

Suicide by Cop
Will the phenomena continue and/or does science hold the answer?

by

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The Command College Futures Study Project is a FUTURES study of a particular emerging issue of relevance to law enforcement. Its purpose is NOT to predict the future; rather, to project a variety of possible scenarios useful for strategic planning in anticipation of the emerging landscape facing policing organizations.

This journal article was created using the futures forecasting process of Command College and its outcomes. Defining the future differs from analyzing the past, because it has not yet happened. In this article, methodologies have been used to discern useful alternatives to enhance the success of planners and leaders in their response to a range of possible future environments.

Managing the future means influencing it—creating, constraining and adapting to emerging trends and events in a way that optimizes the opportunities and minimizes the threats of relevance to the profession.

The views and conclusions expressed in the Command College Futures Project and journal article are those of the author, and are not necessarily those of the CA Commission on Peace Officer Standards and Training (POST).

Suicide by Cop - does science hold the answer?

Introduction

There are two types of law enforcement agencies in the United States today: those who have experienced a Suicide by Cop (SbC) and those who probably will in the near future. SbC events are long lived and affect significantly more people than the individual who set the incident into motion. The following story from El Dorado County Sheriff's Office (EDSO) in California is just one example of an agency whose history was forever changed by just such an event.

EDSO is a mid-sized sheriff's office in the semi-rural Sierra Nevada Mountains, but could be any agency in America. The original call came in to the 911 call taker at about 11:07 a.m. on the morning of June 5th, 2007. It was a suspicious shots fired call, which is not so unusual for this sparsely populated portion of the County. Upon arrival, responding deputies found the property owner face down in the backyard, shot in the back and left for dead. Deputies quickly determined the shooter was the victim's own adult son who had fled the immediate area into the property's dense brush. What the deputies didn't know was the son had additional plans, and would be lying in wait ready to ambush the responding deputies. Shortly thereafter, deputies found the son. By the time the shooting stopped, three deputies and one sheriff's K-9 had been shot and in desperate need of immediate medical attention. Both the son and father were dead.

Fortunately, not long after the event, all three deputies and the K-9 recovered from the physical effects of the gunshot wounds, but the psychological pain was a different story. One of the perimeter deputies (not involved in the initial gunfire) had also engaged the son in a gunfight a short distance from the initial ambush site. In all

likelihood, this exchange of gunfire was the final blow that ended the event. That deputy has since left law enforcement altogether. Tragically, one of the deputies wounded in the initial ambush committed suicide about a year after the incident.

In hindsight, the event was foretold by the actions of the son in the days preceding the shooting. Described by his mother as having mental health issues and problems with authority, the family nonetheless allowed him to maintain a small arsenal of firearms and ammunition at the home. A neighbor had recently witnessed the son dressed in camouflage clothing and acting strangely, but had dismissed the actions as that of a loner who “never hurt or bothered anyone.”¹ What, in fact, the son was doing prior to the shootings was building trails and shooting positions in the property’s heavy brush in anticipation of a pending fatal confrontation with law enforcement.

What may never be known is what sparked the final act. Was it the completion of his ambush sites, a confrontation with the father, or was shooting his father the significant event to initiate the scenario resulting in a lethal response by the deputies? What can be concluded is that this event meets the legal definition of “Suicide by Cop” as documented in Black’s Law Dictionary, 9th Edition²:

“Suicide-by-cop, Slang. A form of suicide in which the suicidal person intentionally engages in life-threatening behavior to induce a police officer to shoot the person. Frequently, the decedent attacks the officer or otherwise threatens the officer’s life, but occasionally a third person’s life is at risk. A suicide-by-cop is distinguished from other police shootings by three elements. The person must (1) evince an intent to die; (2) consciously understand the finality of the act; and (3) confront a law enforcement official with behavior so extreme that it compels that officer to act with deadly force.”

With the current state of affairs in our nation; a sagging economy, high unemployment rates, responsible folks losing their homes to foreclosure, and substantial

¹ El Dorado County Sheriff’s Investigative Report, Case File EG07-05735

² Black’s Law Dictionary, 9th Edition, West Publications

numbers of veterans returning from theaters of war, policing may face an increasing number of circumstances where someone might choose death over the hardships of life.

The incident from El Dorado County is tragic, but not uncommon. The law enforcement community has known about SbC for decades. In California, the State's Commission on Peace Officer Standards and Training has developed training information on the subject going back as far as 1999 with a two part video titled "Suicide by Cop"³. The purpose of this writing is to illustrate that the problem continues; in fact, it may be larger than previously thought. Recently, though, there are tactics and strategies with promising prospects. What may be most promising are the dynamic leaps science is achieving in medical research that may have a direct impact on SbC.

Where are we now?

