

Law Enforcement Deaths by Suicide

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Abstract

In late 2023, the CNA Corporation began collaborating with the nonprofit organization First H.E.L.P. to examine and analyze the data it has amassed on law enforcement and correctional officer deaths by suicide. First H.E.L.P.'s efforts represent a notable stride toward comprehensively collecting reliable and valid data on this challenging issue, marking one of the most extensive efforts undertaken in this area. This research brief presents analyses of the 1,287 deaths by suicide of law enforcement and correctional officers from 2016 to 2022, offering descriptive information categorized by the year of occurrence, agency details, geographic location, demographic attributes, position specifics, help-seeking behaviors, life challenges the person encountered before their death, and details about the death event.

Disclaimer: Access to Crisis Support

If you or someone you know is experiencing a mental health crisis or having thoughts of suicide, please know that help is available. You can reach out to the Suicide and Crisis Lifeline by calling or texting 988 to connect with a trained crisis counselor for immediate support and access to resources. Please remember, seeking help is a sign of strength, and you are not alone in this.

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INTRODUCTION

Police and correctional officers (hereafter referred to as public safety personnel) routinely confront arduous and psychologically taxing circumstances that can adversely affect their mental and emotional health. In a thorough survey encompassing 2,232 law enforcement officers, Mumford and colleagues (2021) noted that although two-thirds displayed healthy behaviors, approximately one-fourth encountered moderate health challenges, and a minority (6 percent) grappled with more severe health issues. Similarly, a separate study conducted by Drew and Martin (2023) involving 3,994 officers found that 44 percent experienced psychological distress, such as depression and anxiety within the previous four weeks, and nearly a quarter of them experienced moderate to severe distress.

Extensive research highlights the profound repercussions of poor wellness characteristics among public safety personnel, including cognitive dissonance toward society, feelings of isolation, and diminished self-worth, which potentially increase the risk of suicide attempts or deaths by suicide (Civilotti et al., 2022; Newiss et al., 2022; Stogner et al., 2020; Violanti & Steege, 2021). Thoen et al. (2020) reported that 12.4 percent of surveyed police officers expressed a likelihood of future suicide attempts, with 13.2 percent acknowledging suicidal thoughts in the past year. Moreover, compared to the general population, law enforcement officers face a 54 percent higher risk of dying by suicide (Violanti & Steege, 2021), underscoring the critical need for comprehensive wellness programs and support structures within the field.

Public safety professions are challenged by the absence of a systematic, national, and comprehensive data collection effort.

Despite extensive research into the correlates of public safety personnel deaths by suicide, all police and public safety professions are challenged by the absence of a systematic, national, and comprehensive data collection effort to fully grasp the extent of the problem (Dixon, 2021; Malik et al., 2023; NASEM, 2023). Recognizing the critical need for accurate data in this area, Congress enacted the Law Enforcement Suicide Data Collection (LESDC) Act on June 16, 2020. Part of the LESDC Act mandates the Federal Bureau of Investigation (FBI) to establish a national data collection effort to seek incidental information on suicides, including gestures, ideation, and attempted suicides within the law enforcement community. However, initial federal efforts have been slow and have encountered numerous challenges.

The nonprofit organization First H.E.L.P. (Honor, Educate, Lead, Prevent) has been collecting data systematically since 2016 on deaths by suicide among public safety personnel. In

late 2023, the CNA Corporation (hereafter "CNA") initiated a partnership with First H.E.L.P. to undertake the first comprehensive analysis of its extensive dataset on public safety personnel deaths by suicide. This brief presents an overview of previous research and data collection endeavors related to public safety personnel deaths by suicide. It outlines the methodology employed by First H.E.L.P. for its data collection and offers descriptive insights into public safety personnel deaths by suicide. The results are organized according to the year of occurrence, agency information, geographical distribution, demographic

attributes, position details, help-seeking behaviors, life challenges the person encountered before their death, and details about the death event.

Past research

Public safety personnel die by suicide at a higher rate than the general population. For example, Violanti et al. (2013) found that detectives and criminal investigators had a higher suicide rate than the general population, and Dixon (2021) found that rates of suicide among public safety personnel are higher than rates of death in the line of duty. Various job-related factors contribute to these tragedies in law enforcement officers, including repeated exposure to life-threatening situations, the strain of shift work on sleep patterns and relationships, ready access to firearms, prior military experience, and the demographic profile of law enforcement, which predominantly comprises White males, a group already at elevated risk of suicide (Dixon, 2021; Stanley et al., 2016; Violanti et al., 2013). In contrast, factors contributing to the suicide of correctional officers remain less clear, largely because of high turnover rates (Malik et al., 2023). Nevertheless, both professions encounter similar related factors, such as challenging work conditions, irregular shift schedules, and workplace stress, suggesting that insights from studies on policing may be applicable to the corrections field (Ferdik & Smith, 2017; NIC, 2016).

A meta-analysis of suicidal thoughts and behaviors identified that police officers experienced approximately twice the rate of suicidal ideation in comparison with the general population (Stanley et al., 2016). However, further investigation is needed to understand the rate of suicidal ideation of correctional officers in the United States. Current evidence suggests that corrections personnel may have suicide rates that are 40 to 100 percent higher than those of police officers and more than seven

times higher than those of the general population (Ferdik & Smith, 2017; Malik et al., 2023; Stack & Tsoudis, 1997).

Regarding suicide attempts, challenges in data collection have hindered the understanding of this phenomenon in both policing and corrections work. For instance, Thoen et al. (2020) reported that 12.4 percent of surveyed officers expressed a likelihood of future suicide attempts, and 13.2 percent had suicidal thoughts in the past year. Janik & Kravitz (1994) found that 55 percent of officers undergoing their first fitness-for-duty evaluation within a single agency had a previous suicide attempt. In corrections, officers who die by suicide are more likely to have a history of repeated attempts (St. Louis et al., 2023). These estimates are well above the 4.6 percent of the general population with prior attempts (Kessler et al., 1999).

The method by which public safety personnel die by suicide should also be noted. Zimmerman and colleagues (2023) noted that police officers were more likely to die by suicide using a firearm. Correctional officers were also found to be more likely to have alcohol in their systems at the time of death (Zimmerman et al. 2023). However, the prevalence of alcohol in police suicides is still high—Heyman et al. (2018) found it was present in more than 85 percent of police suicides.

Studies examining deaths by suicide within a single police agency have not been consistent in finding a higher rate of suicide than in the general population, in comparison with studies that have used data from multiple agencies (Stanley et al., 2016), further emphasizing the need for a comprehensive national dataset. Understanding whether agency size contributes to suicide risk is another complicating factor. Some research, such as that conducted by Violanti et al. (2012) and Klinoff et al. (2015), found

that smaller agencies may have increased suicide risk, although it was reported in a recent workshop held by the National Academies of Sciences that agency size is not a contributing factor (NASEM, 2023). Further research must be done in this area to understand the relationship between agency size and suicidal risk.

