ALCOHOL USE AND SUICIDAL BEHAVIOR AMONG POLICE OFFICERS

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Alcohol Use and Suicidal Behavior among Police Officers

by

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DEDICATION PAGE

I dedicate this thesis to my family for their continuous support during the last five years. Specifically, thank you to my parents, Gary and Yvonne, who watched my children so I could attend night classes in addition to working full-time. Thank you to my children, Natalie and Noah who had to relinquish time with their mother so I could pursue my graduate degree yet they continued their unconditional love. My love and thanks to my husband and best friend, Sean for his continuing support of my education and his dedication to law enforcement.

In addition, I reverentially dedicate this thesis to the female officer who took her life and inspired me to research police suicide and the men and women of law enforcement who give so much of themselves to every aspect of the job.

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ABSTRACT

Researchers have been studying police officers and alcohol abuse for years. They have also examined police suicides. This thesis addressed alcohol abuse and suicidal behavior among police officers. Three police departments were surveyed and results showed there is no statistically significant relationship between alcohol abuse and suicidal behavior among police officers. However, it was determined that age, gender, and years of experience are correlated to alcohol abuse. It was also determined that alcohol abuse prevention training and suicide prevention training at the academy lower indicators of suicidal behavior.

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CHAPTER I

Introduction

After studying police and suicide for decades, researchers have come to a better understanding of the problem, what causes it and ways to prevent it. Every suicide is a tragedy but especially when the victims are police officers who have dedicated their lives to protecting society. Sometimes officers need assistance too. Alcohol has been known to play a role in suicides in the general public and it would be interesting to determine how much of a role it plays in police officer suicides.

NEED FOR THE STUDY:

Researchers in the past have studied law enforcement and suicide. Such studies have examined whether police officers have a higher rate of suicide than other groups in the general public. They have also examined the possible contributing factors, including stress or a cluster effects. Other studies have examined the relationship between law enforcement and alcohol abuse. These studies have examined different stages of a police officer's career to determine if there is a relationship between years on the force and alcohol abuse. There are also many studies that have examined alcohol abuse and suicide but, such studies have not included police officers.

PURPOSE OF THE STUDY:

This purpose of this study is to address a literature gap bringing all three categories into one study and examining police officers, alcohol abuse and suicidal behavior concurrently.

RESEARCH QUESTIONS:

This study will test twelve hypotheses.

HYPOTHESIS:

Hypothesis 1

There is a statistically significant relationship between age and alcohol abuse and age and suicidal behavior among police officers; as the age of the officer increases, so does the alcohol abuse and suicidal behavior.

Hypothesis 2

There is a statistically significant relationship between gender and alcohol abuse and gender and suicidal behavior among police officers; and, men are more likely than women to abuse both alcohol and have higher levels of suicidal thoughts and behavior.

Hypothesis 3

There is a statistically significant relationship between race and alcohol abuse and race and suicidal behavior among police officers; and, whites are more likely than blacks to abuse alcohol and have suicidal behavior.

Hypothesis 4

There is a statistically significant relationship between education and alcohol abuse and education and suicidal behavior among police officers. The more education an officer has, the less likely they will abuse alcohol and have suicidal behavior.

Hypothesis 5

There is a statistically significant relationship between marital status and alcohol abuse and marital status and suicidal behavior among police officers; and, married men are less likely to abuse alcohol and have suicidal behavior than single or divorced men.

Hypothesis 6

There is a statistically significant relationship between work experience (years on the force), alcohol abuse, experience and suicidal behavior among police officers. As the officer's years of experience increase, it is more likely that officers will abuse alcohol and have suicidal behavior.

Hypothesis 7

There is a statistically significant relationship between assignment and alcohol abuse and assignment and suicidal behavior among police officers. Officers in investigative positions will have increased alcohol abuse and suicidal behavior.

Hypothesis 8

There is a statistically significant relationship between alcohol abuse prevention training and alcohol abuse among police officers. Officers who have completed alcohol abuse prevention training at the academy will have lower alcohol abuse.

Hypothesis 9

There is a statistically significant relationship between suicide prevention training and suicidal behavior among police officers. Officers who complete suicide prevention training at the academy will have less suicidal behavior.

Hypothesis 10

There is a statistically significant relationship between annual suicide and alcohol prevention training and alcohol abuse and suicidal behavior among police officers. Annual suicide and alcohol prevention training will decrease suicidal behavior and alcohol abuse.

Hypothesis 11

There is a statistically significant relationship between the department offering an Employee Assistance Program (EAP) and alcohol abuse and suicidal behavior among police officers. If the officer knows their department offers an employee assistance program then the officer will have lower alcohol abuse rates and suicidal behavior.

Hypothesis 12

There is a statistically significant relationship between alcohol abuse and suicidal behavior among police officers. Police officers who admit to having a problem with alcohol abuse tend to have increased suicidal behavior.

SIGNIFICANCE OF THE STUDY:

This study will contribute to a better understanding of police officer attitudes towards alcohol abuse and suicide. If police administrators have a better understanding of the problem they can implement better training programs like suicide prevention and alcohol abuse awareness. Police administrators can also implement response programs, such as employee assistance programs and other programs focusing on police officer mental health.

CHAPTER II

Literature Review

INTRODUCTION

Historically, researchers have studied “police and suicide” and “police and alcohol abuse” separately. Other studies have examined the correlations between alcohol abuse and suicide but they have not focused on police officer populations. This study will hopefully examine these three variables concurrently. It is first necessary to review previous research centered on the identified variables.

SUICIDE

A 2009, study showed that police officers have a suicide rate of 18.1 per 100,000, while the general public only reports a rate of 11.4 per 100,000 (Violanti, 2009, p. 272). However, many studies dispute the fact that suicide rates are higher for police officers, as compared to the general population. Many contend there is no such thing as police suicide; that a suicide is a suicide and the fact that they are police officers is incidental. Methodological variations in previous studies on suicide make the analysis of the findings difficult to draw definite conclusions. One issue is that there are so many variables at play when studying police officers and comparing them to the general public. One fact that we do know is that there are many police officers committing suicide each year and further research is thereby warranted.

John M. Violanti, Ph.D., a renowned criminologist, has conducted numerous studies regarding the lives and habits of police officers. His research on police officers and suicide has contributed to the design and implementation of many suicide prevention programs. His findings are listed frequently on the websites “The Badge of Life” and the

“Law Enforcement Wellness Association, Inc” which in addition to many other sites are dedicated to helping police officers and their families. Violanti, in some instances, describes suicide as an epidemic among police officers (Hem, Berg, & Ekeberg, 2001, p. 1). More police officers are killed by their own hand than are killed by the guns of others (FAQ’s on Police Mental Health, 2010). Yet, a majority of training, resources, and money goes into other areas of officer protection. What if an officer needs to be protected from themselves?

In 2009, Violanti published a study on police officer suicide; comparing police officer suicide rates with suicide rates of fire-fighters and military personnel (p.270). He noted that firefighters are similar to police officers in that they experience many of the same traumatic incidences. For instance, they witness dead people, injured people and the other negative aspects of human life. Military personnel also experience similar traumatic events as police officers. For instance, both live in fear of losing their life. Both professions are also under constant stress which can lead to PTSD symptoms (Violanti, 2009, p. 273). In his study, Violanti gathered statistical data from the NOMS or the National Occupational Mortality Surveillance. This is a data system that is maintained by the National Institute for Occupational Safety and Health or the NIOSH. This database collected vital information on 9 million death certificates. Violanti examined death information on police, detectives, police supervisors, fire-fighters, and military personnel. Since it was impossible to determine exactly the rate of death for a particular age group and occupation, Violanti determined the PMR or the proportionate mortality ratio which gives an indication of the rate. He looked for death certificates with the cause of death labeled as “suicide and self-inflicted injury” (Violanti, 2009, p. 274). The results

of the study indicated that police have a slightly higher rate of suicide than firefighters and military personnel.

As previously stated, comparing police officers suicides to those of the general public is not an easy task. It may not even be completely possible. Ironically, police candidates, as part of the hiring process, are exposed to many different physical and psychological tests. This means most police officers entering the service are relatively healthy and mentally stable. When comparing officers suicides to those in the general population, who have not been exposed to these tests, the results may be skewed. The general public includes all of those individuals with mental or physical problems. Such studies compare the suicide rates of police officers with schizophrenics, mentally retarded, and those with incurable illnesses or diseases (Hem, Berg, & Ekeberg, 2001, p. 225). One study showed that male police officers have a suicide rate three times the rate of municipal male workers in the same cohort (Violanti, 2009, p. 270).

There are also multiple variables that should be considered. For instance, different areas of the country are exposed to different environmental elements. A police officer working for the Los Angeles Police Department is not exposed to the same environment as a deputy working in rural Cannon County, Tennessee. Comparing suicide rates thereby requires looking more in depth at what an officer experiences. Some police officers are traffic officers whereas others are homicide detectives. Most police officers in the United States are part of paramilitary organizations, whereas in England police officers often do not carry a gun and do not undergo the same kind of training as in the United States. In Quebec, the rate of suicide among police officers was found to be twice that of the general population. (Violanti, 2009, p. 271) In a study of Norwegian police officers, 24%

of the officers surveyed reported that" life was not worth living" and over 6% had reported contemplating suicide (Violanti, 2009, p. 271).

