

# **The Law Enforcement Community's Police Officer Suicide Problem**

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## **Abstract**

Police officer suicide is a real problem that needs to be recognized and addressed by the law enforcement community because officers die from suicide at a higher rate than from on-duty gunfire. However, across our country, the majority of states and law enforcement agencies are failing to recognize and address this problem. There are several factors that can contribute to police officer suicides including the job stress, exposure to traumatic events, the acceptance of alcohol abuse to deal with stress and mental health, and the negative perception of officers that seek mental health counseling in the police culture. The law enforcement community needs to acknowledge this serious ongoing problem and implement proven prevention programs to support police officers in need of mental health resources. The law enforcement community currently does not recognize police officer suicide as an on-duty death and has not committed to implementing mental health wellness prevention programs. The recognition of this serious problem and acknowledgement that police officer suicide should be considered an on-duty death is the first step in changing the negative perception in police culture surrounding addressing this mental health crisis in the law enforcement community.

*Keywords:* line of duty deaths, law enforcement suicide, Posttraumatic Stress Disorder (PTSD), Cumulative Career Traumatic Stress (CCTS), Intervention Protocols, Peer Support Programs, Employee Assistance Program (EAP), and Reinforce Family Connections

## **The Law Enforcement Community's Police Officer Suicide Problem**

We are told that a law enforcement career is honorable, rewarding, and exciting. I would agree that my career in law enforcement was all of those things. We are also made aware of the dangers of that career due to on-the-job injuries and even death by gunfire. But what we aren't told is that the number one cause of death by officers is suicide. Why is that fact not mentioned more often or truly addressed by each law enforcement agency and this country? Law enforcement officer suicides are a problem, and it needs to be recognized and aggressively addressed.

National Police Week is every year during the month of May. The main purpose of that week is to pay special recognition to law enforcement officers in our country that lost their lives in the line of duty. In May 2015, I was fortunate to represent my former police department in Washington, D.C. while participating in the National Police Week that was hosted by the National Law Enforcement Officers Memorial Fund. "Founded in 1984, the National Law Enforcement Officers Memorial Fund is dedicated to honoring the fallen, telling the story of American Law Enforcement and making it safer for those who serve" ([National Law Enforcement Officers Memorial Fund, 2025](#)).

According to the (National Law Enforcement Officers Memorial Fund (NLEOMF), 2025), there have been more than 24,000 law enforcement officers killed in the line of duty since the first recorded police death in 1786. The New York City Police Department has lost more officers in the line of duty than any other department (1,090 deaths), the state of Texas has lost the most officers in the line of duty (2,041) than any other state, and the state of Vermont has lost the least number of officers in the line of duty (26). As of April 29, 2024, excluding Covid-19 related deaths, the

NLEOMF listed automobile crash, job related illness, and shot as the top three [causes of deaths of officers](#). The number of officers' deaths related to suicide was not one of the causes listed.

I spoke with Retired Captain ADA County Sheriff's Department, John Dilibert, who now works with the NLEOMF and asked him why suicide related deaths are not listed on the NLEOMF website. Dilibert said that some police agencies have turned in officers' names to be considered and/or recognized by the NLEOMF, but the NLEOMF was designed to recognize fallen officers that were killed in the line of duty and the NLEOMF currently don't recognize suicide as a death in the line of duty. However, Dilibert said the NLEOMF discusses suicides every year because the younger generation of law enforcement is starting to recognize suicide is a problem. Dilibert said the NLEOMF started to increase their efforts to educate police agencies with prevention efforts for suicide related deaths.

### **Police Officer Suicides**

During these four years (2020 – 2023) the number of officer deaths by gunshot was 228 (NLEOMF, 2025). According to an article, ([International Journal of Emergency Mental Health and Human Resilience, Vol. 15, No.4, 2013](#)), research conducted related to officer suicides during four different years, (1999, 2003-2004, and 2007), revealed there were a total of 264 deaths of law enforcement officers by suicide. However, these suicide statistics are only based on 23 reporting states (Colorado, Georgia, Idaho, Hawaii, Indiana, Kansas, Kentucky, Michigan, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Rhode Island, South Carolina, Texas, Utah, Vermont, West Virginia, and Wisconsin). Therefore, 27 states declined to report their law enforcement officer deaths by suicide which could reveal a much higher death by suicide number by law enforcement officers.

