

AFTER A SUICIDE IN BLUE: A Guide for Law Enforcement Agencies



The tragic death of a law enforcement officer by suicide is often a shock and requires immediate next steps to support the department, family, and loved one's as they process and deal with the impact. It can be an overwhelming experience and executive level and command staff may find it difficult to determine how to appropriately respond without access to sound,

evidence-informed research to help guide their efforts. This resource outlines the application of best practices in suicide prevention to guide agency response efforts including actions to take immediately following a suicide loss as well as support and services to consider having available over time.

What is Postvention?

Postvention is the organized response to the aftermath of a suicide. A comprehensive postvention response assists in addressing the complex factors after a member of law enforcement suicide death with the goals of providing effective and compassionate support, promoting healing, and reducing the risk of suicidal thinking and behavior for those impacted. This document provides guidance for police agencies in responding to the suicide death of an officer, with considerations for several key areas.

Key components include:

- Protocols addressing funeral policies
- Family, agency, and community notification
- Training
- Communication including media relations
- Post-incident counseling and agency-wide mental health awareness actions

Implementing a comprehensive postvention response is a critical component of prevention. In postvention,

there is an immediate need that must be met (i.e., supporting other officers through the crisis), but it also prevents further suicides and promotes positive mental health for all staff. Suicide loss leaves a ripple effect that if not mitigated can lead to increased risk and possible additional losses. Many police agencies have experienced additional suicides shortly after the first one has occurred, an occurrence known as suicide contagion.^{1,2,3} A key goal of postvention is to minimize contagion and provide an opportunity to build a foundation for a stronger mental health and wellness culture. Following a suicide loss there should be a three-phase response that first stabilizes the unit, family, and peers; then integrates a healthy grief journey; and finally provides opportunity to make meaning out of the event.⁴ To learn more about how postvention fits into holistic suicide prevention efforts in a police agency, read the Comprehensive Framework for Law Enforcement Suicide Prevention, a resource created through the National Consortium on Preventing Law Enforcement Suicide.

Who are the Key Audiences to Focus on During Postvention Efforts?

Postvention efforts should address every member of the agency, from new recruits up to agency leadership. Police agencies are comprised of individuals who have a shared common bond of committing their lives to protect and serve. This bond can create a true feeling of family that may result in real grief, even among those who did not personally know the deceased.⁵

Those that responded to the suicide death should also be carefully considered in postvention efforts. Police officers that responded to the suicide death may have

a difficult time recovering because they have not only lost a colleague but actively engaged in response efforts. There is a wide range of individuals that may have been involved in responding, including but not limited to: dispatchers and officers involved in the response to the initial call; people that searched for or found the deceased; anyone that was involved in the death investigation and processing of the scene; those that had to communicate news of the death to the decedent's family and friends; and those that



were supporting the decedent through a difficult time immediately preceding their death. If members of other agencies are involved in the response (such as 911 dispatchers, fire and emergency medical services, and the medical examiner/coroner's office), consider including them in the agency's postvention activities. The direct supervisors of the decedent should also be specifically supported in postvention efforts.

Individuals who see a part of themselves or their situation in the person who died by suicide may be at an increased risk for suicide themselves.⁶ For example, an officer who recently shared news of their sexual orientation with colleagues may have a harder time healing if the individual that died by suicide also recently came out. Similarly, individuals dealing with

a marital separation may be particularly vulnerable if the decedent's spouse was in the process of filing for a divorce. In addition to those in these higher risk categories, it is important for leadership, peer support, mental health providers, chaplains, and family members to assist in identifying any individual who may need additional support.

Beyond providing support to agency staff, it is important to ensure postvention support is provided to any person that the decedent may have identified as family, regardless of blood or legal ties. Everyone's circumstances are different and there are a multitude of reasons why a person may consider someone family who might not typically be viewed as such.

What are Important Postvention Activities?

Postvention must include a comprehensive approach to ensure the necessary supports are in place at all levels and areas within police agencies. In addition to ensuring the availability of appropriate mental health services, there should be a coordinated array of elements that include postvention policies, procedures, training, communication plans, roles, peer support, and family support as well as individual and group support. Ideally each piece would be planned out prior to ever needing to be implemented.

POLICY

To avoid further stigmatizing suicide or glamorizing it, organizational responses to an officer's death by suicide should be consistent with those for any other death.⁷ However, some suicide death specific policies that should be in place include:

- How and when to screen officers for mental health challenges and suicidal thoughts
- The parameters around the delivery of support that is appropriate to be provided by peers, a family support team, and an employee assistance plan (EAP)
- How funerals and memorials will be handled in consultation with families of the officer
- How communication within and outside of the department will be managed
- The delivery plans of evidence-based training on resiliency and/or recognizing warning signs.