Past data collection efforts

Significant obstacles persist in understanding the full scope of suicides among public safety personnel, and challenges related to data collection are particularly prominent. As noted previously, no national, comprehensive dataset related to public safety personnel suicide exists. Data are collected on suicides of correctional officers through the Bureau of Labor Statistics' Census of Fatal Occupational Injuries; however, these data report only deaths by suicide that occur within correctional facilities (NIC, 2016).

As noted, the LESDC Act, enacted on June 16, 2020, aims to support the development of programs and resources to prevent law enforcement officer suicides. Specifically, the act mandates the FBI to establish a national data collection effort, seeking incidental information on suicides (including gestures and ideation) and attempted suicides within the law enforcement community (i.e., corrections, telecommunications, and judicial system employees, in addition to police) (NASEM, 2023). However, agencies across the country are not mandated to submit data to the LESDC, and several other factors contribute to the low participation the effort has seen to date. One of these challenges is that only law enforcement agencies are allowed to submit information to the database, excluding family, friends, or acquaintances of those who have died by suicide. The Bureau of Prisons has also collected information on officer suicides since 1997, but it recently began postvention efforts to better understand the factors that precede suicide (NASEM, 2023).

Broader data collection systems gather statistics on suicides that encompass, but are not limited to, suicides within the public safety community. One such comprehensive resource is the National Violent Death Reporting System (NVDRS), which holds more than half a million records, the majority of which are suicide cases (NASEM, 2023). In a significant step toward addressing suicide among public safety officers, the NVDRS introduced the Public Safety Officer Suicide module in 2022. This module specifically targets both paid and volunteer personnel within public safety organizations, aiming to provide focused insights into this critical issue (NASEM, 2023). However, the inaugural report drawing from this new dataset is not anticipated until fall 2024.

CURRENT STUDY

In late 2023, CNA began collaborating with the nonprofit organization First H.E.L.P. to examine and analyze the data it has amassed on public safety personnel deaths by suicide. First H.E.L.P.'s efforts represent a notable stride toward comprehensively collecting reliable and valid data on this challenging issue, marking one of the most extensive efforts undertaken in this area.

Although First H.E.L.P. has data covering decades of public safety personnel deaths by suicide, it began to collect the data systematically and proactively in 2016. As such, the following analyses examine the 1,287 deaths by suicide that pertained to public safety personnel from 2016 to 2022. The project team decided to exclude 2023 data because information regarding past deaths is often reported to First H.E.L.P. many months or even years after the event. As such, 2023 data was excluded to ensure that the information for the final year in the analysis was as accurate as possible. We obtained the data from First H.E.L.P. on February 27, 2024; additional deaths between 2016 and 2022 may have been documented after this date and are not included in the following analysis.

First H.E.L.P. collects data on public safety personnel deaths by suicide using a systematic and standardized method. The following are the four primary methods for providing First H.E.L.P. with information about a death by suicide:

- **Website.** First H.E.L.P. hosts a website (1sthelp.org) where friends, family members, or acquaintances of those who have died by suicide can submit information about the officer and the circumstances around their death. The online form covers various aspects such as demographic characteristics, position details, family information, method

of death, mental health characteristics, help-seeking behaviors, and open comments to provide detailed descriptions of the officer's personal challenges and their lives.

- **Google Alerts.** First H.E.L.P. manages dozens of Google alerts that scan online news articles and websites about public safety personnel death events.
- **Social media.** First H.E.L.P. manages numerous social media accounts that allow people to proactively reach out and message staff about public safety personnel death events.
- **Direct contact.** Family, friends, and acquaintances can contact First H.E.L.P. staff directly via phone call, text message, or a contact form on their website.

Upon identifying a new case, First H.E.L.P. staff verify that the death has not been documented previously in their database. Upon confirmation, they input as much information as possible from online sources, messages, and details provided by family, friends, and acquaintances through social media or direct contact with First H.E.L.P.

Following the initial data collection phase, First H.E.L.P. undertakes a comprehensive examination of online sources, including news articles, obituaries, and social media posts, to gather further insights. If the individual who initially contacted First H.E.L.P. or completed the online form agrees to additional follow-up discussions, First H.E.L.P. arranges discussions to delve deeper into and validate the collected information. Typically, multiple contacts are made, with First H.E.L.P. engaging in an average of five to six interactions per case. These interactions often involve conversations with various family members to gain diverse perspectives on the

officer and their life. In addition, family members may share narratives drafted for their Public Safety Officer Benefit Act submissions, offering detailed explanations of how the death is connected to the duties of public safety personnel.

This robust approach has solidified First H.E.L.P. as the leading organization in the collection of reliable and valid data regarding deaths by suicide of public safety personnel.

FINDINGS

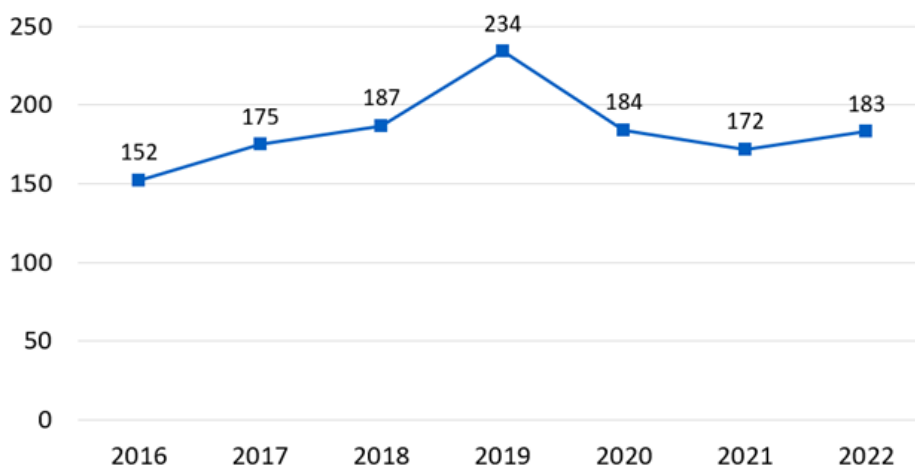
In this section, we examine First H.E.L.P.’s data and provide descriptive information regarding public safety personnel deaths by suicide, categorized by the year of occurrence, agency details, geographic location, demographic attributes, position specifics, help-seeking behaviors, life challenges the person encountered before their deaths, and details about the death event.