Regardless of the rate of police suicide when compared to the rate of suicide in the general population, any police suicide is a tragedy. In 2000, there were approximately 700,000 police officers employed by state and local police departments and another 75,000 officers employed by the federal government. (Woody, 2006, p.95). The San Francisco Police Department lost ten officers to suicide and only one to a "line of duty death" over a ten year period (Mohandie, & Hatcher, 1999, p. 359). The California Highway Patrol (CHP) lost fifteen police officers in four years. Eight CHP officers committed suicide in 2006 alone (Murr, 2007, p.1). The California Highway Patrol's union president was quoted saying "I don't care what started it, as long as we can make it stop" (Murr, 2007, p.1). In New York City, the numbers are just as disturbing. Between 1985 and 1998, 87 police officers committed suicide while only 36 were killed in the line of duty. In a five years span between 1993 and 1998, 18 FBI agents killed themselves while only two were killed in the line of duty (Foster, 2011). The numbers speak for themselves.

The actual number of police officer suicides each year is often contested. The Badge of Life reports between 130 and 150 police suicides per year ("FAQ's on Mental Health," 2010). However, that is only the officially released number. Many researchers believe the actual number to be much higher. Some estimate that over 300 officers take their life each year, however, for various reasons, these deaths are not reported as suicides (Mohandie, & Hatcher, 1999, p. 358). Many officer suicides are investigated and processed by friends of the officer and they may control the information released to the

public to protect the surviving families. A police subculture exists wherein officers are committed to “take care of their own.” They desire to shield victim officers, their families, and their departments from the “stigma of suicide” (Violanti, 1995, p.19). A former Florida police officer who retired after 30 years said that his department did not keep any statistical numbers on officer suicides because “he knew he wouldn’t be given the right numbers” (Lewis, 2010, p. 2). The New York Times quoted a former Baltimore police officer as saying “We’re losing a police officer every 19 or 20 hours from self-inflicted wounds” (Cowan, 2008, p.1).

When a police officer’s death is labeled a suicide, many negative things occur. Their families most likely will not receive any insurance pay outs because most policies do not cover suicide. Furthermore, officers who commit suicide are not given a heroes burial. Police officers who die in the line of duty are memorialized on a wall in Washington D.C (Cowan, 2008, p.2). The wall was dedicated by President Bush in 1991 and named the National Law Enforcement Officers Memorial. There are more than 17,000 officers names listed on the wall; however, tragically there are no names of those officers who committed suicide (Violanti, 2010b, p.1). Often times the families of officers listed on the wall qualify for “line of duty” aid and scholarships. However, suicide is not considered a “line of duty death;” those police officers that have committed their lives to the protection of citizens are not recognized and their families are left alone to carry the burden (“Family Survivors, 2010”). Violanti calls them the “Forgotten Heroes” (Violanti, 2010b, p.2). The police memorial has a quote on it “In Valor there is Hope.” Violanti writes that the officers who committed suicide had lost Hope, but were “high in valor” and deserve to be on the wall (Violanti, 2010b, p.2). One police suicide

spouse wrote "my husband should be remembered for how he lived, not how he died" (Violanti, 2010b, p.3). When a police officer is killed in the line of duty, the funeral is a large production with police escort cars escorting the hearse and the color guard attends the burial. A police officer from Prince George's County, Maryland said "It's a hero's send off, and that doesn't happen if you kill yourself. There's a stigma attached to it" (Cowan, 2008, p.2).

Many of the suicide help programs are lobbying to have police suicides added to the list of "Line of Duty Deaths." One of the major advocates is Janice McCarthy. Ms. McCarthy is the wife of a police officer who committed suicide in 2006, after years of suffering from Post-Traumatic Stress Disorder, or PTSD. She says there is a strong need for those who died of suicide to be included on the wall. Congress has already expanded the scope of "Line of Duty Deaths" to include heart attacks and strokes which are often attributed to police work. Likewise in 2008 the military added mental impairments to the Americans with Disability Act (Dahl, 2010, p.2).

An Oregon police officer said that "Cops don't lead a healthy life" (Dahl, 2010, p.3) and there are consequences. In the article *Dying from the Job: The Mortality Risk for Police Officers*, Violanti determined the average life span of a police officer was sixty-six years (p.1). Police officers witness things the general public chooses to ignore. When a child is abused and murdered or a family is burnt in a house fire, the police officer must maintain their composure and press those disturbed feelings inside. Dahl (2010) wrote that "departments are fatally losing the battle of emotional survival" (p.3). The Centers for Disease Control reports that police officers are three times more likely to die by suicide than by homicide. The Bureau of Labor Statistics says officers are seven times

more likely to die from suicide than the average worker (Violanti, 2010b, p.3). Over 90% of police officers use a gun to commit suicide. Usually it is their duty weapon (Aamodt, & Stalnaker, 2006). Some claim that ready access to firearms that contribute to the high suicide numbers (Violanti, 2011, p.2). Access to firearms provides a convenient means to commit suicide for an officer who already has their mind set on suicide.

The Causes:

Having identified the problem of suicide among police officers, we now turn to an examination of possible causes. There are many contributory causes to police suicide. The first cause was previously mentioned, that being, Post Traumatic Stress Disorder or PTSD. PTSD was first introduced as a diagnosable condition in 1980. PTSD is listed in the DSM-IV with many different examples. PTSD is most often associated with those in the military who have come back from some deployment and are haunted by the memories and images of their past. Some experts argue that police officers experience higher incidents of PTSD than do soldiers. Soldiers encounter terrible circumstances for a short time or a few years, whereas, police officers are exposed to them over the course of a career and in some cases up to thirty years. Police officers are exposed to the negative side of life each and every day (“FAQ’s on Police Mental Health,” 2010).

Researchers have divided PTSD exposure into two categories: critical incidents and cumulative PTSD. Critical incidents are those highly stressful events that tend to affect the officers so intensely that they turn to suicide. Some examples are officer involved shootings, losing a co-worker or partner, death of a child, etc (“Who Will Go,” 2010). In such cases the police department usually intervenes to offer various types of debriefing and to offer emotional support. Some departments permit the officer to take

administrative leave, this allowing them time to recover from the incident. This is one time in which we can clearly see the problem and offer a quick effective solution.

The second category is cumulative PTSD. Cumulative PTSD is characterized by experiencing one small incident after the other, building up over time and causing emotional drain. After years of compounded emotional stress, the officer finally reaches their breaking point; the result being that one small otherwise insignificant event can trigger a suicide (“Who Will Go,” 2010). These types of suicides are extremely difficult to prevent. There is no “life changing” event occurring and the department is unaware that the officer needs intervention and support. These are the suicides that leave the survivors and departmental personnel asking how this could have happened.

The cumulative PTSD suicide can subsequently trigger a traumatic event in another officer’s life. In some ways it can be seen as a cluster effect. Violanti has studied these clusters and says that suicide “may be the result of a contagion effect” (Murr, 2007). In California, two LAPD officers committed suicide within months of each other (Mohandie, & Hatcher, 1999, p. 364-365).

In addition to PTSD, there are other contributing factors to police suicide. Some focus attention on officer training and conditioning. Police officers are trained not to show their emotions when responding to day to day traumatic events. Officers are expected to be in charge at all times and must suppress their emotions and act as though they are unaffected. Years of suppressed feelings can begin to eat away at an officer, both physically and emotionally.

Another training technique that may contribute to police suicide is the encouraged use of violence. Police are taught that in order to take control of a situation it is

appropriate to use force and violence. They are also frequently the victims of violence. One study showed that police officers are assaulted at an alarming rate. In 1997, 11 out of 100 officers were assaulted. Approximately 50,000 police officers were assaulted that year in the line of duty (Mohandie, & Hatcher, 1999, p. 358). This can subtly desensitize officers to violence. Suicide can become a violent self-initiated response to their problems, giving them control over the situation.

Two final causes of police suicide are stress and depression. Research has shown that "police officers with 10-19 years on the job report the highest levels of stress" (Violanti, 2011, p.1). When officers fail to appropriately deal with the stress, they may turn to maladaptive behaviors for coping. Developing and maintaining positive coping strategies is difficult for some police officers. This is where alcohol and drugs come into play. One of the most common negative coping strategies is alcohol. Alcohol abuse is a major problem for police officers. One study estimates that approximately one-fourth of police officers use alcohol to cope. In another study of Chicago Police Department suicides, 60% of suicides involved alcohol abuse. In some ways suicide is the ultimate maladaptive coping strategy (Violanti, 1995, p.21). Alcohol can impair an officer's judgment temporarily to the point they believe suicide to be their only option.