The Federal Bureau of Investigation (FBI) is currently attempting to collect data related to suicides among current and former law enforcement officers, correction employees, 911 operators, judges, and prosecutors to better understand and prevent suicide amongst the law enforcement community. The reason for the suicide data collection is due to the United States (U.S.) Congress enacting the [Law Enforcement Suicide Data Collection \(LESDC\) Act](#) on June 16, 2020. The FBI began collecting data in 2022, but their data is limited to those departments that participated and accurately reported suicides. According to the FBI, in 2022, there were 25 police agencies that reported 50 deaths by suicide. In 2023, there were 26 police agencies that reported 35 deaths by suicide. In 2024, there were 7 police agencies that reported 9 deaths by suicide. The FBI's statistics revealed that the overwhelming majority of officers that committed suicide were male White, actively employed, and they used a firearm ([FBI Crime Data Explorer, 2025](#)).

Based on the statistical data, there is a clear problem of suicide by law enforcement officers that needs to be addressed. The ethical dilemma I see is that despite the U.S. Congress enacting a law that requires statistical reporting of law enforcement suicides, there are police agencies that are still reluctant to report. Additionally, the NLEOMF is truly not recognizing this problem as an on-duty related death even though the research revealed the suicides were related to law enforcement duties ([FBI Crime Data Explorer, 2025](#)).

### **Reasons for Police Officer Suicide**

The reasons someone commits suicide are difficult to truly know without talking to individuals that have attempted suicide or have had thoughts about suicide. Research has indicated there are several factors that could influence a law enforcement officer to consider or commit suicide. Dr. Hans Selye, a researcher and theorist, pioneered the physiological investigation of stress. Selye defined stress as the "body's nonspecific response to any demand

placed on it.” Selye determined that stress can either be positive (eustress) or negative (distress) which can create two different types of impact on someone (Swanson et al, 2022, p. 431). Of course, negative stress can impact an officer’s overall physical and mental health. Police officers experience some of the highest levels of stress due to their occupation because they are constantly asked to confront physical dangers, put their life on the line, expose themselves to dangerous situations, and are required to make critical decisions in high-pressured situations (Swanson et al, 2022, p. 436).

Despite the inherent dangers and negative stress an officer experiences, including Posttraumatic Stress Disorder (PTSD), officers which can impact an officer’s overall wellbeing, mental health services are often shunned or looked down upon because officers believe they would be viewed as weak and/or that it is not meant to help them but to dig up dirt against them by their departments to use against them (Swanson et al, 2022, p. 439). PTSD is a “syndrome of emotional and behavioral disturbance that follows exposure to a traumatic stressor or set of traumatically stressful experiences that is typically outside the range of normal, everyday experience for that person” (Swanson et al, 2022, p. 440). As a result of PTSD, a person can develop a set of symptoms including but not limited to, anxiety, physiological arousal, irritability, avoidance and denial, intrusion, repetitive nightmares, impaired concentration and memory, sexual inhibition, withdrawal and isolation, and impulsivity and instability (Swanson et al, 2022, p. 440).

I personally want to focus on impulsivity and instability which is described as, “More rarely, the trauma survivor may take sudden trips, move from place to place, walk off the job, disappear from their family for prolonged periods, uncharacteristically engage in drunken binges, gambling sprees, or romantic trysts, make excessive purchases, or take dangerous physical or

legal risks. It is as if the trauma has goaded the subject into a what-the-hell—life-is-short attitude that overcomes their usual good judgment and common sense” (Swanson et al, 2022, p. 440). I focused on impulsivity and instability because I personally experienced this and did several of the symptoms identified. This affected my family and career because I did not seek mental health when I should have for fear of the perception of being weak.

Obviously, not every instance of irresponsible behavior can be blamed on trauma, but a connection may be suspected when this kind of activity is definitely out of character for that person and follows an identifiable traumatic event. My first traumatic event occurred on November 15, 2003, when I responded to an officer involved shooting and arrived first on the scene to discover two patrol officers had been shot. I rendered first aid and CPR to Officer Matthew Pavelka who has been shot multiple times by an assault rifle while my partner, Officer Nick Nichols rendered aid to Officer Greg Campbell who had been shot two times. Officer Pavelka ended up succumbing to his injuries and Officer Campbell was permanently disabled. After this experience, I was forever changed and should have sought help on an ongoing basis, but I did not, and I was not required to do this either other than going to one counseling session. The majority of trauma survivors continue to suffer (Swanson et al, 2022, p. 440) and I was not exception.