By year

Figure 1 displays the number of public safety personnel deaths by suicide from 2016 to 2022. The average number of deaths per year during this period was 183.9, with little variation. However, deaths by suicide increased significantly in 2019, with a total of 234 reported deaths. Despite reviewing the comments in the data, analysts found no specific reasons for this increase. First H.E.L.P. noted that

engagement with the organization and its initiatives was growing by 2019. They attributed the year-over-year increases in engagement observed from 2016 to 2019 to a shift in attitudes, with families, friends, and colleagues becoming increasingly willing to confront the stigma surrounding suicide and mental health, and thus becoming more inclined to provide data that could benefit others in similar situations. However, the onset of the COVID-19 pandemic in 2020 significantly affected public awareness of First H.E.L.P.’s efforts, as evidenced by a decline in both news coverage and subsequent reporting of cases to the organization. First H.E.L.P. also suggests that the pandemic may have provided public safety personnel with a renewed sense of purpose and meaning in their roles, potentially acting as a protective factor against suicidal ideation and reducing the incidence of suicide that has been observed in past research (Costanza et al., 2020; Li et al., 2024; Trachik et al., 2021).

Figure 1. Officer deaths by suicide, by year (n = 1,287)



Source: CNA analysis of First H.E.L.P. data.

Agency

The project team collected and linked data to each agency listed in the First H.E.L.P. dataset. For law enforcement agencies, we collected the agency type and the number of full-time sworn staff from the 2018 Census of State and Local Law Enforcement Agencies and the 2020 Census of Federal Law Enforcement Officers (BJS, 2023a, 2023b). If the agencies were not listed in those datasets, we retrieved information from the 2020 Law Enforcement Management and Administrative Statistics dataset (BJS, 2023c). The definitions for agency type and size come from the Bureau of Justice Statistics analysis (Gardner & Scott, 2022). For correctional facilities, we pulled data on the full-time sworn staff from the 2019 Census of State and Federal Adult Correctional Facilities or the 2019 Census of Jails (BJS, 2019a, 2019b).

Figure 2 presents the distribution of 1,287 officer deaths by suicide by agency type and size, revealing that slightly more than half (51 percent) of these incidents involved officers from local police departments. In addition, 20 percent of the cases were associated with sheriff's offices (although another 13 percent were correctional officer staff, who are

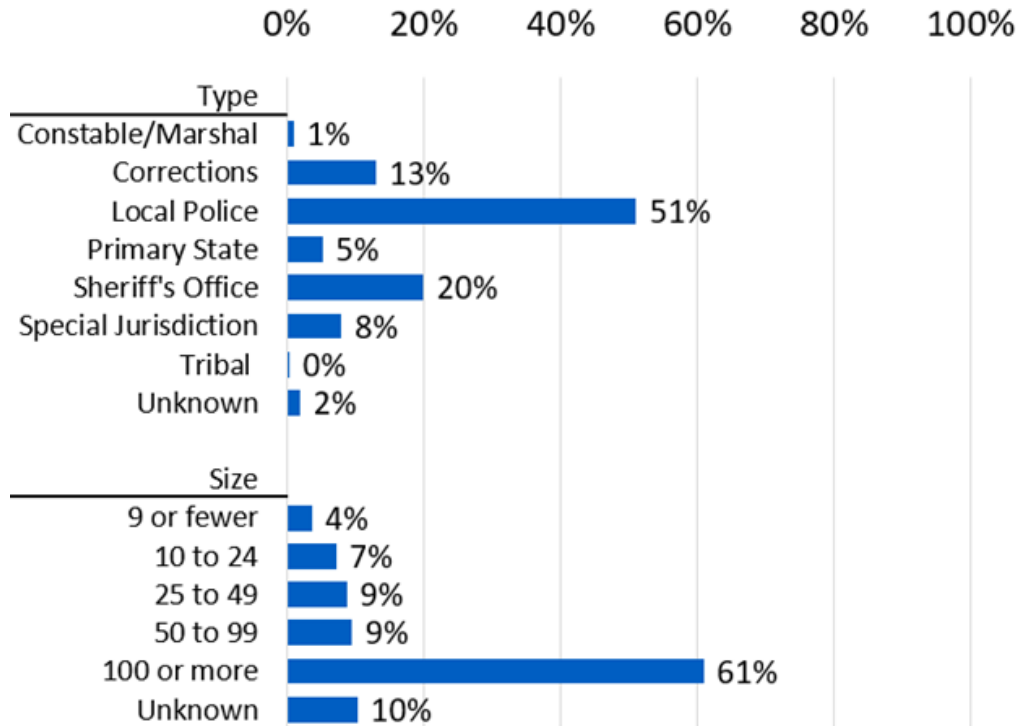
typically employed by the local sheriff's office). Individuals from agencies with "special jurisdiction," constituting 8 percent of the cases, were identified as belonging to federal, collegiate, or university law enforcement agencies; hospitals; state or national parks; judicial systems; or entities responsible for security at transportation facilities such as train stations, airports, or ports. A noteworthy 5 percent of cases involved officers from state police agencies.

The majority of public safety personnel deaths by suicide correspond to agencies with 100 or more full-time sworn officers. These large agencies represent merely 10.8 percent of all law enforcement agencies and correctional facilities nationwide, but account for 61 percent of suicides among public safety personnel (BJS, 2019a, 2019b; Gardner & Scott, 2022). The correlation between agency size and the proportion of deaths by suicide appears to be linear, with fewer occurrences observed in smaller agencies. This finding contradicts previous research that suggests that personnel at smaller agencies may have an elevated suicide risk (Klinoff et al., 2015; Violanti et al., 2012) and that agency size is not a contributing factor to suicide risk (NASEM, 2023).

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Figure 2. Officer deaths by suicide, by agency information (n=1,287)



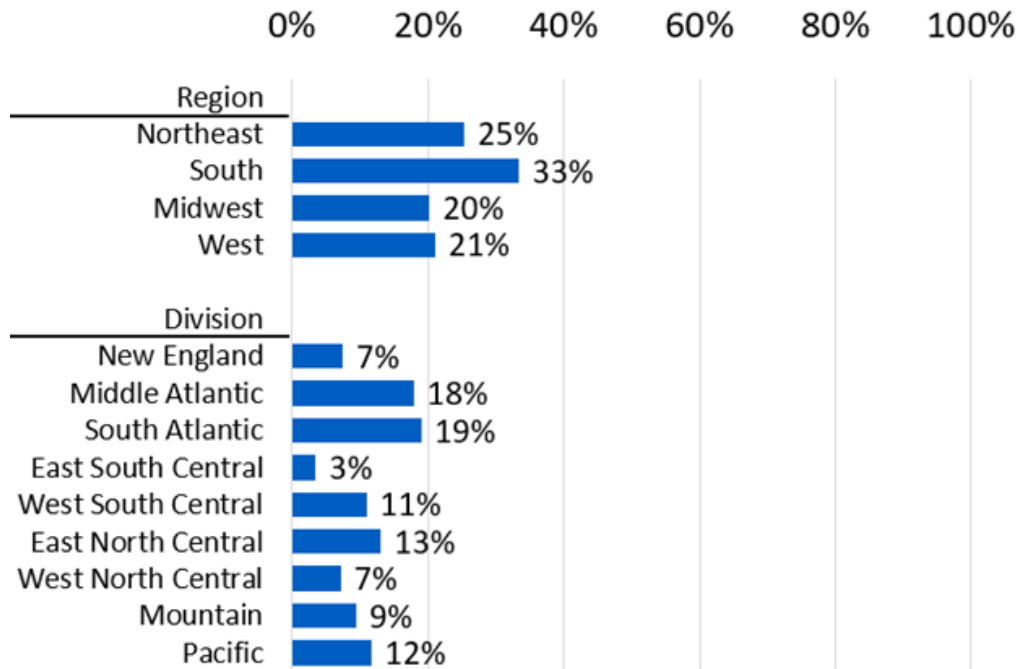
Source: CNA analysis of First H.E.L.P. data.