While no two stories are exactly the same, quite a few incidents have common factors and pre-event indicators. Major depressive disorder, also known as clinical depression, and other mental health conditions including bi-polar and schizophrenia are common in persons contemplating suicide or completing the act of suicide. From the article "Suicide Warning Signs", Dr. Melissa Stoppler states, "Suicide occurs in persons of all ages and backgrounds, but certain groups of people are at increased risk for suicide attempts. These include persons with psychiatric illness and a past history of attempted suicide."⁴ In an alarming piece of information printed in Psychology Today, "Rates of depression and anxiety among young people in America have been increasing steadily for the past fifty to seventy years. Today five to eight times as many high school and college students meet the criteria for diagnosis of major depression and/or an anxiety disorder as

³ Suicide by Cop, Parts 1 and 2, California Commission on Peace Officer Standards and Training, 1999.

⁴ Roxanne Dryden-Edwards, MD, "Suicide", MedicineNet.com, accessed January 27, 2010

was true half a century or more ago.”⁵ The article also states the increased levels in psychopathology are not the result of any changes in diagnostic criteria. This information would indicate future trends toward these disorders for generations to come.

While SbC appears to be a relatively new phenomenon, some limited studies on the subject have produced very concerning results for those in law enforcement. One of the most recognized studies is the review of 480 officer-involved shooting in Los Angeles County, California between the years of 1993 and 2003.⁶ While other studies in various agencies across the country indicated approximately 10% of officer-involved shooting were SbC cases, this study concluded the Los Angeles County rate was closer to 20%.⁷ Most recently, the February 2009 issue of “ScienceDaily” reported, “Suicide by Cop phenomenon occurring in over a third of North American shootings involving police.”⁸

As data continues to be analyzed, more and more cases are found to have aspects of a SbC. In this latest study conducted by Kris Mohandie, Ph.D., J.Reid Meloy, Ph.D., A.B.P.P., and Peter I. Collins, M.C.A., M.D., F.R.C.P., and reported in “ScienceDaily”, they examined 707 officer involved shooting occurring in North America from 1998 to 2006. Their research revealed, “SbC was found to occur at a momentous rate among officer-involved shooting cases. The fact that 36% of all shootings in the sample could

⁵Peter Gray, “The Dramatic Rise of Anxiety and Depression in Children and Adolescents: Is it connected to the Decline in Play and Rise in Schooling”, *Psychology Today*, January 26, 2010, accessed January 27, 2010

⁶ Catherine Guzman and Stephen Tibbets, “Suicide-by Cop in LA: Comparing Los Angeles Incidents to Finding from Previous Studies across the Nation”, Paper presented at the annual meeting of the American Society of Criminology (ASC), Los Angeles Convention Center, Los Angeles, CA, November 1, 2006

⁷ Ibid

⁸ Wiley-Blackwell, ‘Suicide by Cop’ Phenomenon Occurring in Over a Third of North American Shootings Involving Police, *ScienceDaily*, February 19, 2009, accessed February 3, 2010

be categorized as SbC underscores the significance of suicidal impulses among those who become involved in shootings and other uses of force with police officers.”⁹

What this research indicates is that SbC is becoming more recognized by professionals when conducting post event investigations. The data is supportive of the evolution of the issue and why law enforcement leadership must be tuned into what efforts science and specifically medical science might afford to combat the phenomenon.

Can science provide the answer?

Armed with knowledge that the trends are real, and in fact may be escalating, can science and medicine come to the aid of law enforcement to deal with SbC? Recent breakthroughs in neuroscience and nanotechnology may soon provide answers to why persons gravitate to SbC. A recent article from Scientific American Mind discusses advances in technology specific to magnetic resonance imaging (MRI)¹⁰. According to authors Heather A Berlin and Christof Koch, scientists can now directly measure levels of brain activity in relation to the person’s exhibited behavior. Information from another article in MedImaging states, “The shapes and measurement of brain structures can reveal how they function.”¹¹ This type of investigation is called “brain mapping”, and is expected to provide scientific evidence of how normal human brains will differ from those affected by mental illness.

In addition to the future of MRI technology, recent embryonic stem cell research now indicates its potential use to treat psychological disorders. In a 2006 article from PsychCentral, World of Psychology states, “A team of international scientists announced

⁹ Ibid

¹⁰Heather A. Berlin and Christof Koch, “Defense Mechanisms: Neuroscience Meets Psychoanalysis”, Scientific American Mind, April 2009 Issue, accessed February 2, 2010

¹¹Medimaging International staff writers, “MRI Brain Map May Reveal Early Mental Illness”, July 28, 2009, accessed March 2, 2010

this week that it has found that embryonic stem cells may have potential use in the treatment of psychological disorders.”¹² The article also states, “The experiments conducted [on] rodents showed that stem cells may offer a cure [for] disorder such as depression, and potentially schizophrenia.”¹³ In this same research, Doctors Miles Cunningham and Kim Kwang-soo at Harvard Medical School and Professor Kim Dongwook at Yonsei University were able to differentiate embryonic stem cells into research animal nerve cells. These nerve cells then generated dopamine and serotonin, resulting in the animals behaving as if anti-depressant medication was present.¹⁴ Controlling well-known neurotransmitters such as dopamine and serotonin in the way they relay and modulate electrical signals to the brain may have a direct relationship to schizophrenia and other dangerous mental health conditions, according to author Corinna Underwood.¹⁵ While stem cell research is years away from application to humans, the research is very promising.