Police officers may also have a condition called Cumulative Career Traumatic Stress (CCTS) which is from officers being routinely exposed to traumatic events over the course of their careers. The symptoms of CCTS are similar to PTSD but are different in that CCTS is a result of an officer being exposed to several traumatic events over the course of their career. This exposure has the potential to cause that officer’s psychological and emotional stability to slowly deteriorate. The officer’s CCTS experience may include the following symptoms but not limited

to, intrusive thoughts and memories of troubling incidents (flashback or nightmares), emotional numbing, moodiness, anxiety, avoiding reminders of an incident/s, loss of hope, hypervigilance, memory and/or concentration problems, sleeping and/or eating problems, disconnection from family and friends, and hyperarousal (Swanson et al, 2022, p. 442).

I realized after leaving law enforcement after a 16-year career that I had CCTS. I had been diagnosed with PTSD but did not realize I had CCTS from the various traumatic events I was exposed to during my career. A couple of years after the officer involved shooting, I mentioned, I responded to an active shooter inside an apartment complex. The shooter had already shot three people inside the apartment complex before barricading themselves inside an apartment with two young boys as hostages. When I arrived at the scene, I observed officers on the outside of the apartment complex that were visibly shaken and appeared afraid to act and/or unsure what to do. I, along with a team of officers, responded to the apartment where the children were being held hostage and eventually made the decision to enter the apartment. As I entered the apartment, I was unable to see the suspect because it was bright outside, and the suspect had turned off all of the interior lights and closed all the curtains inside the apartment. I was the first officer inside the apartment and when I entered the apartment, I observed a silhouette of a person and then heard a gunshot. The suspect decided to shoot himself but if he wanted to, he would have easily shot me before I would have been able to react. I was also not wearing my bullet resistant vest because I was in such a hurry to get to those children that I made the decision that my life was worth losing if it meant saving the children.

After the two experiences I shared, as well as other traumatic events that I was exposed to in my career, I truly developed that “what-the-hell—life-is-short attitude” symptom of impulsivity and instability and began to abuse alcohol to cope instead of seeking mental health



counseling. Alcohol abuse is a serious problem amongst officers as at least one-quarter of all police officers in the United States struggle with alcohol abuse because of the strong subculture within law enforcement that encourages drinking as a way to reduce stress or deal with problems. As clearly unhealthy this is to an officer's physical wellbeing, the alcohol abuse is also correlated to officers committing suicide and domestic violence (Swanson et al, 2022, P. 442). I myself never engaged in domestic violence, but I definitely had suicidal thoughts during and after my career while consuming alcohol and while having traumatic memories play over and over again in my mind.

I was part of the "old school" mind-set in the law enforcement community that accepts drinking as a way to deal with stress. Also, any thought of a police officer as an alcoholic was viewed as a "character flaw" instead of a real-life problem that could be prevented. Although at the time, my former department did not have prevention and intervention programs for officers dealing with this real problem, there are departments that are now starting to recognize this problem. There are now departments that are beginning to implement prevention and intervention programs but overall there is still a lack of support across the law enforcement community in this country to help officers deal with stress in a healthy way (Swanson et al, 2022, p. 443).

However, while the majority of law enforcement agencies have refused to acknowledge or address the ongoing stress police officers face on a daily basis and how police suicide is a real problem. Studies have shown that the number of officers lives lost to suicide is greater than those lost in the recognized "line of duty" categories. Police suicide has several potential risk factors that can increase an officer's decision to commit suicide. Besides an officer's exposure to trauma, long and/or irregular work hours, negative perception of law enforcement officers,

discontent with the criminal justice system, and a sense of despair among some officers also influences the officer's mental health. The law enforcement culture promotes a sense of strength and control. This culture can influence an officer from acknowledging their need for help. Additionally, alcohol abuse, suspended officers and/or officers that are under investigation are 6.7 times more likely to kill themselves (Swanson et al, 2022, p. 444).

### **Mental Health and Wellness Suicide Prevention Programs**

Bottom line is there is a need for change and the law enforcement community needs to address the real suicide problem amongst police officers. The need for change begins with changing the culture and negative mindset of seeking help for mental health. Change typically happens from the top of an organization and each and every law enforcement agency's leadership should promote and openly discuss the importance of mental health. As part of a health benefit, there should be a comprehensive mental health wellness and suicide prevention program that helps identify the warning signs and provides officers a "to do" list for ways to address it. This comprehensive mental health wellness and suicide program should be easily accessible and affordable for officers and their families.