Location

The distribution of public safety personnel suicides appears relatively uniform across the various regions of the country, as shown in **Figure 3**. However, the South accounts for 33 percent of cases, slightly surpassing the proportion in other regions, which range from 20 to 25 percent. Considering that the South has more than double the population of the Northeast, these figures may shift when adjusted for population or the number of public safety personnel in each region (US Census, 2023). Future research should consider the varying rates of deaths across different populations to enable more robust comparisons between groups.

Across the divisions of the country, a higher incidence of suicides is observed in the South Atlantic (within the South region) and the Middle Atlantic (within the Northeast region), which account for 19 and 18 percent, respectively. Conversely, a relatively low number of suicides were reported in the East South Central division, which encompasses Kentucky, Tennessee, Mississippi, and Alabama and accounts for 3 percent of the deaths overall.

Figure 3. Officer deaths by suicide, by location (n=1,287)



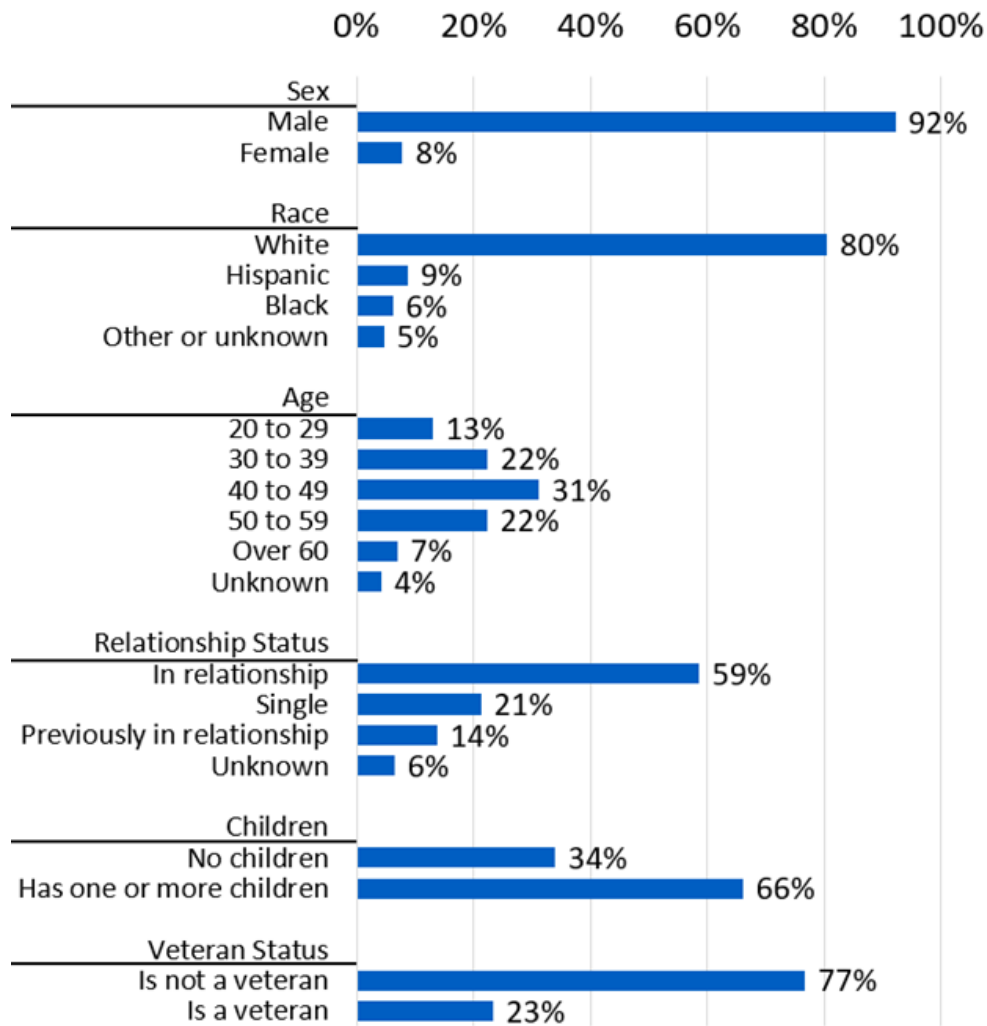
Source: CNA analysis of First H.E.L.P. data.

Demographic characteristics

First H.E.L.P. compiles data on several demographic factors of the officers, including sex, race, age, relationship status, number of children, and veteran status, as detailed in **Figure 4**. The data reveal that the majority of officers who died by suicide were male (92 percent), White (80 percent), and in their 40s (31 percent). Stanley et al. (2016) highlight that

White males—the demographic that constitutes the majority of public safety personnel—face the highest risk of suicide. Males make up approximately 87 percent of public safety personnel nationwide (Goodison, 2022), and their reported suicide rate closely aligns with that percentage, with males accounting for 92 percent of deaths.

Figure 4. Officer deaths by suicide, by demographic characteristics (n=1,287)



Source: CNA analysis of First H.E.L.P. data.

First H.E.L.P. data reveal a significant overrepresentation of White officers in suicide cases at 80 percent of deaths, even though White people make up 69 percent of the overall law enforcement population (Goodison, 2022). Conversely, Black officers constitute approximately 12 percent of

law enforcement nationally (Goodison, 2022), but they account for only 6 percent of suicide deaths. This trend aligns with prior research that indicates that Black male officers do not exhibit a statistically significant elevated suicide risk (Violanti et al., 2013). To shed light on the lower suicide rates among Black

officers, future research should explore the Black-White mental health paradox. This phenomenon denotes that Black Americans often exhibit lower rates of depression and anxiety than their White counterparts, despite facing greater exposure to stressors that typically undermine mental well-being (LaMotte et al., 2022).

Most public safety personnel who died by suicide (59 percent) were in a relationship (either had a partner or were engaged or married) at the time of their death. Roughly 21 percent were single at the time of their death, another 14 percent were divorced or separated from their partner or a widow/er, and 66 percent had one or more children.

Stanley et al. (2016) highlight the risk of suicide for public safety personnel with a military background, but the First H.E.L.P. data do not show a disproportionate rate of suicide in the veteran population. First H.E.L.P. data indicate that 23 percent of deaths by suicide were associated with officers who had previously served in the military, which is slightly lower than the representation of veterans in law enforcement, which currently resides at about 25 percent (Morgan & Trigg, 2022).