Beyond the MRI and stem cell research, cutting edge science in what is being termed “nanomedicine” may be the best hope for near future treatment of persons suffering from mental illness. As stated in a recent article from The Foresight Institute:

“Our bodies are filled with intricate, active molecular structures. When those structures are damaged, health suffers. Modern medicine can affect the workings of the body in many ways, but from a molecular viewpoint it remains crude indeed. Molecular manufacturing can construct a range of medical instruments and devices with far greater abilities. The body is an enormously complex world of molecules. With nanotechnology to help, we can learn to repair it.”¹⁶

¹² Corinna Underwood, “Stem Cells May Help Treat Mental Illness”, PsychCentral, World of Psychology, October 26, 2006, accessed October 12, 2009.

¹³ Ibid

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Eric Drexler and Christine Peterson with Gayle Pergamit, “Unbounding the Future: the Nanotechnology Revolution”, The Foresight Institute, William Morrow and Company, Inc., New York, 1991

While nanomedicine may sound like witchcraft to some, this form of science has the ability to take the human race light years from current medical applications. Imagine creating tiny robots so small that dozens, hundreds, or maybe even thousands could fit within the width of a single human hair. These nanomedicine robots could be programmed to seek out and remedy identifiable brain injuries, genetic defects, or monitor brain activity levels in persons who suffer from mental illness. The ability to correct behaviors through this type of science may sound like “playing God”, but the reality is this could be viewed as simply an extension of the currently accepted practice of providing prescription medicine to those in need. With the rate of depression growing and the challenges that face society today, science needs to push the envelope and challenge current medical practices in dealing with mental illness. It is easy to look around and label causes; it is much more difficult to support technology that on face value may go against cultural beliefs.

Back to the law enforcement perspective

Some law enforcement leaders have been out in front of this emerging issue by educating their subordinate staff to defuse incidents involving mentally disturbed persons in crisis. Teams pairing law enforcement officers with experts in the mental health field, commonly known as Crisis Intervention Teams (CIT) or Psychiatric Emergency Response Teams (PERT) to intervene with the mentally ill, have had positive results. The Memphis Model¹⁷ for crisis intervention is one example of a successful collaboration between law enforcement and mental health professionals. As stated on Memphis (TN)

¹⁷ Lieutenant Robert Vaughn, Coordinator, Crisis Intervention Team, Memphis Police Department, TN, 2010

Police Department’s website (www.memphispolice.org), “[the] National Alliance on Mental Illness (Memphis) credits CIT with saving lives and preventing injuries, both for consumers and officers. Officer injury data has decreased by seven-fold since the program inception. University of Tennessee studies have shown that the CIT program has resulted in a decrease in arrests rates for the mentally ill, an impressive rate of diversion into the health care system, and a resulting low rate of mental illness in our jails.”¹⁸

The challenge is that a substantial portion of the country doesn’t have the manpower to participate in this type of program on a 24/7 timeframe. It is simply not reasonable to think that the 911 call regarding the “despondent male subject armed with a handgun” will be routed anywhere except to the lone patrol officer handling that particular beat.

What do we do now?

To answer the initial question: Suicide by Cop – Will the phenomena continue and/or does science hold the answer, the expectation is that on the short term the phenomena will continue. However, some mitigation opportunities exist in dealing with this question. The best and most reasonable course of action is for law enforcement leadership across the nation to recognize the emerging issue; anticipate that if they haven’t experienced a SbC event already they should prepare their troops for just such an incident. The preparation could easily include some form of crisis intervention training insofar as dealing with the mentally ill and should also include preparing involved personnel for expected outcomes. As with the case from El Dorado County Sheriff’s Office, the aftermath sometimes outweighs the event.

¹⁸ Ibid

In addition to recognizing the issue, law enforcement has to think beyond the here and now. Leaders must recognize the positive implications science has to offer in regards to near future medical technology and support those processes as related to mental health treatment. The evolution of MRI, stem cell application, and nanomedicine is very promising and may hold the key to curing mental illness forever. Until that day comes, we can take valuable steps to mitigate the issue ahead of the crisis.