Prior to examining the linkage between alcohol and suicide, another factor that contributes to police suicide is that police officers tend to be socially isolated. The police subculture is a reference to how police officers tend to stick together because of the belief that only they understand what it is like to be a police officer. Some refer to this as the "blue code of silence." They keep to themselves and will not talk to outsiders. This subculture or "us versus them" mentality prevents officers from seeking positive coping

mechanisms like counseling sessions or family intervention (Woody, 2006, p. 99). Some people refrain from suicide because families step in and help them. However, police officers are skeptical of letting anyone in and tend to push people away.

Awareness:

Having addressed the problem of suicide and having considered some of the potential causes, we now examine prevention programs and strategies. In recent years police suicide prevention programs have been organized across the United States. These programs are usually set up by former police officers who have dedicated their lives to prevention. The majority of these assistance programs begin with getting the word out. First, officers need to be made aware that police suicide is a significant problem and that there are ways to prevent it.

Violanti offers different prevention techniques on the Law Enforcement Wellness Association's website (Violanti, 2010c). His suggestion is family first or family involvement. Robert Woody, a researcher from the University of Nebraska conducted a study on the importance and effectiveness of family interventions with law enforcement officers. He listed different strategies to intervene in a police officer's life (Woody, 2006, p. 95-102). When an officer has a family who cares about his or her well being and continuously shows their support, the officer is less likely to commit suicide. Suicide is often a split second decision that could go either way. Sometimes it is nothing more than a phone call from a family member that stops an officer from committing suicide.

Training:

Another suicide prevention technique is proper training (Violanti, 2010c, p.1). A police officer's education begins at the academy and officers need to be exposed to

suicide prevention training in this primary setting. They need to know of its existence, prevalence, and be informed that it is not always those who indicate symptoms of depression who eventually commit suicide. Officers should be trained to recognize the symptoms and causes of suicide. They should also understand and learn to employ positive coping techniques; and importantly, learn to recognize the dangers of alcohol and drug abuse, as they can become an addictive maladaptive coping strategy.

Police officers are required by statute to attend “in-service” training sessions or classes to keep them updated on certain law enforcement topics. It would be extremely beneficial to provide suicide prevention training during these sessions to remind officers annually of the symptoms of suicide.

According to an FBI bulletin, there should be prevention programs that center on officers helping officers (Ramos, 2010, p.3). Many law enforcement officers are reluctant to seek out Employee Assistance Programs because they are afraid other officers will find out and think they are weak or crazy. Worse yet, officers are often reluctant to come forward because they are afraid the department will find out and take their badge away. Officers need somewhere to go that offers full anonymity, while providing them services they need to become healthy.

In addition to recognizing suicide symptoms, officers also need training on how to deal with the symptoms. When officers begin to make suicide threats or begin giving away their valued possessions or withdrawing from friends and society, others should step up and ask the officer if everything is alright or refer them to someone who can help (“FAQ’s on Police Mental Health,” 2010).

Employee Assistance Programs:

Successful suicide prevention programs require that police leadership take an active and sustained role in protecting the overall health of their officers. EAP's offer counseling and other helpful programs for officers. Violanti says that "A resilient police organization makes the difference" (Violanti, 2010a p.1). The administration in a police department is the platform on which good prevention stands. They are the ones who implement the suicide prevention programs, require training, and offer and promote Employee Assistance Programs. It is up to those administrators to set a good example for the younger officers regarding the utilization of assistance programs. If the older officers who have been policing for several years do not step up and attend the programs, their younger protégés are less likely to attend them as well (Violanti, 2010a p.2). The officers must also trust their supervisors. If younger officers feel betrayed or do not trust their administration, they are less likely to turn to them for help. However, if leaders are supportive and set good examples and promote positive training, it can make the difference between an officer turning to help or turning to suicide.

Hotlines:

A good example of officers helping officers is the Cop2Cop program in Piscataway, New Jersey. In 2010, this program celebrated its ten year anniversary. In ten years, Cop2Cop took more than 26,000 phone calls from police officers in distress. They also claim to have stopped 176 suicides. Cop2Cop is serviced by retired officers who answer a suicide hotline. The director, Cherie Castello, told a news agency "We're on call all the time" (Megerian, 2010, p.1).

Many times older officers may be the ones with the most problems. Since the older officers have been in law enforcement longer, they may be those most affected by PTSD, depression and alcoholism. This begs the question of how can they be good leaders when they are the ones suffering.

Another area of prevention is positive stress awareness. The problems associated with Post Traumatic Stress Disorder, depression and suicides are often attributed to how the officer copes with stress. The negative coping strategies were previously mentioned. However, if an officer adopts positive coping strategies, such as involvement in sports or other hobbies outside of law enforcement, then they may be less likely to turn to negative coping strategies like drugs and alcohol.

One prevention technique worthy of note is retirement counseling. Some studies indicate retired officers are more likely to commit suicide ("Urban Legends about Police Suicide," 2010). The research in this area is ongoing; however, establishing programs to help officers transition back into society show great benefit. To some officers "the job" is their life. When that part of their life is taken away, they do not know what to do with themselves. In the same way, some officers view law enforcement as their spouse. Just as with the death of a spouse, they see their retirement as losing a part of themselves that will never be filled. These retirees should know what they are getting into before retirement, as such awareness may lessen the grieving process.

Some other prevention techniques do not seem as realistic. For instance, Violanti suggests (via the Law Enforcement Wellness Association, Inc.) that officer's access to firearms should be controlled ("Police Suicide," 2010). In other words, the department should keep better records of the officer's firearms so that when there is a need for

intervention, they intervene and remove the officer's weapons. However, this cannot be done very effectively because most officers have a back-up weapon in addition to their duty weapon. It might be anticipated that if the department was known to keep records of weapons, most officers might hide one at home. The other issue is that it would have to be a voluntary admission of weapon ownership and the department would have no Constitutional right to go in and confiscate any weapons in the officer's home without probable cause and a warrant.

Summary:

Each of the prevention techniques discussed offer a glimpse of hope as to how we can prevent police suicides. Police departments need to step up and address the reality of police suicides. It is a problem that exists and every possible resource needs to be centered on preventing it. The government needs to take the initiative and recognize suicide as a "line of duty death" and allow those names to be added to the wall of honor. Public awareness needs to be increased as well. A YouTube video circulated on the internet years ago about an officer who tased a mentally impaired man standing on a ledge who fell to his death. The media subsequently crucified that officer and his supervisors for their actions. The supervising officer that day was an NYPD officer named Lt. Michael Pigott. The Lieutenant was brutally criticized and humiliated by the media and his own fellow officers so badly that he chose to take his life in 2008. In a heart wrenching suicide note left at the scene, Lt. Pigott, apologized to his friends and family and admitted to ordering the other officer to use the taser ("Can Police Work Cause Suicide", 2010, p.4). Current research documents the extent and nature of police

suicide and points to the critical importance of police agencies and leaders taking a proactive leadership role in saving officers from themselves.

ALCOHOL ABUSE:

Definition:

The research literature regarding police suicide revealed that alcohol abuse is a causal factor to some extent. Let us now examine alcohol abuse among police officers in more depth. Alcohol Abuse is the use of alcoholic beverages to excess, either on individual occasions ("binge drinking") or as a regular practice (Moses, 2012). According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) in order to be considered someone who abuses alcohol they must meet the following criteria for over one year:

1. Role Impairment (e.g. failed work or home obligations)
2. Hazardous use (e.g. Driving, swimming or operating machinery while intoxicated)
3. Legal problems related to Alcohol use
4. Social or interpersonal problems due to Alcohol

(1994) DSM-IV, APA, p. 181-3).

Law Enforcement Recognition:

The January, 1999 edition of the FBI Law Enforcement Bulletin focused on alcohol abuse in policing and discussed various prevention strategies. This article introduced a topic that had not received much attention previously. The article concluded that "while the social use of alcohol may be accepted in most professions, excessive use can impair and individual's ability to function properly at work and at home" (Violanti, 1999). The problem of alcohol abuse may pose a greater level of concern in some

professions. For instance, many professions require the operation of machinery, or require the employee to maintain a high level of mental and physical alertness at all times. We have witnessed instances wherein airline pilots report to work, while still impaired. Pilots, physicians, police officers and numerous other practitioners service the public, and must be at the "top of their game." A police officer under the influence of alcohol can pose extreme dangers for themselves, other officers, and the general public.

Media Recognition:

The New York Times (1995) published an article focused on police officers and their "big problem" with alcohol (George, 1999, p.1). The 38th New York City Police Commissioner, William Bratton, was concerned about police and alcohol and how they could "break down the 'blue code of silence'."(George, 1999, p.2) One scholar, Elizabeth White wrote that "we spend thousands of dollars and hours of training to help protect our personnel from being shot by a suspect- but what about protecting them from 'eating their own gun. ' No one even wants to talk about it unless it is part of a joke" (White, n.d. p.1).

