



# THE DISTINCT SYMPTOMS OF SUICIDE BY COP

Caitlin Kelly, Matthew Podlogar, M.S., Christopher Strunk, M.S., and Thomas Joiner, Ph.D.

Department of Psychology



## ABSTRACT

This project operates on the theory that Suicide by Cop (SbC) is its own distinctive form of suicide. Individuals who engage in this behavior are not simply homicidal—rather, they are unable to end their own lives and therefore initiate the use of deadly force by police officers as a method of suicide. We are currently in the preliminary stages of studying the features of subjects who die by SbC. For methods, we analyzed a sample of police reports (n=76). We used the program NVivo to code references for attributes such as “Life Stressors” and conducted a frequency count to uncover recurring factors. The long-term goal is to uncover the pattern of characteristics among people who engage in this behavior. The implications are that individuals who choose SbC as their method of suicide will harbor their own unique set of symptoms as opposed to people who choose alternative methods of suicide. Preliminary analyses suggest that the majority of incidents tend to be initiated by a domestic argument. Additionally, analyses suggest that most of these subjects will elicit deadly force from law enforcement by displaying threatening behavior and will tend to express an inability to take their own lives.

## INTRODUCTION

- Researchers have defined Suicide by Cop (SbC) victims as individuals who deliberately threaten bystanders or explicitly state their intentions to die by necessitating deadly force from police officers (Lord 2010).
- Findings support that police are frequently involved due to lethal behavior on behalf of the subject—often, possession of a deadly weapon and endangerment of witnesses (Neitzel and Gill 2011).
- Prior research supports the following recurring themes: SbC is often initiated with a criminal act or violence toward other individuals (Lord 2010).
- Our study aims to expand on these distinctive factors isolate the unique set of symptoms in this phenomenon as opposed to alternative methods of suicide.

## METHODOLOGY

- The original data set (n = 1,110) was downloaded from fatalencounters.org on August 24, 2014. The records of deceased individuals were taken from a public database; thus, the Florida State University IRB waived the need for review.
- Subject lines in the database were included in analyses if they contained the contributor-provided flag of "mental illness" (n = 203), or any mention of the phrase, "suicide" or "suicidal" in the entry description or source reference (n = 96).
- Primary source documents/reports of all selected cases (n = 244) were reviewed and coded by CS. Cases were reduced to include only police/government reports (n = 76), and a standardized coding scheme for common themes such as “Subject Occupation” and “Life Stressors” was defined.
- CK used QSR NVivo v.11 to conduct two iterations of report analysis and thematic coding refinement according to principles within grounded theory.

## RESULTS

Table 1  
Frequencies and percentages of recurring symptoms in SbC cases

Distinctive Characteristics	Frequency	Percentage (N = 76)
<b>Gender</b>		
Male	69	90%
Female	7	10%
Gender Unknown	0	0%
<b>Race</b>		
Caucasian	28	36%
African American	6	7%
Hispanic	6	7%
Asian	4	5%
Race Unknown	32	42%
<b>Age</b>		
Juvenile/Teenager	3	4%
20—29 Years	14	18%
30—39 Years	25	32%
40—49 Years	13	17%
50+ Years	4	5%
Age Unknown	17	22%
<b>Occupation</b>		
Unemployed	19	25%
Police/military	10	13%
Manual Labor	6	7%
Business/customer service	7	10%
Occupational Status Unknown	44	57%
<b>Physical Health Problem History</b>		
Chronic Pain/illness	8	11%
No Physical Health Record	68	89%
<b>Mental Health Problem History</b>		
Mood Disorders	23	30%
Psychotic Disorders	22	28%
Childhood History of Mental Disorders	15	19%
No Mental Health Record	16	21%

<b>Geographic Location</b>		
Nevada	51	67%
Oregon	4	5%
Idaho	5	6%
Maine	11	14%
California	3	3%
Other	2	2%
Geographic Location Unknown	0	0%
<b>Physical Location</b>		
Subject’s Residence	37	48%
Relative/Friend’s Residence	9	11%
Vehicle	6	7%
Parking Lot	8	10%
Road	7	9%
Other Location	9	11%
Physical Location Unknown	0	0%
<b>Subject Intentions</b>		
Suicide Note	8	11%
Verbalized SbC Intent	47	62%
Verbalized Intent to Harm	39	51%
Others		
Aggressive Quotes	25	33%
Hopeless Quotes	10	13%
Expressed Inability to Self-Harm	24	32%
Intentions Unknown	21	27%
<b>Weapon Used</b>		
Firearm	46	60%
Knife	18	23%
Random Weapon	10	13%
No Weapon/Unknown	2	2%