Position characteristics

Figure 5 outlines public safety personnel suicides according to the characteristics of their position, status, and tenure within their law enforcement agency. Data from First H.E.L.P. reveal that a significant majority of suicides occur among staff at the line-officer level (68 percent), which encompasses police officers, sheriff's deputies, and constables. In addition, approximately 21 percent held mid-management roles, such as that of captain, lieutenant, sergeant, and similar positions. The category of investigator, which primarily comprises detectives, accounted for roughly 7 percent of suicide cases.

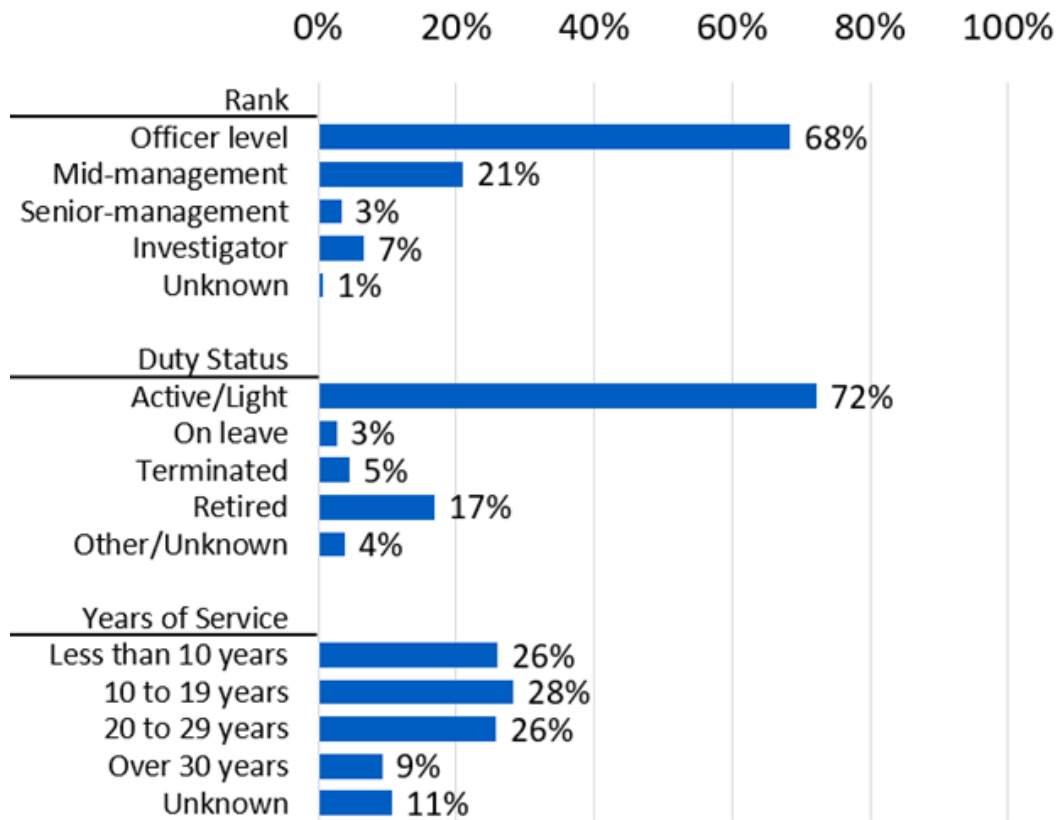
The majority of public safety personnel (72 percent) were actively serving at the time of their death, but a significant proportion (17 percent) were retired from law enforcement. Only 5 percent had recently been terminated from their position prior to the death event.

Deaths by suicide among public safety personnel were evenly distributed across the first three decades of their careers, with percentages ranging from 26 to 28 percent for those serving up to 29 years. Approximately one out of 10 public safety personnel (9 percent) were in the fourth decade of their career at the time of their death, although half of these individuals were already retired.

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Figure 5. Officer deaths by suicide, by position characteristics (n=1,287)



Source: CNA analysis of First H.E.L.P. data.

Help-seeking behaviors

First H.E.L.P. gathers data on whether officers sought help for post-traumatic stress disorder (PTSD), sought or received mental health treatment, or had a history of suicide attempts, as outlined in **Figure 6**. In addition, we created a field to indicate whether officers sought any form of assistance, encompassing the aforementioned activities. A significant portion of friends, family, and acquaintances indicated uncertainty regarding whether officers engaged

in help-seeking behaviors. Approximately 39 to 51 percent of respondents either skipped the item on the form or indicated that such behaviors were unknown to them. Overall, however, roughly 23 percent reported some level of help-seeking behaviors before the officer's death by suicide.

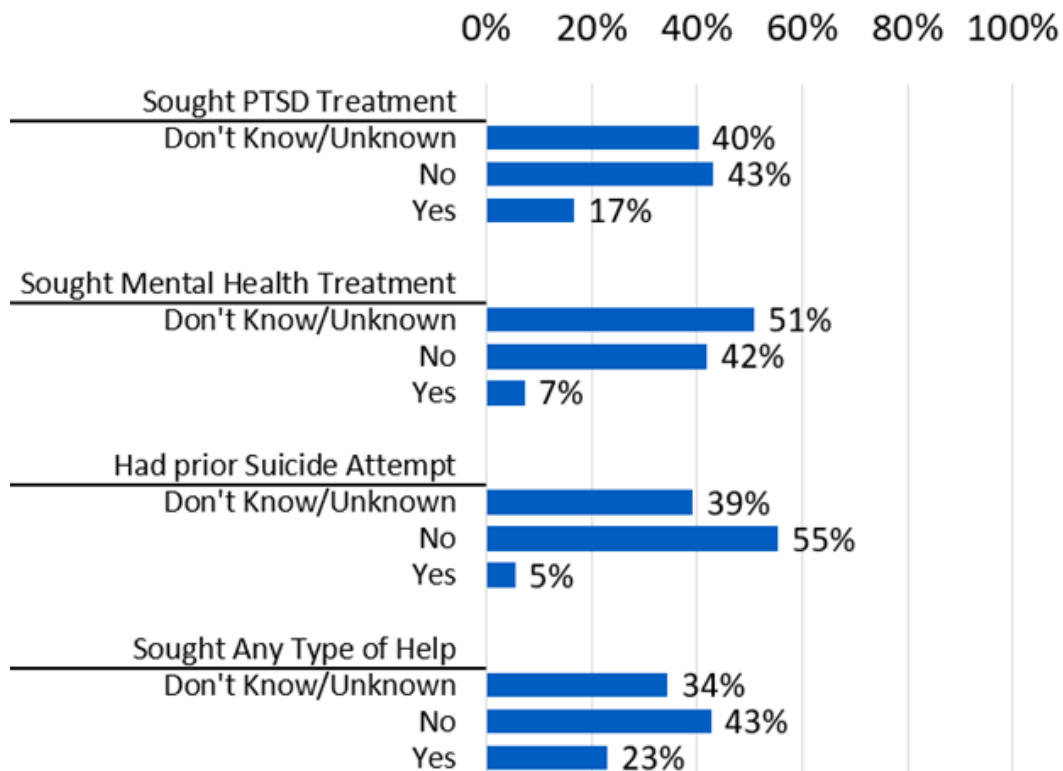
The highest proportion of help-seeking behaviors among public safety personnel was related to seeking treatment for PTSD, a mental health issue known to have a significant correlation with suicidal tendencies

(Stanley et al., 2016). Approximately 17 percent of officers sought assistance for PTSD, and 7 percent sought help for any form of mental health treatment.

