

Police officer suicide—it's not just about workplace stress, but culture too

May 3 2017, by Karl Roberts



Credit: AI-generated image

The [inquest into the tragic death](#) of former New South Wales police detective Ashley Bryant highlights the issue of suicide among police officers.

Central to the inquest has been considerations of how Bryant was treated

by the [police](#) force and what – if anything – could have been done to prevent his death.

So, it is perhaps timely to consider the issue of police officer suicide, what factors contribute to suicide, and how the risk of suicide among [police officers](#) might be reduced.

Are police at high risk of suicide?

Policing is undoubtedly a highly stressful occupation, and suicides are a sad result. Compared with the [general population](#), police officers face a [significantly higher risk](#) of experiencing threatening situations, violence, and traumatic events such as attending death scenes and fatal accidents.

It is therefore generally assumed that police officers are at a [high risk](#) of suicide.

Early research supported this theory. A [study in 1963](#) found the suicide rate among police officers in the US was 1.8 times higher than that of the general public. It was widely assumed this was also the case in Australia.

However, [more recent research](#) has questioned this assumption, noting this difference may be the result of the particular demographic characteristics of police forces. That is, the [majority of officers](#) are male (around 80%) and aged in their early 20s to late 40s. These groups are also at the [highest risk of suicide](#).

In studies that control for [demographic characteristics](#), the difference in suicide rates between police and the general population [disappears](#).

In Australia, the most recent figures identified [62 police suicides](#) in the years between 2000 and 2012. This is a rate of approximately 11.4

suicides per 100,000 – a figure that is actually less than the suicide rate for the Australian population (12.7 per 100,000 people). Police may therefore be at no greater risk of suicide than the general population.

But this conclusion may be too simplistic when we take into consideration that police officers have generally undergone stringent selection procedures designed to identify individuals who are the most psychologically resilient, mentally well, and physically fit. Police officers are also engaged in regular, paid, meaningful work, and are likely to have access to healthcare services and benefits.

These are characteristics that [research shows](#) protect against suicide.

Given this, we might expect police officers to have a much lower rate of suicide than the general population. If this is so, then it is pertinent to ask what it is about policing that serves to raise [suicide rates](#) to higher levels than would be expected.

Factors associated with police suicide

It is often assumed that it is the effects of trauma, sometimes resulting in post-traumatic stress disorder (PTSD), that drives police officers to suicide.

However, [while trauma and PTSD are undoubtedly important](#), recent research has found that police officers also experience significant distress from repeated exposure to [lower-level stresses](#). These include work experiences such as:

- bureaucratic management styles;
- insensitivity to personal distress;
- unfair decision-making by managers;
- seemingly arbitrary rules;

- poor consultation with staff;
- constantly shifting priorities;
- increased workload;
- shift work;
- erratic work hours;
- long periods of repetitive work; and
- carrying out work for which officers are not adequately trained.

Additionally, issues such as a male-dominated culture that stresses macho problem-solving and denial of distress, and a pervasive fear among some staff that acknowledging distress will result in damage to their careers, are also linked to workplace stress.

Research also shows the quality of the treatment of distressed or traumatised individuals by an organisation strongly mediates the impact of trauma and the likelihood of suicide. In essence, negative treatment of a traumatised individual by an organisation compounds the effects of trauma – making suicide more likely.

Reducing the risk of police suicide

If police officer suicide is strongly linked to the cumulative experience of traumatic events, lower-level stresses and the manner in which officers experiencing distress and trauma are treated by organisations, then mitigation strategies have to acknowledge all of these factors.

Recently, police services have begun to set in place strategies designed to improve the response to mental health problems among their members, such as creating 24-hour assistance programs with direct access to mental health practitioners.

However, much of the focus has been on responding to major trauma and PTSD. While this is important, police also need to take account of

the effects of recurrent exposure of staff to poor management and cultural stresses, and the stigma attached to mental illness within the force.

Certainly, educating staff – especially managers – into how to respond adequately to distressed colleagues, encouraging a culture of openness about [mental health](#) issues and removing any perceived stigma of personal distress would be useful strategies in this regard. They may reduce the risk of further tragedies such as Ashley Bryant's death.

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