [25], something seen infrequently resulting in a manner of death determination of suicide as a practice

by MEs and coroners [26]. What some studies have suggested is that among cases of SbC, 40-63% of those committing suicide in this way met mental illness criteria for one or more conditions including (most commonly diagnosed) chronic depression, bipolar disorder, and schizophrenia [27].

Motivations

In research from 2000, Homant, Kennedy, and Hupp, gave a brief review of motives offered by other authors:

Psychodynamic

- Wants to obtain maximum media attention, perhaps to compensate for feelings of inadequacy, or to publicize some delusional claim (Van Zandt, 1993).
- Has a character structure based on viewing oneself as a victim of others (Foote, 1995; Van Zandt, 1993).
- Has guilt feelings (rational or irrational) that require expiation through violent death at the hands of the authorities (Geberth, 1993; Van Zandt, 1993).
- Seeks a final catharsis of inner rage by acting out a fantasy of dying in a shoot-out with police and taking along as many people as possible (Gilligan, 1996).
- Desires to saddle an authority figure with guilt feelings (Welner, cited by Lewan, 1998).
- Is acting out a conflicted relationship with a parent figure (Geberth, 1993). Social values
- Believes (normal) suicide is not socially acceptable, or it is viewed as a serious sin (Geberth, 1993; Parent, 1998b).
- Seeks the legally sanctioned power and authority of police to end one's life (Wilson et al., 1998).
- Prefers to go out in a blaze of glory, rather than face prison or other form of defeat (Geberth, 1993).

Practical

- Lacks the nerve to pull the trigger on oneself (Geberth, 1993).
- Has confidence that a police shooting will be quick and final: fears botching the job (Hutson et al., 1998; Van Zandt, 1993).
- Is concerned over payoff by an insurance policy (Anglin, cited in Feuer, 1998).
- Is physically unable to commit the act (Anglin, cited in Feuer, 1998).

Manipulative

- Wants to make the police look bad (and thereby create community unrest) (Geberth, 1994). [28]

Other research into motivations published in 2000, noted possible instrumental and expressive motivations of avoiding negative consequences, rage, losing control of their circumstances, hopelessness, and wanting attention for their personal issues [29]. Additionally, a 2017 clinical case article presents a model of the "behavioral evolution" of SbC incidents, proceeding from the two goals of instrumental and expressive [30]. This list of potential motivations, compiled as it was from sources more than twenty years ago, remains a jumping off point illustrating that it will rarely be obvious to first responders what, if any, conscious or unconscious motivation is in play. A critical literature review published in 2016 [31] noted a more contemporary interest in SbC, and commented, among other areas, on legal intervention (police) outcomes and that "Typical legal interventions, including use of less-lethal means and verbal negotiation strategies, are not effective at preventing subject death due to officer response—unless the officer focuses verbal negotiation strategies on the perpetrator's problems" (P. 107).

Mental Health

What comes to mind, perhaps most often, when people discuss

known suicide cases, is the topic of mental health. There are estimates that mental disorders and/or co-occurring substance abuse are associated with a majority of suicides [32,33]. There are lower but still significant estimates that "more than half of people who died by suicide did not have a known mental health condition" [34]. The latter may in part be attributed to the ever-present challenge of data gathering and completeness, and the fact that many do not seek mental health services [35].

The Uniform Crime Report (UCR) of the FBI, and the National Incident Based Reporting System (NIBRS), compiles data on specific crime categories by those agencies who voluntarily report. This system does not track police shootings, although an FBI project for centralized tracking of officer-involved fatal shootings seems imminent. The Washington Post newspaper has compiled some information regarding police-involved deaths for several years, though the nature of the data sources would not provide for easily categorized SbC cases. The estimates from several data sets mentioned earlier present a possible range of 10-36% or more of officer-involved shooting cases being definite or likely SbC [36].

Mood disorders, depressive illness, chronic pain, genetics, and more can be traced in many individuals who attempt or complete suicide [37]. As noted by the science writer Jesse Bering, "Much of what makes people suicidal is hard to talk about. Shame plays a major role. Even suicide notes, as we'll learn, don't always key us in to the real reason..." [38]. Our examination in this article does not delve deeply into the research of psychobiology of suicide beyond instilling an appreciation for the complexity and individual pathways people take to this ultimate self-harm. Likewise, it is beyond the scope of the present article to examine comprehensively the mental health efforts and work by dedicated professionals in several allied fields in preventing suicide. The narrow but necessary focus is baseline training for first responder personnel, mainly law enforcement, to potential incidents of suicide by cop (SbC).