Law enforcement agencies should develop and/or implement, Intervention Protocols, Peer Support Programs, Employee Assistance Program (EAP), and Reinforce Family Connections. Intervention Protocols can be created to assist officers with identifying early warning signs of mental health issues. Law enforcement agencies should conduct audits to ensure that their health coverage offers these programs that assist officers at risk. Another excellent option is the development and creation of Peer Support Programs. Peer Support Programs begin with selecting specific officers to receive training related to recognizing critical mental health and how to serve their fellow officers when in need. The EAP is a no-cost benefit

as part of an officer's medical plan that can offer counseling services to the officer and their family. The reinforce family connections focuses on ensuring families are educated and aware of the challenges and struggles the officers may experience and how to support them (Swanson et al, 2022, p. 444).

All of the aforementioned options have their independent value in supporting a law enforcement agency's attempt to prevent police officer suicides. I personally feel the Peer Support Program would make a serious impact on changing the culture amongst the law enforcement community. These programs begin by educating / training officers on recognizing the signs and symptoms of officers possibly struggling with mental health. In addition, this program provides officers an option of seeking support or help from peers that have experienced the same or similar job stressors that can contribute to suicidal thoughts. An example of how a support group can help officers was a peer support group created in the early 1970's by a former Boston Police Officer, Ed Donovan. Donovan recognized the need for his agency to implement a peer support group to help officers and their families address alcoholism (Swanson et al, 2022, p. 454). Although this group was created for alcoholism, this is an excellent example of how a peer support group for mental health would be beneficial as it would allow officers access and a level of comfort sharing with fellow officers.

Besides creating and/or implementing these prevention programs and resources, law enforcement agencies should require officers to speak with a counselor at least once a month. Law enforcement agencies require their officers to maintain their physical fitness levels, shooting skills, and knowledge of laws. The mental health or mental fitness of officers is just as important, if not more, than these other requirements. Police officers are at risk of suicide more than dying on the job from any other recognized on-duty death, yet the law enforcement

community is not recognizing that and addressing it. While I understand officers may not want to speak with a counselor or even honestly share with a counselor if they are required to speak with them, but it is a start in changing the law enforcement culture and negative perception of the importance of mental health wellness.

In addition to the aforementioned prevention programs, the National Law Enforcement Officers Memorial Fund endorses the [SAFLEO Suicide Prevention Program](#) and [Destination Zero](#) to as resources for officers and agencies attempted to prevent police officer suicide. The SAFLEO program works in partnership with the Department of Justice's Bureau of Justice Assistance (BJA) and the Institute for Intergovernmental Research (IIR), on this national suicide awareness and prevention program, which develops training and technical assistance programs for law enforcement across the country. Destination Zero is a program to help law enforcement agencies improve the health and safety of law enforcement officers across the country.

### **Conclusion**

The research is clear that police officer suicide is a real problem and leading cause of death amongst law enforcement. The law enforcement community, including the National Law Enforcement Officers Memorial Fund needs to start recognizing police officer suicides as an on-duty death due to the fact the research has indicated that police officer suicides are most likely related to their PTSD, CCTS, or other job-related stress. Recognizing police officer suicide as an on-duty death would raise our country's awareness because it would stimulate the conversations and increase the pressure for law enforcement agencies to address the problem. Identifying prevention programs are great, but until the law enforcement community truly acknowledges the problem, I believe police officer suicides will continue to be the leading cause of police officer deaths.

## References

Federal Bureau of Investigations. (2025). Crime Data Explorer. *Law Enforcement Suicide Data Collection (LESDC)*. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/le/lesdc>

Violanti, J., Robinson, C., & Shen, R. (2013). Law Enforcement Suicide: A National Analysis. *International Journal of Emergency Mental Health and Human Resilience*, Vol. 15, No. 4, pp. 289-298. <https://s3.amazonaws.com/destination-zero/Law%20Enforcement%20Suicide%20A%20National%20Analysis.pdf>

United States Congress. (2020, July 1). Public Law 116-143. *Law Enforcement Suicide Data Collection Act*. <https://www.govinfo.gov/content/pkg/COMPS-15718/pdf/COMPS-15718.pdf>

National Law Enforcement Officers Memorial Fund. (2025). *Causes of Law Enforcement Deaths* <https://nleomf.org/memorial/facts-figures/officer-fatality-data/causes-of-law-enforcement-deaths/>

Swanson, C, Territo, L, Taylor, R. & Liederbach, J. (2022). *Police Administration*, (edition 10<sup>th</sup>). Pearson.