

# CASP

volume 19, no. 1, April 2010

# NEWS

Canadian Association  
for Suicide Prevention

Association canadienne pour  
la prévention du suicide

• In this issue...	
• Strengthening the safety net in BC	3
• Clinic campaign to prevent suicide	4
• On the CASP Board	4
• MB Youth Suicide Prevention Strategy	4
• Training on trauma-informed counselling	4
• Looking back and looking ahead	5
• 2010 CASP Conference	5
• At the Brandon CASP Conference 2009	6
• Book your calendar	6
• Bill to legalize assisted suicide	6
• CASP meets with Minister of Health	6
• World Suicide Prevention Day	7
• Mental Health Strategy for Canada	7
• Update from New Brunswick	7
• CASP seeks your input	7
• CASP lobbies Government of Canada	7
• CASP Awards 2009	8

## Suicide and Homicide-Suicide among Police: The Secret

by Antoon A. Leenaars, Ph.D, C.Psych.

'Suicide in police is at epidemic levels' were the headlines in the New York Media, 1934-1940. Ninety-three New York police officers died by suicide. Gregory Zilboorg's study of the great 1930's police suicide epidemic tells us much. What have we learned? The concept of investigating deaths, as to mode of death – natural, accident, suicide, or homicide – is at least as old as the work of John Graunt of London in the 17<sup>th</sup> century. The recent history of this procedure in death investigations focuses on my mentor, Edwin Shneidman's work on retrospective psychological investigative procedures, called a psychological autopsy. It is the lead forensic method of investigation into such deaths, something still rare in the psychological investigation of police suicide. Yet we need to understand, to be able to predict and to control events. Almost 1 million people die by suicide worldwide every year; we do not know exactly how many police, but there are many. *In the U.S. every year, four hundred police officers, at the very least, die by suicide, although it is probably 2 times as high.* Is that true? That is far too many. Could it even be 4 times as high? In Canada we do not know how many. It is kept a secret. There are many tragic cases. For example, on October 2, 2008, a family man and respected New York police officer, Michael Pigott, died by suicide. Lt. Pigott was involved in a Sept. 24<sup>th</sup>

case in which police fired a Taser gun at Iman Morales, an emotionally disturbed man. Lt. Pigott had ordered the use of the Taser. Subsequent to Morales' death, Lt. Pigott was investigated for violation of department guidelines, stripped of his badge and gun and placed on modified duties. Fearing that his career would never be the same, Lt. Pigott publicly apologized. He was reported to be "torn up" by the occurrence, and on his 46<sup>th</sup> birthday, took a service pistol from another officer's locker and shot himself at the station. He left a suicide note stating, "It was all my fault", adding that "he didn't want his kids to see him cuffed and jailed". A fellow officer stated, "When they pulled the carpet out from under him, it destroyed his whole world". Thus, Pigott's family, fellow officers, and we are left to ask: Why did his death occur? Is Michael Pigott's unusual, or is there a suicide epidemic among police? What are the causes? There are many questions that confront us today, and further tragedies. Superintendent David Lucio died by homicide on June 7, 2007. Acting Inspector Kelly Johnson died by suicide following the homicide of David Lucio on June 7, 2007. They had been police officers of the London Police Service (LPS). On June 11, 2007, Chief Murray Faulkner, LPS, announced that the tragic incident had been determined to be a murder/suicide. The LPS, as part of its response, established a committee, with me as the lead investigator, to examine this tragic murder/suicide. A

psychological autopsy was undertaken with my partner, Dr. Peter Collins, a first rate forensic psychiatrist with the OPP. Detective Dave Gilmore, LPS, assisted. Many questions arose. One was if this event was rare. We knew about the suicide epidemic, but is there an epidemic of homicide-suicide (H-S) among police? Other questions were: Are they like homicides? Are they like suicides? What do we know about H-S among police. Among the 93 suicides of New York's 1930's epidemic, there were five murder-suicides; this I figure, would be statistically well above expectations (the definition of 'epidemic'). It is an event among police, significantly above expectations in a comparative general population. Psychological autopsies were undertaken, and answers arose. It was established then and since that H-S was more like suicide than homicide. Thus, the questions. Are the deaths of Pigott and Johnson alike or different? Suicide is violence, so is homicide. They are lethal violence, and it is easy to conclude that suicide (S), and thus, H-S, is not only intrapsychic (existing or taking place within the mind or psyche), but also interpersonal, with a person, or as Zilboorg had convincingly shown, an ideal, e.g., possession of service gun, promotion. A most important question arises. On a continuum, when does a discrete individual event of suicide, such as that of Lt. Michael Pigott, become a

(continued on page 2)