Data from First H.E.L.P. reveal that only 5 percent of officers had a documented history of suicide attempts before their death by suicide. However, information regarding previous suicide attempts is unavailable in 39 percent of the cases, potentially skewing this finding. For example, Janik & Kravitz (1994) found that 55 percent of officers undergoing their first

fitness-for-duty evaluation within a single agency had a previous suicide attempt. More recently, Thoen et al. (2020) reported that 12.4 percent of surveyed officers expressed a likelihood of future suicide attempts, and 13.2 percent had suicidal thoughts in the past year. Future research should aim to provide a comprehensive understanding of the relationship between prior suicide attempts and eventual death by suicide among public safety personnel.

Figure 6. Officer deaths by suicide, by help-seeking behaviors (n=1,287)



Source: CNA analysis of First H.E.L.P. data.

Life challenges

The data collection form regarding public safety personnel deaths by suicide allowed respondents to select from 24 negative life challenges that they believed the individual encountered before their death. Many responses to these items were marked as “Don’t know” or skipped entirely. **Figure 7** illustrates the instances in which a life challenge was recorded in the form. These 24 responses were categorized into five distinct groupings, each focusing on life challenges related to personal relationships, mental health, medical issues, addiction or financial struggles, and challenges in their work environment.

The most prevalent life challenges among officers were depression, affecting 34 percent of those who died by suicide, followed by PTSD, diagnosed in 27 percent of officers. Consequently, mental health issues emerged as the category with the highest proportion of officers, with 46 percent experiencing PTSD, depression, another mental illness, childhood trauma, or grief from the recent loss of a loved one.

Public safety personnel who died by suicide faced a range of work-related challenges, including career setbacks, unusual work circumstances, or being under investigation. A notable 25 percent of these officers encountered one or more of these issues. This finding aligns with prior studies indicating that work-related legal issues in policing often coincide with suicide (O’Hara et al., 2013). Research has also highlighted work-related stressors, particularly those associated with leadership and supervision,

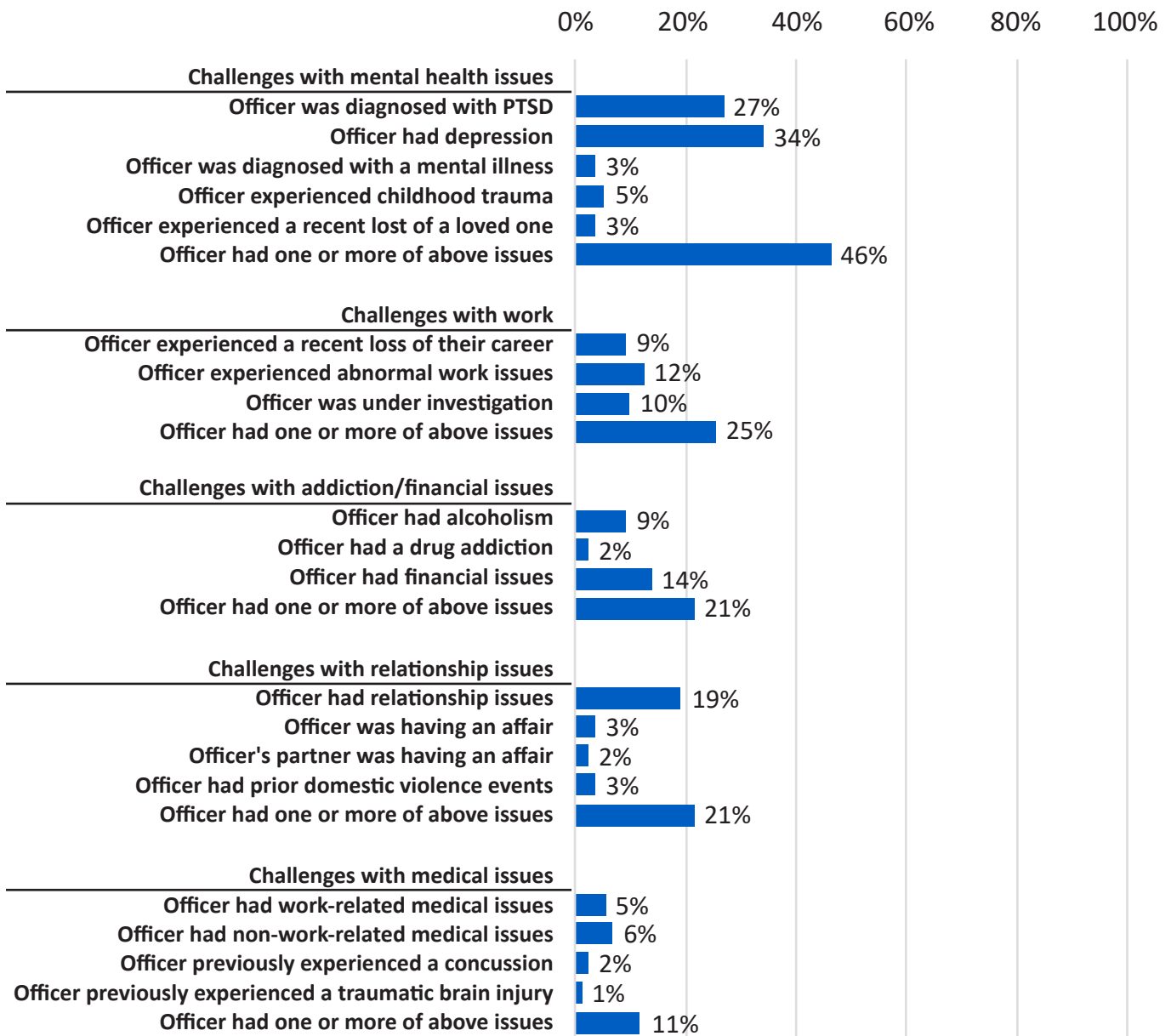
as primary concerns for many officers (Lawrence & Carleton, 2023). Further investigation into the relationship between organizational stress, work-related challenges, and suicide is warranted.

A small percentage of officers (2 percent) struggled with drug addiction before their death, and approximately 9 percent had issues with alcoholism. Concerns or challenges related to finances were more prevalent, affecting 14 percent of officers before their death. Consequently, around 21 percent of officers who died by suicide grappled with at least one of these issues.