Risk Factors for Attempted Suicide

The characteristics noted by various authors as associated with SbC are frequently not known at the time that law enforcement is summoned to the scene of someone threatening harm to themselves or others. First responders must deal with the behavior presented upon their arrival, and the individual who initiates an SbC may drive the dynamics rapidly to accomplish their goal. A study of U.S. Army soldiers using two control groups revealed that most (79.3%) soldiers who died by suicide have a prior mental disorder; mental disorders in the prior 30-days were especially strong risk factors for suicide death. Approximately half of suicide decedents tell someone that they are considering suicide [39].

The many factors and aspects of each person's life, exist, are influenced, wax and wane, outside the control of almost anyone in considering vulnerability, ideation, and operationalization to suicide. Prediction remains elusive with no method showing results to reliably identify a window of suicide [40]. While suicide is a low base rate event, vulnerability may be indicated through multiple factors, including the previous suicide attempts, chronic depression and physical illness, and substance abuse experienced by the decedent. Identifying warning signs have been seen in most individuals within the study, postmortem, most who had been diagnosed with a psychiatric disorder [41].

Mass Shootings: an example

An example of SbC are many incidents of mass shooting. Within the criminal justice literature, it has long been documented that those individuals who commit a mass shooting, as opposed to serial killers, are likely to die at the scene, often by their own hand. In an ongoing data compilation and analysis effort conducted by the Advanced Law Enforcement Rapid Response Training (ALERRT) Center at Texas

State University, researchers work with the F.B.I. to catalog and examine such attacks. ALERRT has documented more than 433 such events, noting that “In more than a quarter of episodes, the attackers ended the shootings by turning the guns on themselves” [42-48]. Adam Lankford, a professor at the University of Alabama, also interviewed for the New York Times article, noted that “The share of attackers who die by suicide is most likely a fraction of those who have suicidal expectations.”

“Most events end before the police arrive, but police officers are usually the ones to end an attack if they get to the scene while it is ongoing.” “Hunter Martaindale, director of research at the ALERRT Center, said the group has used the data to train law enforcement that “When you show up and this is going on, you are going to be the one to solve this problem.” This implicates more generally the perception of the general public about mass shooters and not considering these as a suicide by cop incident. Much, if not most, of what most people think about regarding SbC is likely influenced by how incidents have been portrayed on television and in movies [49].

Police Training and Response

The topic of suicide is routinely addressed in law enforcement officer recruit training, as are the factors considered in the authorization to use deadly force. There has also been commentary about the need for law enforcement officers to receive training in SbC [50,51]. “Academy training curricula and agency policies and procedures while laying the foundation and providing a guiding course for officer actions must also acknowledge and discuss limitations of the human officer” [52] (P.4).

The attempt to control a violent and suicidal individual using non-lethal means is desirable when feasible. Notably, the use of force by a suspect during an encounter has been shown as a significant predictor in law enforcement force usage [53]. Varied and intense feelings (e.g., opless, frustrated, angry) may lead to outward hostile action. Law enforcement officers arriving at, or confronted by, a scenario of someone manifesting suicidal ideation with violence, are tasked with controlling the violence before transitioning a person to medical or mental health care. If the words and behavior of a person indicate the possibility of suicidal intention, this factors into the immediate control tactics, and the potential subsequent treatment options by relevant professionals. “All suspicious behavior that suggests suicidality should be taken seriously; all such persons and behaviors are volatile — potentially explosive” [54].

CIT

Crisis Intervention Training (CIT) is available to some officers and agencies and familiarizes first responders with some signs and responses to mental health crises. This approach works to link mental health professionals and public services, via police, to those in need [55].

The “totality of circumstances” led the deputies to reasonably believe this [56]. This objective test considers what the officers knew at the time of the shooting. This precedent logically contemplates not holding officers to information that they did not have, nor does it alter the actions by

The criterion of objective reasonableness compares the actions of officers against other officers similarly situated. The use of force can be necessary to prevent a suspect from resisting or from attacking. The force options available to officers include the use of deadly force. The decision by an officer to use a firearm to prevent or stop a perceived attack is evaluated in this way. The near instantaneous nature of selecting and using a force option has long been recognized by the courts. The actions of the suspect and the totality of the circumstances in a given situation are examined after the fact.