Research studies focused on the NYPD and the problem of alcohol abuse among officers are revealing. In 1995, the NYPD reported many instances wherein officers were implicated in behaviors associated with alcohol abuse, and subsequently administratively disciplined for displaying actions characterized as behaviors unbecoming of an officer. In one instance, officers were attending a memorial service in Washington, D.C. and drinking while in uniform. In another instance, a group of NYPD officers were on a Carnival Cruise ship in the Caribbean where they reeked havoc upon the ship running around in the nude, groping women, and causing extensive damage, all the while under the influence of alcohol. This caused great concern for the mayor of New York, Rudolph

W. Giuliani and the Commissioner of the New York Police Department, William Bratton. Both Giuliani and Bratton had to answer to the press on more than one occasion regarding officers behaviors relate to the use of alcohol. A retired chief of personnel for the New York Police Department, Michael Julian, stated that: "This has been a problem for the last 20 years. Other police departments don't seem to have this problem. That's what's so baffling" (Krauss, 1995, p.1). But was New York indeed the only department having issues with police officers and alcohol?

According to a former Maryland police officer "(if) agencies don't recognize it as an issue, the problem just continues to progressively get worse." In some departments administrators will put them in positions where their "problem" would not affect police operations. (Violanti, 2011, p.2) Other departments may force the officer into an early retirement. Some law enforcement officers cover for others when they showed up to work with alcohol on their breath by not saying anything or saying they were ill.

Alcohol Studies:

Prior to the late 1990's, studies focusing specifically on police officers and alcohol abuse were limited. There were no large scale empirical studies done in the United States (Lindsay, 2008). The previous research reached different conclusions as to why police officers drank, the amount they drank, and the effects it had on their work (Lindsay, 2008). A shift in research focus occurred in Australia around 2000. A group of researchers named Jeremy Davey, Patricia Obst and Mary Sheehan revolutionalized research on this topic. They conducted a large scale empirical study on police officers in Australia. Up to that point, previous research on the topic had been limited to studies comparing the police to other groups, like the general public; or examined internal

investigation reports or department disciplinary actions against officers related to alcohol abuse and internal investigations. The information provided no comparison data (Davey, Obst, & Sheehan, 2000). Davey, Obst, & Sheehan concluded their study and released their findings in a series of articles.

The first study that Davey, Obst, and Sheehan conducted was on 4,193 Australian State police officers in 2000 (Davey et al., 2000a). A questionnaire was distributed to the officers through the police mail system. The questionnaire was the AUDIT or the Alcohol Use Disorders Identification Test which included questions regarding the test takers personal information. The researchers then followed up with a written reminder placed on the officers pay stub and on their computer terminals. Three weeks after the initial mail out, the researcher administered a second questionnaire (Davey et al., 2000a). They had a response rate of 67 % (Davey et al., 2000b).

Their findings indicated that while police officers did not drink more frequently than the Australian public, they did drink larger quantities. Police officers had high rates of binge drinking. Twenty-five percent of officers reported they had consumed alcohol while on duty; thirty percent scored in the “at risk of harmful consumption’ category; three percent were “dependent on alcohol” (Davey et al., 2000a, p.205). The study identified certain characteristics of those most likely to drink. Those identifying characteristics were males, between the ages of 18 and 25, divorced or separated, and who had served between 4 and 10 years on the force (Davey et al., 2000a, p.205). The finding that officers with 4 to 10 years on the force demonstrate higher rates of consumption, lead the research team to conclude that for intervention strategies to be

effective, they need to target the officers in their first three years on the force (Davey et al, 2000b).

Again, the first study showed that although officers do not drink more often than the general public, they do drink larger quantities and that police alcohol abuse is problematic. Davey, Obst and Sheehan initiated a second study to find out why police officers drank so much. In this study, conducted in 2001, they researched a sample of 740 Australian state police officers from two separate divisions. The anonymous survey questionnaire was sent through the mailing system. A follow up reminder was placed on pay slips and then a duplicate survey was sent to the officers three weeks after the first mailings which produced a 55% response rate. This questionnaire was a little different from the first questionnaire which only contained the AUDIT questions. This survey contained four sections. The first part had socio-demographic information. The second asked about alcohol in the workplace. The third asked about the officers drinking behaviors. The fourth section questioned why the officers felt they drank the way they did (Davey, Obst, & Sheehan, 2001).

The two studies showed similar results, as 33 % of officers were in the "at risk of harmful drinking" and 3.5% showed alcohol dependency. The most important finding in this study was the inconsistency of how the officers answered questions related to why they drank. There were many reasons the police gave as to why they consumed alcohol for instance, to celebrate special occasions, to send off a colleague, help them relax, etc. The researchers then separated officer responses as to why they drink into two categories for analysis: category 1 was stress and category 2 was social influence (subculture). The interesting results of the study were that most officers answered social influence

(subculture) as to the cause of their drinking. However, when the answers were separated, it showed that stress was the leading cause of their drinking although they were unaware of it (Davey et al., 2001, p.148). The researchers showed that “intervention strategies must capture both the underlying factors and those employees that feel are important to have a chance at successfully changing attitudes within the organization” (Davey et al., 2001, p.7). In other words, intervention strategies have to address both the subculture and the stress in order to be effective.

The third study that Obst, Davey, and Sheehan conducted was in 2001. This study examined the question of whether joining the police force influenced drinking behaviors. This study followed two groups of police recruits in Australia. A sample of 177 recruits completed a survey on drinking behaviors on their first day at the academy, and then again six months into training, and at the one year mark (Obst, Davey, & Sheehan, 2001). This study focused on the subculture aspect of the previous survey. “Culture has been defined as the learned and shared norms of behavior” (Obst et al., 2001, p.349).

The results of this study showed that the alcohol consumption of recruits increased dramatically during the first six months of training. Obst, Davey, and Sheehan said this suggests “the academy itself, through its enculturation process, may lay the foundation for higher levels of drinking” (Obst et al., 2001, p.355). After the six month mark, the alcohol consumption rates declined, however, they were still significantly higher than before they entered the academy (Obst et al., 2001). This shows further support for early intervention even at the academy. In 2002, Obst and Davey, (Sheehan did not participate) further discussed the police subculture and academy recruits. They expounded upon the findings of the previous study (Obst, & Davey, 2003).

Obst, Davey and Sheehan had answered many questions regarding police and alcoholism; however, their studies were limited to Australian police officers. Researchers in the United States were still wondering whether the results down under would translate to police officers in the United States. In 2008, a large scale study was conducted by Vicki Lindsay. One thousand three hundred and twenty eight full-time Mississippi officers from county, state, and municipal departments were surveyed. They were given a 27 item questionnaire which contained AUDIT questions either in a group setting, sealed envelopes, or the mail. This study found that there was no “statistically significant difference in the amount of alcohol consumed by the police and the general population” (Lindsay, 2008, p.84). This study also showed that age and marital status were good indicators of alcohol abuse. However, unlike previous studies, rank and gender were not good indicators. The “at risk” category of officers in Mississippi were “young, white single officers who work during the day shift.” (Lindsay, 2008, p.86).

ALCOHOL AND SUICIDE

Research:

Stepping away from law enforcement, researchers have been studying the relationship between suicide and alcohol for years. The suicide research goes back to Durkheim who said that the general public’s alcohol consumption did not impact suicide. His early work discouraged many from studying the link between alcohol and suicide. However, contemporary research has acknowledged a link between the two. A psychiatric study showed that depression is one of the factors that push one to suicide (Wasserman, 1989). Researchers have also shown that alcohol abuse can create depression (Sher, 2005). In 2005 and 2006, Dr. Alex Crosby who worked for the National

Center for Injury Prevention and Control, a division of the CDC, studies suicide in 17 states. His division found that one-fourth of the suicide victims had an alcohol level above the legal limit (Fiore, 2009). The American Foundation for Suicide Prevention concluded that alcoholism is a factor in about 30 % of all completed suicides: that 96 % of alcoholics who die by suicide had continued abusing up until the end of their lives; and that 7 % of all alcoholics will commit suicide ("National statistics," 2007).

Another study went even further, concluding that alcoholics who have personality disorders and live alone are ten times more likely to commit suicide than the general population (Buddy, 2006). The link between alcoholics and those who have attempted suicide is even higher. One article indicated that 40% of those seeking treatment for an alcohol abuse problem have attempted suicide. (Buddy, 2006). Research demonstrates the link between suicide and alcohol. One scholar, Paul Quinnett, Ph.D., said that "most successful suicides involved untreated, clinically depressed people, intoxicated with alcohol" (Foster, 2011, p.1). Ulrich W. Preuss, a professor from Germany, said that "we knew from previous research that both alcohol dependence and personality disorders are significant risk factors for suicidal behavior… however, how each affect the other or interact together, this was not researched" (Buddy, 2006, p.1).

International Research:

Research on suicide and its relationship to alcohol has also been conducted on an international scale. One study which included data from thirteen countries, revealed a correlation between suicide and alcohol in ten of the thirteen countries studied. In the remaining three countries no such relationships were found. This led the researchers to assume that there were other factors influencing the suicide rates in these countries (Sher,

2005). Some countries showed a stronger connection between suicide and alcohol than others. For instance, Norstrom discovered that alcohol consumption was more closely connected to suicide in Sweden than in France (Sher, 2005).