Similarly, approximately 21 percent of officers encountered difficulties in their personal relationships. These challenges predominantly encompassed less severe issues, although some officers were involved in an affair, their partner was involved in an affair, or there were prior incidents of domestic violence in their relationships. This finding aligns with previous research suggesting that officers facing relationship challenges were five times more likely to attempt suicide (Janik & Kravitz, 1994).

Life challenges linked to medical issues were the least frequently reported. Approximately 11 percent of the officers faced 1 or more medical problems, stemming primarily from injuries sustained outside (6 percent) or during (5 percent) work activities. First H.E.L.P. also gathers data on head and brain injuries, with roughly 2 percent of individuals having recently suffered a concussion before their death and less than 1 percent having experienced a traumatic brain injury.

Figure 7. Noted challenges in the lives of officers with a death by suicide (n=1,287)



Source: CNA analysis of First H.E.L.P. data.

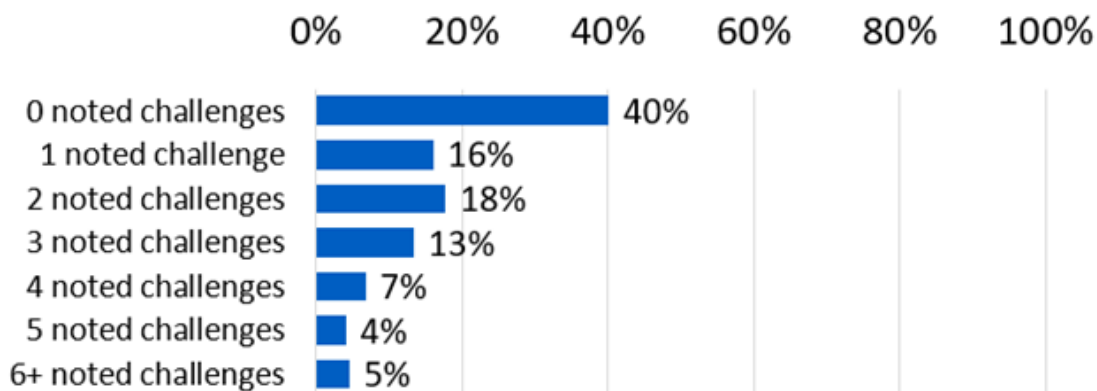
Officers contemplating suicide may be contending with multiple challenges simultaneously. The decision to take one's life may be influenced by a range of factors that collectively weigh on an individual. Therefore, we examined the prevalence of unique challenges in the lives of officers who died by suicide, as detailed in **Figure 8**. A significant portion of officers (40 percent) did not have any noted challenges documented. However, it is plausible that many officers who succumbed to suicide were grappling with internal struggles that went unreported or unrecognized, as indicated in **Figure 6**. The information gathered post-suicide comes from those who were close to the deceased, who may have been adept at concealing their struggles. First H.E.L.P. does not examine toxicology findings from autopsies; instead, the organization depends on accounts from individuals who may have their own biases or may not be prepared to disclose complete details about their loved one's life. Public safety

personnel who died by suicide likely experienced a larger proportion of these life challenges than what was reported.

Among officers who did report life challenges, the majority faced between 1 and 3 of the 24 challenges included in the form. This subset constituted 47 percent of all cases, with most officers experiencing 1 or 2 noted challenges (16 percent and 18 percent, respectively). Fewer officers encountered numerous challenges before their death, with 16 percent of cases reporting 4 or more challenges.

These statistics cannot capture the subjective experiences and coping mechanisms of individual officers. For instance, although a single relationship issue may profoundly affect one officer, another officer may manage multiple challenges more effectively. Nevertheless, a majority of officers (60 percent) were contending with some form of adversity before their death.

Figure 8. Count of unique challenges in the lives of officers with a death by suicide (n=1,287)



Source: CNA analysis of First H.E.L.P. data.

Details about the death

The following section provides sensitive information about death by suicide that may be traumatic to some. If you or someone you know is experiencing a mental health crisis or having thoughts of suicide, please know that help is available. You can reach out to the Suicide and Crisis Lifeline by calling or texting 988 to connect with a trained crisis counselor for immediate support and access to resources.

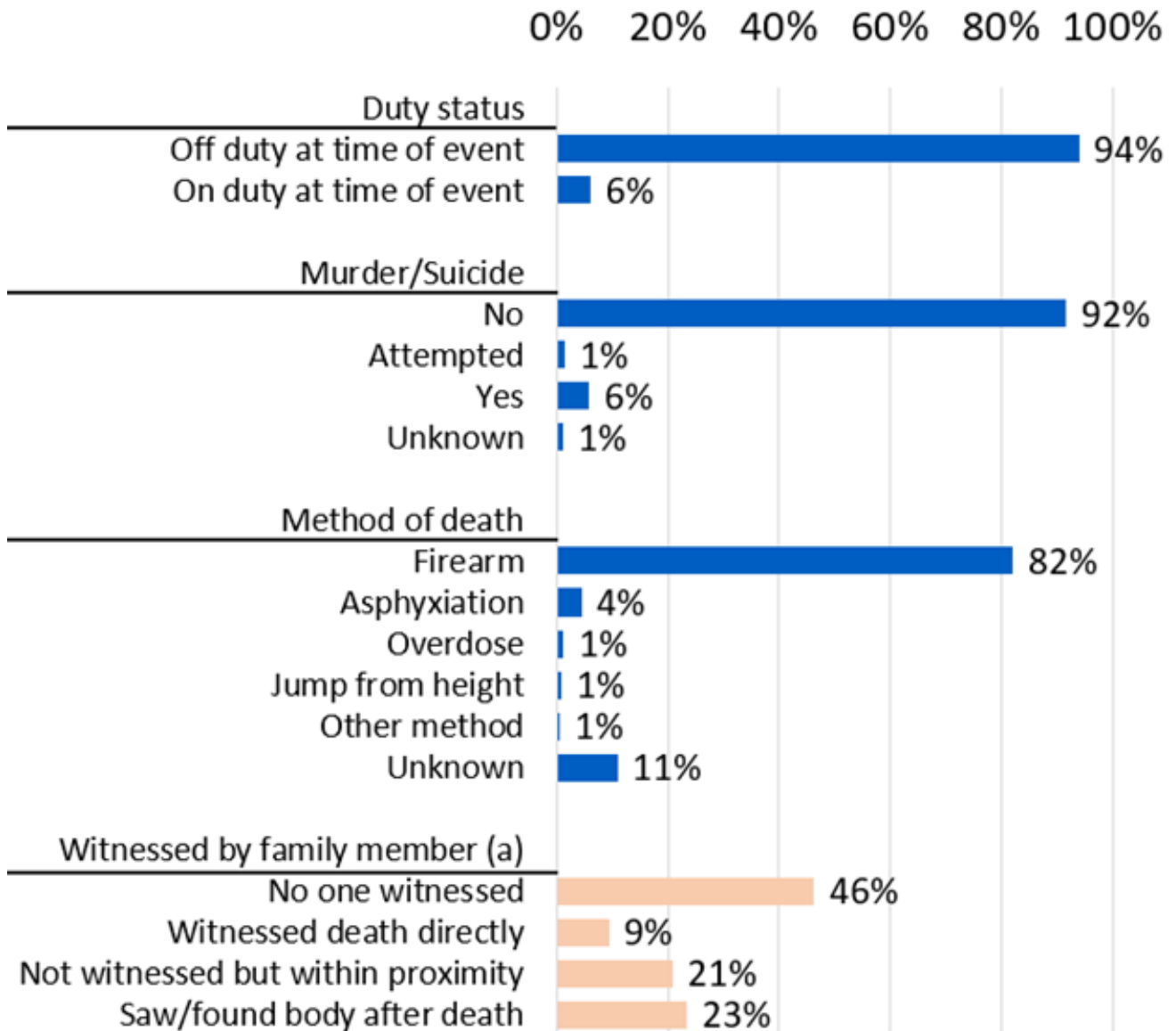
Figure 9 details the circumstances surrounding the death, indicating whether the officer was on duty, the method of suicide, whether it was an attempted or a successful murder-suicide, and whether a family member witnessed the death. The overwhelming majority of suicides (94 percent) occurred while the officer was off duty. In most cases, the officer ended only their own life. However, in 93 instances (7 percent), they attempted to murder another person during the incident, succeeding in 75 of those cases.