Examination of use of force subsequent to Garner, was based on the language of the Supreme Court: “if the suspect threatens the officer

with a weapon or there is probable cause to believe that he has committed a crime involving the infliction or threatened infliction of serious physical harm, deadly force may be used if necessary to prevent escapes, and if, where feasible, some warning has been given”[57].

Officers are trained and aware that they need not wait until they are fired upon or stabbed before responding with deadly force when they perceive an immediate threat of serious harm or death. While officers are taught to be alert for indications of mental illness, they are not trained and are not expected to know specifics about whether an individual deals with thought disorders, mood disorders, anxiety disorders, personality disorders, etc.

Speaking about training in SbC, Violanti and Drylie said:

Another collateral effect resulting from this type of pre-incident awareness is developing an understanding of exactly what SbC is, and knowing that even in situations where every possible preventative measure and precautions were taken SbC can culminate in the death of the suicidal actor [58].

Psychological Autopsy as Tool

The psychological autopsy (PA) is not a law enforcement or medical assessment and should not be confused with nor construed as such. One of many aspects of the PA is to identify, if possible, the acute, proximal risk factors for suicide death. For example, did the decedent have significant drug addiction. Did he deal with chronic health issues, which is a critical challenge for many? Marital stress and a co-drug-dependent spouses have been seen as a source of conflict and stress. Any recent suicide attempts/threats may have been acute stressors. The acquisition of a firearm, may be an acute event, bringing lethal means to the immediate environment.

Initial contact with potential witnesses or interviewees may wait for some time, perhaps months, following a decedent’s death. Some examining cases may begin with a brief letter explaining the PA process and how it might be beneficial to each person’s understanding of the dynamics of such circumstances. Subsequently, speaking with each person by telephone. Hoping to find them eventually receptive to meeting to give what information they can. For criminal investigators, this timeline is generally not practical and will likely be accomplished almost immediately. Individuals are best interviewed at an office at a time that is convenient to them. Each interviewee is referred to as witness. Each witness is viewed as significant in the recent period of time prior to the decedent’s death. Each witness is briefed on the subjects to be discussed, and then asked if they would be comfortable talking. As a postvention protocol [59], respecting emotions and potentially heightened risk of suicide by loss survivors [60], both before and at the close of the interviews, an offer should be made to each person of literature and referral information for service providers in their home area that may help them if needed engage more with their thoughts and feeling regarding the event. The work of Conner et al. (2011) provides an example helpful in establishing a viable interview process [61].

Discussion

Future research should focus on examination through psychological autopsy of cases presenting as potential or confirmed suicide by cop. Identifying commonalities in a low base-rate event, suicide, is already challenging. The even lower incidence of individuals who seek suicide via a police response is statistically quite low. Insights into this phenomenon may serve multiple benefits for multiple fields. Incorporation of any data gleaned into support materials for first responder training may increase the effectiveness of response. We are reminded that there is no single scientific method to the conduct of a psychological autopsy.

Conclusion

Within an American culture-context, mental health challenges are not uncommon, substance abuse is not infrequent, firearms are ubiquitous.

More than 40,000 people per year commit suicide in this country. Many more make attempts, articulate ideations, or dwell on the possibility. There are many challenges in the field of suicide prevention. Robust research and efforts continue, but the reality is that many people will lose their life to suicide, and many more will make one or more attempts. Perseverance through to a completed suicide tragically illustrates the challenges that family, friends, government actors, the medical, mental, and public health communities, and society have in categorical prevention of the suicide of many individuals acting with agency to operationalize a plan of suicide.

Some individuals who commit suicide, try to utilize the response of law enforcement as the instrumentality. U.S. law and court decisions have established that, regardless of the generally unknown motivation of the suicidal individual, determining legal justification when officers use deadly force when facing a threat turns on whether a “reasonable officer” similarly situated would perceive an imminent threat of serious injury or death for the officer or others. The training of law enforcement officers regarding suicide and other topics occurs in a state-by-state manner, influenced by relevant court decisions and law. Increased knowledge by first responders regarding behavior motivations may assist in crafting responses to individuals. Law enforcement officers, however, must still act based on the behavior presented in the moment. A gap in research has existed about how to incorporate findings into law enforcement training and, perhaps, post-event legal actions. Examining suicides and attempts through the tool of psychological autopsy may be beneficial for these training and response options of law enforcement and other first responder personnel.

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