ALCOHOL, SUICIDE, AND LAW ENFORCEMENT:

Comprehensive:

Having summarized and reviewed the research literature on the correlation between alcohol abuse and suicide, we must consider the nuances or dynamics of the relationship. One major reason alcohol effects suicide is that alcohol causes impulsivity or a sudden involuntary inclination to act without slow and deliberate consideration of the effect of ones actions. Some studies indicate that people with alcohol dependence show more aggression and impulsivity which creates a greater risk for suicidal behavior (Sher, 2005). In addition, it has been demonstrated that people who have alcohol dependence and are depressed are also likely to have higher suicide attempts due to aggression and impulsivity (Sher, 2005).

In considering the relationship between alcohol abuse and suicide, one might use the chicken and the egg analogy; which came first? Does someone's alcohol abuse increase their suicidal thoughts or does someone drink alcohol because they are suicidal. The general consensus is that suicide is affected by alcohol but the dynamics of the relationship are less clear, and warrant further research (Sher, 2005).

If alcohol is a significant risk factor for suicide and police officers are known to have problems with alcohol abuse, are police officer suicides influenced by their alcohol abuse? A study on officer suicides in the Detroit Police Department found that 42% of officers who had committed suicide had a history of alcohol abuse (Violanti, 1995).

Another study in Quebec found many officers who had committed suicide had “severe problems” with alcohol (Violanti, 1995, p.3). A study of the Chicago Police Department found that in 60% of the cases of police suicide, alcohol abuse was a contributing factor (Violanti, 1995). In 2000, at a law enforcement suicide conference in Los Angeles, California, it was mentioned that alcohol abuse was a problem in law enforcement and 35% of officer suicides involve alcohol (Clark, & White, 2000). Commissioner Bratton also commented on the link between alcoholism and suicide among police officers and stated that 10 out of the 12 officers, who committed suicide the previous year, had been drinking large amounts of alcohol at the time of the suicide (George, 1999).

The research literature is clear that suicide is a problem among police officers. The literature is also clear that alcohol abuse is a problem among police officers. Could the treatment of the alcohol abuse lower the suicide rate among police officers? This is a question that requires additional research. If alcohol sometimes causes suicide among police, is it possible to direct more effort and resources toward alcohol abuse intervention programs?

CHAPTER III

Methods

PURPOSE OF THE STUDY:

The purpose of this study is to examine alcohol abuse and suicidal behaviors among police officers.

PARTICIPANTS:

The state of Tennessee has 46 city police agencies, 96 county police agencies, 5 university police agencies, and 8 law enforcement agencies listed by the state of Tennessee (Criminal Watch, 2012). Three of these agencies were selected for the purpose of this study due to their varying sizes and locations. The three police agencies selected employ between 30 to 150 police officers. The selected departments provide a good representation of police officers in Tennessee.

DISTRIBUTION AND DISCLAIMER:

This researcher first obtained written permission from administrators of the three law enforcement agencies to allow sampling of their police officers for this research. The permission was sought and approved through email correspondence. Next the researcher hand delivered a box of surveys to each police department. The police departments then distributed the surveys to the individual officers by placing them in each officer's agency mailbox. The survey instrument was placed inside a large envelope that included a cover sheet explaining the study with IRB approval information and a pre-stamped return envelope. The cover sheet explained the objective of the survey and who would have access to the results. The officers were informed "to not" put their name on the survey and they were informed that their participation was voluntary. If they chose not to fill out

the survey, they were requested to return the blank survey to protect the anonymity of the other officers. There were no costs for participating in the study nor were there any foreseeable risks. Survey participants were informed, however, that some of the questions may make them feel uncomfortable. If they did feel uncomfortable, we provided them a list of resource numbers at the bottom of the letter whom they could call. The resource numbers provided were the Suicide Prevention Hotline, Alcoholics Anonymous, and a link to the Badge of Life website where they could find information about both police suicide and alcohol abuse. The officers were informed there were no alternative treatments or compensation in case of injury for participation in the study. They were also provided with the researcher's contact information. A copy of the cover letter is included in Appendix A. The officers were directed to follow the instructions on the cover letter and if they chose to participate they were directed to complete the survey and then place it in the pre-stamped return envelope and drop it in the mail by the end of the week.

SURVEY DESIGN:

The survey administered was a closed ended questionnaire including five sections.

Section 1: Demographics

The first section asked about the individual officer's demographic information. For instance, they were asked their age, sex, marital status, education etc. This allowed the researcher to compare eleven different independent variables. The second section of the survey contained ten questions from the AUDIT or Alcohol Use Disorders Identification Test.

Section 2: Audit

The Alcohol Use Disorders Identification Test has demonstrated to be a validated and reliable test in assessing different levels of alcohol abuse. It was developed by the World Health Organization, WHO and published in 1989. The second section of the survey was developed as a method of screening for excessive drinking and has been translated into 16 different languages (Reinert, 2002). The AUDIT has been previously utilized in other research studies; one such study was conducted by Marsh, Smith, Saunders & Piek (2002). This study used a questionnaire containing questions from the AUDIT, as well as the ICS or Impaired Control Scale and the SADD or Severity of Alcohol Dependence Data. They surveyed social drinkers and those in treatment (Marsh, 2001). Davey, Obst, and Sheehan later revolutionized the study of police and alcohol, using the AUDIT with Australian police officers (Davey et al, 2000a). The officers received the AUDIT questionnaire through the internal mailing system at the police department. The survey was designed to determine whether officers were alcohol dependent.

Section 3: Police and Alcohol

The third section included two questions that specifically questioned police officers about their alcohol use. The first question asked how their alcohol habits have changed since becoming a police officer and the second question asked when their alcohol use increased most significantly.

Section 4: Suicide (SBQ-R)

The fourth section of the survey contained four questions that pertain to suicide. These questions were taken from the Suicide Behaviors Questionnaire-Revised (SBQ-R)

which is designed to identify any past suicidal behavior which might indicate suicidal tendencies. This questionnaire was evaluated in the article “The Suicidal Behaviors Questionnaire Revised: Validation with Clinical and Non-clinical Samples” (Osman et al, 2001). The SBQ-R was originally developed as a 24-item self report questionnaire in 1981 by Linehan. It has since been revised into a 4-item questionnaire that was formatted to suit police officers (Osman et al, 2001).

An example of the SBQ-R is given in the article “Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk.” In this study, members of the SVA or student veterans group from college and universities across the nation were administered a web-link survey. The survey questionnaire combined questions from several surveys, including the SBQ-R and the Combat Exposure Scale, and the generalized anxiety disorder-7, etc. Appropriate emergency contact information was made available to all participants if needed. The study was reviewed and approved by the appropriate institutional review board and they did not indicate any findings of harm even though the suicide survey was combined with other questionnaires (Rudd et al, 2011).

Section 5: Suicide and Police

The fifth and last section of the survey follows up on the SBQ-R by asking the officer how their suicidal thoughts have changed since becoming a police officer.

PRETEST:

The questionnaire used in this research project contains 31 questions, and was pre tested on a member of a local police department for accuracy and relevance. The questionnaire was anonymous to alleviate concerns that the officers might have regarding the release of personal information or the release of damaging information. The

anonymity of the survey makes it impossible to retest or follow up on an individual basis, however, the benefit of having the officer's ensured confidentiality increased the confidence of the officers that the test will retain complete anonymity.

ASSUMPTIONS:

Overall, the goal of the study was to assess whether police officers prone to alcohol abuse have increased suicidal thoughts or behaviors. Additionally, the study assesses whether officers who have increased levels of suicidal thoughts and behaviors also have a higher alcohol abuse problem. Research demonstrates that police officers often use alcohol to help cope with stress and to help them relax. They will use it (alcohol) to "deal with unpleasant situations" (Davey, 2001, p.8) or to help them wind down at the end of the shift (Davey, 2001). After identifying the trends related to alcohol abuse and suicidal behaviors, the study will assesses whether a police officer's employment longevity or years on the force affects alcohol and suicidal behaviors.

LIMITATIONS:

This study is a comprehensive study which is really measuring several different variables. However, in this study, resources and time were limited. For simplification, each variable could have been separated and then measured in-depth and individually It might have taken longer for the officer to complete the five sections, however, it is a preferable option as it reduces the time which would be required if the researcher requested the completion of three separate and distinct surveys. The most obvious limitation is the inability to verify the officers were being completely honest. The officers may have been hesitant to be completely honest in their responses and not regarded the researcher as trustworthy.

Another limitation with this research study is that it only measures alcohol and suicidal thoughts and behaviors. There might well be additional categories that have yet to be identified that influence suicide or alcohol rates in police officers. Finally, this study is limited to the occupation of policing. There could be other stressful jobs (with subcultures) that affect alcoholism at a higher rate. A solution would be to replicate the study in other fields and then compare those findings with police officers responses recorded in this study.

Another obvious limitation to this study is the geographical limitations. This study examines police officers at three police departments in Tennessee. Would this study produce similar results if replicated in other jurisdictions or other states? There are also the issues of the agency size to consider, or the comparison between high crime rate areas versus low crime areas or rural areas verses urban areas. In summary, the findings in this study can be vaguely generalized to police officers. However, replication studies in other geographical areas might provide further clarity regarding the relationship between alcohol use and suicidal behavior among police officers.