## REFERENCES

Lord, V. B. (2000). Law enforcement-assisted suicide. *Criminal Justice and Behavior*, 27(3), 401-419. doi:10.1177/0093854800027003007

Lord, V. B., & Sloop, M. W. (2010). Suicide by cop: Police shooting as a method of self-harming. *Journal of Criminal Justice*, 38(5), 889-895. doi:10.1016/j.jcrimjus.2010.06.004

Neitzel, A. R., & Gill, J. R. (2011). Death certification of “suicide by cop”. *Journal of Forensic Sciences*, 56(6), 1657-1660. doi:10.1111/j.1556-4029.2011.01891.x

This research was supported in part by the UROP materials grant and a grant from the Military Suicide Research Consortium, an effort supported by the Office of the Assistant Secretary of Defense for Health Affairs under Award No. (W81XWH-10-2-0181). Opinions, interpretations, conclusions and recommendations are those of the authors and are not necessarily endorsed by the Military Suicide Research Consortium or the Department of Defense.

## Triggering Event

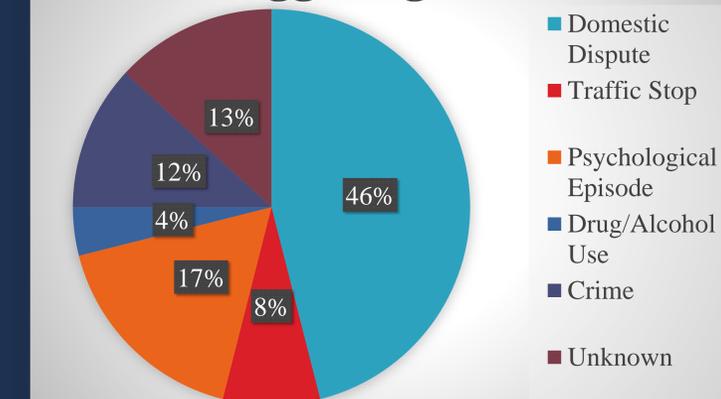


Figure 1. Frequency of SbC cases with each type of triggering event.

## DISCUSSION

- Results suggest that SbC subjects tend to verbalize their intentions to commit suicide via law enforcement (62%). This is consistent with Vivian Lord’s definition of SbC (2000).
- The high percentage of Caucasian males in their thirties is concordant with prior demographic findings (Lord 2000).
- Analyses support prior findings of dangerous behavior used to provoke deadly force from law enforcement (Neitzel and Gill 2011). Subjects tend to display overtly threatening behavior toward others involved in the event (97%); 51% provided quotes such as, “I am going to die tonight and I will take you with me.”
- 33% of subjects provided aggressive statements (e.g. “You better [expletive] shoot me or I am going to stab you”) as opposed to 13% of hopeless quotes (e.g. “I give up”). This could suggest that SbC subjects cannot commit self-inflicted suicide—a concept admitted by 32% of subjects. In this context, aggression toward bystanders may be closer to suicidal behavior than homicidal behavior.
- Prior research suggests schizophrenia and bipolar disorder tend to be the most common mental disorders among SbC cases (Lord 2000). Our results suggest mood disorders, including depression, anxiety, and bipolar disorder, tend to be slightly more common (30%).
- Previous research found crime to be a common triggering event (Neitzel and Gill 2011). Our results indicate domestic fights between spouses or relatives tend to be more common (46%).
- Limitations in this study include unknown data in reports due to redaction and a high percentage (67%) of cases from Nevada that may not be representative of the population. Future research could include a larger sample size in order to increase generalizability and availability of commonly redacted information.

## ACKNOWLEDGEMENTS

I would like to express my appreciation to Mr. Podlogar, whose guidance was invaluable throughout this project. Additional thanks to Mr. Podlogar and Mr. Strunk for their hard work in collecting and analyzing the initial data sample.