Previous research indicates high utilization of firearms in death by suicides among law enforcement (Stanley et al., 2018), and First H.E.L.P. data support this conclusion. Firearms were involved in the manner of death in 82 percent of all cases. Further research should be conducted to identify how to regulate access to lethal means for public safety personnel when experiencing suicidality. Asphyxiation, encompassing methods such as hangings and carbon monoxide poisoning, accounted for the second-most prevalent method, occurring in 4 percent of cases. Instances of overdosing on drugs, jumping to their death, or employing other methods each represented roughly 1 percent of cases or less. First H.E.L.P. lacked information on the method of death in 11 percent of cases.

If you or someone you know is experiencing a mental health crisis or having thoughts of suicide, please know that help is available. You can reach out to the Suicide and Crisis Lifeline by calling or texting 988 to connect with a trained crisis counselor for immediate support and access to resources.



Figure 9. Officer deaths by suicide, by event characteristics (n=1,287)



Source: CNA analysis of First H.E.L.P. data.

^aOnly 192 of the 1,287 respondents (15 percent) were asked questions about witnessing the death or finding the body after the event.

First H.E.L.P. has recently initiated the collection of data regarding whether respondents were present during the suicide or discovered the body afterward. This line of questioning was administered to a convenience sample of 192 respondents, covering only 15 percent of the total cases. Consequently, a significant amount of information (85 percent) remains unknown regarding witnessing the event or finding the body. Past research has suggested that suicides are rarely witnessed by others, estimated to occur in only 5 to 15 percent of all cases, with romantic partners or ex-partners accounting for just a quarter of those instances (Mays et al., 2024). Data from First H.E.L.P. align with these findings, indicating that only 9 percent of suicides were witnessed

directly by a family member. Interestingly, a higher percentage (21 percent) reported being near the location of the event (such as in an adjacent room) or communicating with the person via phone or text. In addition, 23 percent reported either discovering the body or being notified and witnessing it after the fact. Given the critical role that family members can play in mitigating suicidal tendencies, future research should explore how safety planning strategies can be applied to public safety personnel at risk of suicide. These strategies may involve providing distraction, fostering connections, promoting autonomy, building competence, reducing impulsive urges, preventing engagement in suicidal behavior, and alleviating cognitive burden (Rogers et al., 2022).



CONCLUSION

In recent years, focus on the health and well-being of public safety personnel has heightened, prompting a growing recognition of the importance of accurate data concerning suicides in these professions. In response to this need, the 2020 LESDC Act was enacted to facilitate federal initiatives aimed at developing programs and potential resources to mitigate public safety personnel suicides. The FBI is just beginning its efforts to gather credible data encompassing both suicides and attempted suicides within the public safety community. However, these initial efforts have encountered challenges, as evidenced by the FBI's 2023 report, which identified a mere 32 suicides in 2022 from 22 law enforcement agencies nationwide—a figure that failed to capture the rest of the approximately 17,500 local agencies across the country (FBI, 2023). These preliminary findings underscore the critical necessity of expanding and refining data collection endeavors to garner a more comprehensive understanding of public safety personnel suicides and addressing the issue at a national scale.

The current study delves into data gathered by First H.E.L.P. encompassing suicides among public safety personnel in both police and correctional agencies between 2016 and 2022. Although the First H.E.L.P. database generally aligns with prior research on public safety personnel suicides, it stands out for its reliability and validity. Since 2016, First H.E.L.P. has diligently gathered data on public safety personnel deaths by suicide, employing a systematic and standardized methodology. Through comprehensive outreach initiatives involving friends and family members of those who died by suicide, First H.E.L.P. has compiled information on more than 1,400 instances of public safety personnel deaths by suicide. First H.E.L.P. also gathers similar data on dispatchers, emergency medical service personnel,

and firefighters, but those data are not covered in this brief. First H.E.L.P.'s extensive dataset promises to enhance the nation's understanding of deaths by suicide among public safety personnel. Future analyses of these data can deepen our understanding of the factors associated with suicide among public safety personnel and facilitate comparisons of suicide rates across various geographies, states, races, sexes, and age groups, as well as with other industries.

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SAS works to help improve decision-making during crisis operations and foster innovative solutions to challenges in the areas of public safety, emergency management, public health preparedness, homeland security, risk management, and national security.

ABOUT CNA

CNA is a nonprofit research and analysis organization dedicated to the safety and security of the nation. It operates the Center for Naval Analyses—the federally funded research and development center (FFRDC) of the Department of the Navy—as well as the Institute for Public Research. CNA develops actionable solutions to complex problems of national importance. With nearly 700 scientists, analysts, and professional staff, CNA takes a real-world approach to gathering data. Its unique Field Program places analysts on aircraft carriers and military bases, in squad rooms and crisis centers, working side by side with operators and decision-makers around the world. CNA supports naval operations, fleet readiness, and strategic competition. Its non-defense research portfolio includes criminal justice, homeland security, and data management.

ABOUT FIRST H.E.L.P.

It is the mission of First H.E.L.P. to reduce mental health stigma through education, advocate for benefits for those suffering from post-traumatic stress, acknowledge the service and sacrifice of the first responders we lost to suicide, support families after a suicide, and bring awareness to suicide and mental health issues. First H.E.L.P. prides itself on taking action. The organization supports families that have lost a first responder to suicide, provides training for agencies seeking to prevent suicide, and works toward legislative and policy change across the country.



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