CHAPTER IV

Results:

SAMPLE:

A total of 107 police officers from the state of Tennessee participated in this study by returning the survey instrument. Two surveys were returned but not completed (N = 105). There were three police departments participating in this study, hereinafter referred to as Department A, B, and C. Department A returned 22 surveys. Department B returned 37 surveys; and, Department C returned 46 surveys (Table 17). The surveys responses were categorized and entered into Microsoft Access 2010. The data were then copied and pasted into SPSS for data analysis. The researcher analyzed the mean, median, and standard deviations for all of the demographic categories. In addition to the demographic information listed above, the data provided the following results.

PARTICIPANTS:

The frequency distribution of the independent variables is listed in the Tables 1 through 13. The mean age of the officers was 40 years old and the modal age was 39. The age range was 47 years, with the youngest officer being 23 years old and the oldest officer 70 years old (Table 1). The sample was composed of 12.4% female (Table 2) and 87.6 % male officers. Ninety-one point four percent of the officers responded that they were Caucasian (Table 3) followed by African American (4.8%), Latino (1.9%), and other (1.9%). Thirteen percent reported that the highest level of education (Table 4) they had completed at the time of the survey was high school; 26.7% reported they had obtained an associates degree; 48.6% reported they had earned a bachelors level degree; 8.6% reported they had earned a masters level degree; and, 2.9% had earned a doctorate.

The relationship status of the respondents (Table 5) was as follows: 9.5% were never married, 78.1% were married, 11.4% were divorced and 1% were living with a partner. The years of police experience the officers reported indicated the mean to be 15 years. The modal years on the force was 10 (Table 6). The assignments of the officers (Table 7) showed that 53.3% of the respondents said they were assigned to patrol; 18.1% were assigned to investigations. 16.2% were part of the administration; and, 12.1% reported other assignments. Thirty-nine percent of the officers reported they had received alcohol prevention training at the academy while 61% said they did not receive any training (Table 8). Forty-one percent reported they received suicide prevention training at the academy and 58.1 % did not (Table 9). Ninety-one percent of officers reported they did not receive annual suicide and alcohol abuse prevention training, while only 10% reported that they did receive some training (Table 10). Finally, 97% of the officers reported that they had an EAP or an Employee Assistance Program (Table 11).

The alcohol questions and the suicidal behavior questions were combined and used as weighted scale. These scales were then measured using Cronbach's alpha (α) which is a measure of internal consistency or reliability of a psychometric test score. The ten alcohol questions from the AUDIT were combined into a scale and Cronbach's alpha for the alcohol scale was rounded to a .8. The five suicide questions were combined into a suicidal behavior scale. Cronbach's alpha for the suicidal behavior scale was rounded to a .7. Generally the social sciences require greater than .7 to have an acceptable level of internal consistency (Santos, 1999). Both the alcohol abuse scale and the suicidal behavior scale are acceptable according to cronbach's alpha.

The eleven independent variables: age, gender, race, education, marital status, experience, assignment, alcohol abuse training at the academy, suicide prevention training at the academy, department's alcohol abuse and suicide prevention annual training and employee assistance program were each compared to the two dependent variables: alcohol scale and the suicides scale using Spearman's rho (Table 18). This nonparametric scale allows us to compute the correlation between the different independent variable's ranks. The significance level is $p < 05$ or there is a 1 in 20 chance that the results did not occur because of the hypothesized reason. This is a highly accepted significance level first established by R.A. Fisher in 1926. (The Arrangement of Field Experiment, 1926, p.504).

Of the 24 correlation coefficients, only 5 measured below the significance level $p < .05$. The correlation coefficient between age and the alcohol scale is negative and moderate at -.338 which is statistically significant at the .000 level. The correlation coefficient between gender and the alcohol scale is positive and weak at .212 which is statistically significant at the level .015. The correlation coefficient between experience and the alcohol scale is negative and weak at -.251 which is statistically significant at.005. The correlation coefficient between Alcohol Prevention Training at the academy and the suicide scale is negative and weak at -.177 which is statistically significant at the level .035. The correlation coefficient between Suicide Prevention Training at the academy and the suicide scale is negative and weak at -.201 which is statistically significant at the level .020.

HYPOTHESIS RESULTS & ANALYSIS:

Spearman's rho	Alcohol Scale	Suicide Scale
Age	-.338**	-.038
Gender	.212*	.014
Race	.003	.057
Education	-.051	.152
Marital	-.028	-.007
Experience	-.251**	-.004
Assignment	-.030	.058
AAPrevTrng	.021	-.177*
SuPrevTrng	.085	-.201*
ASPrevTrng	-.057	.054
EAP	-.007	.116
Alcohol Scale	1.0	.118
Suicide Scale	.118	1.0

n = 105
* $p \leq .05$
** $p \leq .01$

Figure 1 (also Table 18): **Correlation coefficients** of 13 independent variables. Variable to dependent variable on the alcohol scale and the suicide scale, using Spearman's rho.

Hypothesis 1: There is a statistically significant relationship between age and alcohol abuse and age and suicidal behavior among police officers; as the age of the officer increases, so does alcohol abuse and suicidal behavior. The H_o is rejected for the alcohol scale; the H_o is accepted for the suicide scale. There is a statistically significant relationship between age and alcohol abuse, however, there is not a statistically significant relationship between age and suicidal behavior. As the age of a police officer

decreases, their alcohol scale increases. In other words, the younger the officer, the more likely they are to abuse alcohol. As the officer's age increases, their alcohol abuse decreases.

Hypothesis 2: There is a statistically significant relationship between gender and alcohol abuse and gender and suicidal behavior among police officers; men are more likely than women to abuse both alcohol and have higher levels of suicidal thoughts and behaviors. The H_o is rejected for the alcohol scale; the H_o is accepted for the suicide scale. There is a statistically significant relationship between gender and alcohol abuse, however, there is not a statistically significant relationship between gender and suicidal behavior. Males are more likely than females to abuse alcohol.

Hypothesis 3: There is a statistically significant relationship between race and alcohol abuse and race and suicidal behavior among police officers, with whites are more likely than blacks to abuse alcohol and have suicidal behavior. The H_o is accepted for the alcohol scale; the H_o is accepted for the suicide scale. There is no statistically significant relationship between race and alcohol abuse and there is no statistically significant relationship between race and suicidal behavior.

Hypothesis 4: There is a significant relationship between education and alcohol abuse and education and suicidal behavior among police officers. The more education and officer has, the less likely they will abuse alcohol and have suicidal behavior. The H_o is accepted for alcohol scale and the H_o is accepted for the suicide scale. This means that there is no statistically significant relationship between education and alcohol abuse and there is also no statistically significant relationship between education and suicide. It should be noted that the statistical significance of the correlation between Education and

the suicide scale is p = .06 which although is not statistically significant, it is very close to the $p \leq .05$. This could be indicative of a relationship. Although insignificant, the results showed that as the education of an officer increased, so did the suicidal behavior.

Hypothesis 5: There is a statistically significant relationship between marital status and alcohol abuse and marital status and suicidal behavior among police officers and married men are less likely to abuse alcohol and have suicidal behavior than single or divorced men. The H_o is accepted for the alcohol scale and the H_o is accepted for the suicide scale. There is no statistically significant relationship between marital status and alcohol abuse and there is no statistically significant relationship between marital status and suicidal behavior.

Hypothesis 6: There is a statistically significant relationship between experience and alcohol abuse and experience and suicidal behavior among police officers. As the officer's years of experience increases, the more likely officers will abuse alcohol and have suicidal behavior. The H_o is rejected for the alcohol scale; however, the H_o is accepted for the suicide scale. There is a statistically significant relationship between experience and alcohol abuse, however, there is not a statistically significant relationship between experience and suicide. As the experience of the officer increases, their alcohol abuse decreases.

Hypothesis 7: There is a statistically significant relationship between assignment and alcohol abuse and assignment and suicidal behavior among police officers. Officers in investigative positions will have increased levels of alcohol abuse and suicidal behavior. The H_o is accepted for the alcohol scale and the H_o is accepted for the suicide scale. There is no statistically significant relationship between assignment (patrol,

investigations...) and alcohol abuse and there is no statistically significant relationship between assignment and suicidal behavior.

Hypothesis 8: There is a statistically significant relationship between alcohol abuse prevention training and alcohol abuse among police officers. Officers who have completed alcohol abuse prevention training at the academy will have lower alcohol abuse. The H_o is accepted for the alcohol scale; however, the H_o is rejected for the suicide scale. There is no statistically significant relationship between having alcohol abuse prevention training at the academy and the alcohol scale; surprisingly however, there is a statistically significant relationship between having alcohol abuse prevention training at the academy and suicidal behavior. If the officer had alcohol prevention training at the academy, they had lower indicators of suicidal behavior.

Hypothesis 9: There is a statistically significant relationship between suicide prevention training and suicidal behavior among police officers. Officers who complete suicide prevention training at the academy will have less suicidal behavior. The H_o is accepted for the alcohol scale; however, the H_o is rejected for the suicide scale. There is not a statistically significant relationship between suicide prevention training at the academy and alcohol abuse, however, there is a statistically significant relationship between suicide prevention training at the academy and indicators of suicidal behavior. If the officer had suicide prevention training at the academy, they had lower indicators of suicidal behavior.

Hypothesis 10: There is a statistically significant relationship between the conduct of annual suicide and alcohol prevention training for police officers and alcohol abuse and suicidal behavior among police officers. Annual suicide and alcohol prevention

training will decrease suicidal behavior and alcohol abuse. H_o is accepted for the alcohol scale; the H_o is accepted for the suicide scale. There is no statistically significant relationship between having annual alcohol abuse and suicide prevention training and alcohol abuse; and, there is no statistically significant relationship between having annual alcohol abuse and suicide prevention training and indicators of suicidal behavior.

Hypothesis 11: There is a statistically significant relationship between the department offering an Employee Assistance Program (EAP) and alcohol abuse and suicidal behavior among police officers. If the officer knows their department offers an employee assistance program then the officer will have lower alcohol abuse rates and suicidal behavior. H_o is accepted for the alcohol scale and the H_o is accepted for the suicide scale. There is no statistically significant relationship between the department offering an EAP and alcohol abuse; and, there is no statistically significant relationship between the department offering an EAP and suicidal behavior.

Hypothesis 12: There is a statistically significant relationship between alcohol abuse and suicidal behavior among police officers. Police officers who have a problem with alcohol abuse tend to have increased indicators of suicidal behavior. The H_o is accepted. There is no statistically significant relationship between alcohol abuse and suicidal behavior among police officers.

CHAPTER V

Discussion

Conclusion:

The conduct of this study contributes to the literature relative to understanding the dynamics of alcohol use and suicide among police officers. However, the study is not without limitations. Due to an officer's unwillingness to be completely honest in a survey, it would be beneficial to conduct a qualitative study by interviewing officers in order to build a more trustful relationship between the researcher and the officer. This method might produce a more accurate understanding of the officer's alcohol abuse and suicidal behavior patterns. It would also be beneficial to replicate this study in other geographical areas of the country. For example, a researcher might compare the different types of police organizations by size and setting (urban versus rural). It would be worthwhile to repeat the study on a larger scale to increase accuracy.

Summary:

This research provided the opportunity to examine the alcohol abuse and suicidal behaviors of police officers. The purpose of the study was to better understand relationships between alcohol and suicide. The results show that although there are some indicators of a relationship between alcohol abuse and suicidal behavior among police officers, the findings were not determined to be statistically significant.

Although the primary hypothesis of correlation between the alcohol scale and suicide scale were not statistically significant, nevertheless, the research found five of eleven independent variables that were statistically significantly correlated.

The first of these findings was that age and the alcohol scale were statistically significantly correlated. We discovered that as the officer's age increases, their alcohol use decreases; So that, older officers do not abuse alcohol as the rate of younger officers. This is an important finding because it indicates how important it is for the younger officers to learn early on about alcohol abuse and how it can affect their health, job performance and career. Since older officers are less likely to abuse alcohol, there is less of a need to provide intensive alcohol abuse prevention training for older officers.

The second finding was that gender was statistically significantly correlated with alcohol abuse. This study indicates that males were more likely than females to abuse alcohol. Again, this is useful information for those who offer alcohol abuse prevention training; the focus of training should be on males, as females are less likely to abuse alcohol.

The third finding was that experience was statistically significantly correlated to alcohol abuse. The more years an officer has on the job, the less likely that officer will abuse alcohol. This finding is not surprising since we also discovered that age affects alcohol abuse. Older officers are likely to have more experience than younger officers. In terms of designing alcohol resistance training, it is suggested that training needs to occur early in an officer's career to have the most effect. As the officer gets older and has more experience they are less likely to abuse alcohol.

The fourth finding was a correlation between having alcohol abuse prevention training at the academy and demonstrated suicidal behavior. If an officer answered in the affirmative that they were offered alcohol prevention training at the academy, then they were more likely to score lower on the suicide assessment scale. This

finding is very surprising because one would think that alcohol abuse training would have no affect on suicidal behavior. This finding, in fact, supports the assumption that alcohol and suicide are related and further research on this relationship is merited.

The fifth finding was a correlation between suicide prevention training at the academy and suicidal behaviors. It was found that if officer's received training at the academy about suicide prevention, the officer was less likely to express suicidal behavior.

One interesting correlation of note (although not statistically significant) was a relationship between education and suicidal behavior; as an officer's education level increased, so did their suicidal behavior. This correlation, however, was only statistically significant at the .06 level and one-tenth of a point above our acceptable significance level.

Policy Recommendations

In conclusion, the research presented herein suggests that police agencies should provide alcohol prevention training programs to young officers early in their careers. It should be further noted that it is extremely important for law enforcement training academies to include curriculum and instruction for both alcohol and suicide prevention training; both at the recruit basic and in-service level. Such training is effective in decreasing suicidal behavior among police officers.

The problem of police suicide persists; however, as the research suggests, training and officer awareness is an effective strategy for providing officers with tools to maintain a healthy lifestyle.

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Appendices

Table 1

Age of Participants

	Frequency	Percent
23	1	1.0
24	1	1.0
25	1	1.0
26	2	1.9
27	2	1.9
28	3	2.9
29	2	1.9
30	5	4.8
31	4	3.8
32	6	5.7
33	1	1.0
34	3	2.9
35	3	2.9
36	2	1.9
37	1	1.0
38	5	4.8
39	10	9.5
40	9	8.6
41	4	3.8
42	2	1.9
43	6	5.7
44	4	3.8
45	3	2.9
46	1	1.0
47	5	4.8
50	1	1.0
51	6	5.7
52	1	1.0
53	1	1.0
54	2	1.9
55	1	1.0
59	3	2.9
62	2	1.9
63	1	1.0
70	1	1.0
Total	105	100.0

M = 40
Mode = 39

Table 2

Gender of participants

	Frequency	Percent
Female	13	12.4
Male	92	87.6
Total	105	100.0

Table 3

Race of participants

	Frequency	Percent
Caucasian	96	91.4
African American	5	4.8
Latino	2	1.9
Other	2	1.9
Total	105	100

Table 4

Education of participants

	Frequency	Percent
High School	14	13.3
Associates	28	26.7
Bachelors	51	48.6
Masters	9	8.6
Doctoral	3	2.9
Total	105	100

Table 5

Marital status of participants

	Frequency	Percent
Never Married	10	9.5
Married	82	78.1
Divorced	12	11.4
Living Together	1	1
Total	105	100

Table 6

Experience of participants

	Frequency	Percent
1	1	1.0
2	4	3.8
3	3	2.9
4	2	1.9
5	4	3.8
6	2	1.9
7	8	7.6
8	4	3.8
9	1	1.0
10	12	11.4
11	3	2.9
12	5	4.8
13	5	4.8
14	6	5.7
15	8	7.6
16	4	3.8
17	3	2.9
18	3	2.9
19	1	1.0
20	4	3.8
21	1	1.0
22	2	1.9
23	2	1.9
24	1	1.0
26	1	1.0
27	2	1.9
28	1	1.0
29	2	1.9
30	3	2.9
31	1	1.0
32	2	1.9
33	2	1.9
38	1	1.0
39	1	1.0
Total	105	100.0

Table 7

Assignment of participants

	Frequency	Percent
Patrol	56	53.3
Investigations	19	18.1
Administration	17	16.2
Other	13	12.4
Total	105	100

Table 8

Alcohol Prevention Training (AAPrevTrng)

	Frequency	Percent
No	64	61.0
Yes	41	39.0
Total	105	100.0

Table 9

Suicide Prevention Training (SuPrevTrng)

	Frequency	Percent
No	61	58.1
Yes	44	41.9
Total	105	100.0

Table 10

Alcohol & Suicide Prevention Training (ASPrevTrng)

	Frequency	Percent
No	95	90.5
Yes	10	9.5
Total	105	100.0

Table 11

Employee Assistance Program (EAP)

	Frequency	Percent
No		3
Yes		97
Total	105	100.0

Table 12

AUDIT Questions 1-5(see Appendix B)

AUDIT 1

	Frequency	Percent
0	17	16.2
1	47	44.8
2	23	21.9
3	12	11.4
4	6	5.7
Total	105	100.0

AUDIT 2

	Frequency	Percent
0	58	55.2
1	33	31.4
2	9	8.6
3	3	2.9
4	2	1.9
Total	105	100.0

AUDIT 3

	Frequency	Percent
0	51	48.6
1	38	36.2
2	9	8.6
3	7	6.7
Total	105	100.0

AUDIT 4

	Frequency	Percent
0	100	95.2
1	4	3.8
3	1	1.0
Total	105	100.0

AUDIT 5

	Frequency	Percent
0	100	95.2
1	5	4.8
Total	105	100.0

Table 13

AUDIT Questions 6-10

AUDIT 6

	Frequency	Percent
0	101	96.2
1	3	2.9
3	1	1.0
Total	105	100.0

AUDIT 7

	Frequency	Percent
0	94	89.5
1	9	8.6
2	1	1.0
3	1	1.0
Total	105	100.0

AUDIT 8

	Frequency	Percent
0	95	90.5
1	10	9.5
Total	105	100.0

AUDIT 9

	Frequency	Percent
0	100	95.2
1	1	1.0
2	4	3.8
Total	105	100.0

AUDIT 10

	Frequency	Percent
0	97	92.4
1	1	1.0
2	3	2.9
4	4	3.8
Total	105	100.0

Table 14

Alcohol Abuse Question 1 (AA1): How have your drinking habits changed since being a police officer?

	Frequency	Percent
1	15	14.3
2	21	20.0
3	59	56.2
4	7	6.7
5	3	2.9
Total	105	100.0

Table 15

Alcohol Abuse Question 2 (AA2): If your drinking has increased when did you see your drinking increase the most?

	Frequency	Percent
3	3	2.9
4	5	4.8
5	23	21.9
6	3	2.9
7	71	67.6
Total	105	100.0

Table 16

Suicidal Behavior Questions 1-5:

Suicide Question 1

	Frequency	Percent
1	85	81.0
2	17	16.2
3	2	1.9
4	1	1.0
Total	105	100.0

Suicide Question 2

	Frequency	Percent
1	97	92.4
2	4	3.8
3	3	2.9
4	1	1.0
Total	105	100.0

Suicide Question 3

	Frequency	Percent
1	100	95.2
2	3	2.9
3	2	1.9
Total	105	100.0

Suicide Question 4

	Frequency	Percent
1	92	87.6
2	10	9.5
3	3	2.9
Total	105	100.0

Table 16 cont.

Suicide Question 5

	Frequency	Percent
1	80	76.2
2	6	5.7
4	17	16.2
5	2	1.9
Total	105	100.0

Table 17

Departments

	Frequency	Percent
Department A	22	21.0
Department B	37	35.2
Department C	46	43.8
Total	105	100

Table 18

Correlation coefficients of 13 independent variables. Variable to dependent variable on the alcohol scale and the suicide scale, using Spearman's rho.

Spearman's rho	Alcohol Scale	Suicide Scale
Age	-.338**	-.038
Gender	.212*	.014
Race	.003	.057
Education	-.051	.152
Marital	-.028	-.007
Experience	-.251**	-.004
Assignment	-.030	.058
AAPrevTrng	.021	-.177*
SuPrevTrng	.085	-.201*
ASPrevTrng	-.057	.054
EAP	-.007	.116
Alcohol Scale	1.0	.118
Suicide Scale	.118	1.0

n = 105

* $p \leq .05$

* * $p \leq .01$

APPENDIX A

LETTER TO PARTICIPANTS

MTSU
IRB Approved
Date: 2/23/2012

Middle Tennessee State University

Spring, 2012

Dear Respondent,

I am a graduate student in the Criminal Justice Program at Middle Tennessee State University and I am conducting a study on law enforcement officers regarding alcohol and suicide. This study will be used as my thesis for obtaining my Masters in Criminal Justice. The objective of this research is to study alcohol use and suicidal behavior among police officers. It may help to improve training and prevention programs that police officers like you may one day attend.

Enclosed with this letter is a brief questionnaire. I am asking you to review it and if you choose to do so, complete the questionnaire and seal in the enclosed envelope. Please deposit the sealed envelope in the mail. No one in this department will have access to these questionnaires.

If you choose to participate, do not write your name on the questionnaire. I do not need to know who you are. If you choose to not participate in this study, please return the envelope anyway with the questionnaire to maintain anonymity for people completing the survey. There are no costs for participating in this study nor are there any foreseeable risks if you decide to participate, however, some of these questions may make you uncomfortable. If at any time you feel uncomfortable with the questions presented please feel free to use the resource numbers at the bottom of this letter. There are no alternative treatments or compensation in case of injury for participating in this study.

Your participation is voluntary there are no penalties for refusal and participation can be discontinued at any time without penalty or loss of benefits. All efforts, within reason, will be made to keep the personal information in your research record private but total privacy cannot be promised. Your information may be shared with the Middle Tennessee State University Institutional Review Board in order to protect human research or the Federal Government Office for Human Research Protection if you or someone else is in danger or if we are required to do so by law.

If you have any questions or concerns about completing the questionnaire or about this study, you may contact me at (615)406-9045 at Karissa.Garrison@mtsu.edu or my faculty advisor, Dr. Thomas Jurkanin at (615)898-2264 at Thomas.Jurkanin@mtsu.edu.

The Middle Tennessee State University Institutional Review Board has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact Emily Born of the MTSU IRB at 615- 494-8918 or email at eborn@mtsu.edu .

RESOURCES:
Suicide Prevention Hotline –
1-800-273-TALK (8255)
Alcoholics Anonymous – 1-
615-831-1050
Badge of Life Website – Badgeoflife.com (This is a great website and source for information regarding police suicide and alcohol use) Contact your human resources department for information about your Employee Assistance Programs.

APPENDIX B

Survey Instrument

Demographic Data:

1. **Age: ____**
2. **Gender: ☐ Male ☐ Female**
3. **Race/Ethnicity: ☐ American Indian ☐ Caucasian ☐ African American ☐ Latino ☐ Asian**
4. **Highest Education: ☐ High School ☐ AA/AS ☐ BA/BS ☐ MA/MS ☐ Ph.D**
5. **Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Living Together**
6. **Years of Law Enforcement Experience: ____**
7. **Current Assignment: ☐ Patrol ☐ Investigations ☐ Administration ☐ Other ______________**
8. **Have you had police alcohol abuse prevention training at the academy? ☐ Yes ☐ No**
9. **Have you had police suicide prevention training at the academy? ☐ Yes ☐ No**
10. **Does your department offer annual training in regards to Alcohol and Suicide Prevention? ☐ Yes ☐ No**
11. **Does your department offer an Employee Assistance Program? ☐ Yes ☐ No**

The following questions pertain to alcohol. Place an X in one box that best describes your answer.

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happed the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily, or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

The following questions pertain to alcohol. Please circle only one answer.

1. How have your drinking habits changed since being a police officer.

   Decreased dramatically
   Decreased
   No Change
   Increased
   Increased dramatically

2. If your drinking has increased when did you see your drinking increase the most?

   Before Hiring Process
   During Law Enforcement Training Academy
   0-5 years on the job
   6-10 years on the job
   11 + years on the job
   Have never consumed alcohol

The following questions pertain to suicide. Please circle only one answer.

1. Have you ever thought about or attempted to kill yourself?

   Never
   It was just a **brief** passing thought.
   I have **had a plan** at least once to kill myself but **did not** try to do it.
   I have **had a plan** at least once to kill myself and really wanted to die.
   I have **attempted** to kill myself, but **did not** want to die.
   I have **attempted** to kill myself , and really hoped to die.

2. How often have you thought about killing yourself in the past year?

   Never
   Rarely (1 time)
   Sometimes (2 times)
   Often (3-4 times)
   Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it?

    No
    Yes, at one time, but **did not** really want to die
    Yes, at one time, and really wanted to do it
    Yes, more than once, but **did not** want to do it
    Yes, more than once, and really wanted to do it.

4. How likely is it that you will attempt suicide someday?

    No, Definitely Not
    Unlikely
    Neutral (50/50)
    Likely
    Yes, definitely

5. How have your thoughts about suicide changed since becoming a police officer?

    Have suicidal thoughts more frequently
    Have suicidal thoughts slightly more frequently
    No change in my suicidal thoughts.
    Have suicidal thoughts slightly less frequently.
    Have suicidal thoughts less frequently
    Have never had suicidal thoughts

APPENDIX B

IRB Letter

February 23, 2012

Karissa Garrison and Dr. Thomas Jurkanin
Protocol Title: Alcohol use and suicidal behavior among police officers
Protocol Number: 12-157

Dear Investigator(s),

The MTSU Institutional Review Board has reviewed the research proposal identified above. The MTSU IRB has determined that the study meets the criteria for approval under 45 CFR 46.110 and 21 CFR 56.110, and you have satisfactorily addressed all of the points brought up during the review. The only remaining stipulation is that the minimum number of members of any category for reporting purposes may be five if multiple agencies are involved, please limit it to 10 if only one agency is involved.

Approval is granted for one (1) year from the date of this letter for **200** participants. Please use the version of the consent form with the compliance office stamp on it.

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918. Any change to the protocol must be submitted to the IRB before implementing this change.

You will need to submit an end-of-project report to the Office of Compliance upon completion of your research. Complete research means that you have finished collecting and analyzing data. Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date. Please allow time for review and requested revisions. Failure to submit a Progress Report and request for continuation will automatically result in cancellation of your research study. Therefore, you will NOT be able to use any data and/or collect any data.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to provide a certificate of training to the Office of Compliance. If you add researchers to an approved project, please forward an updated list of researchers and their certificates of training to the Office of Compliance (c/o Emily Born, Box 134) before they begin to work on the project.

All research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion and then destroyed in a manner that maintains confidentiality and anonymity.

Sincerely,

William Langston
Chair, MTSU Institutional Review Board