Agencies should remember that good postvention response also serves as prevention, so this is an opportunity to ensure that every member receives the necessary and appropriate support.⁸

LEADERSHIP RESPONSE AND COMMUNICATION

Agencies should be aware that the content and tone of information shared by communications officials to those both inside and outside the agency can impact successful postvention efforts.⁹ It is critical for agency leadership to communicate quickly and repeatedly in a way that acknowledges the life lost and offers support to those who might be struggling, included actively sworn officers, agency personnel, and family members. Messages of hope and that support the ability to cope through difficult times both individually and together are important. Leadership should also consider sharing stories and experiences throughout their career when they may have struggled, and how they were able to grow through those experiences.¹⁰

An important note about communication. When communicating internally and externally about a suicide loss, agencies should consider the level of information that would ordinarily be shared in a non-suicide death. The information shared should be similar and as consistently as possible over time. After a suicide loss it can be helpful to allow for discussion about why people die by suicide, relying on suicide postvention experts, mental health professionals, and sound theories to inform communications and refraining from giving overly simplified attributions or silencing the processing that can occur during grieving. Messages should not oversimplify the cause of suicide, as suicide is a complex issue.¹¹ Agencies should avoid sharing information in a way that appears to communicate a suicide death was attributed to any one single reason (e.g., financial difficulties, legal issues, exposure to a traumatic situation).^{12, 13}

Agency officials who work with the community and communicate with the news media should review the [National Guidelines for Reporting on Suicide and the Action Alliance Framework for Successful Messaging](#). These guidelines are designed to decrease the impact reporting on suicide deaths could have on contagion within a community and reinforce components of successful messaging. Agencies should use these guidelines to inform talking points and share guidelines with reporters. Also, agencies can refer to the messaging and communication resource located within this toolkit for detailed guidance. An additional resource related to formal communication is [It's Not Your News to Break](#). While this is specific to a line of duty death, the principles apply to after a suicide death.

SUICIDE POSTVENTION TEAMS

Due to the varied components of postvention activities, it is recommended that police agencies identify and designate members of a postvention team that will be collectively tasked with coordinating and implementing the agency's postvention efforts. Those serving on the postvention team should have additional training on suicide, in addition to an understanding of the agency's required standards and should include officers of diverse ranks to enable the team to understand the dynamics and needs of all ranks. This team should include the agency's public information or public affairs officer because communication and messaging are critically important pieces of postvention. It is recommended to take a holistic approach in developing suicide postvention teams including chaplains, peer support, family support, and experts in postvention and crisis response.

TRAINING

After a death has occurred, officers have an important role in watching out for signs that a colleague may be struggling more than others or may be at risk of suicide.¹⁴ Training on resiliency, developing healthy coping skills, and ways of dealing with stress should also be provided regularly to members of the agency, and, as appropriate, in the aftermath of an officer suicide. In addition to training all police personnel, training on identifying and responding to signs of suicide risk should be provided to members of the postvention team, including chaplains and family representatives. This training should be provided prior to any critical event or suicide loss. Training on suicide prevention including refresher training, if deemed appropriate, should be held at an appropriate time. It is important to work with those impacted and address postvention and grief support before attempting to conduct training on suicide prevention.

PEER SUPPORT

Colleagues and peers are often the most trusted of all groups from which an officer may seek help. Therefore, agencies should also develop and institute peer support units/teams. These teams exist primarily to support fellow officers in difficult times and to help facilitate an individual's access to services and supports, including an agency's employee assistance program. Some officers may not feel comfortable with department-provided mental health resources and so the availability of a peer support unit can become essential.¹⁵ The individuals selected to be part of this team should receive enhanced training from mental health clinicians on the standard skills necessary to effectively offer emotional support during difficult times. This training should include active listening skills; crisis intervention techniques; in-depth information on suicide risk and protective factors; and information on vicarious trauma, trauma-informed care, and strategies for self-care. Peer support members should also receive additional training on their agency's employee assistance program and when tests such as a fitness for duty evaluation may be required.¹⁶ This evaluation may sometimes serve as a strong barrier and deterrent to members receiving necessary therapy or other mental health services. Agency leadership and the peer support team should consider ways in which they can dispel myths and reduce the stigma about accessing mental health services particularly during postvention efforts.

Read more about the role of peer support in suicide prevention efforts in *Peer Support as a Powerful Tool in Law Enforcement Suicide Prevention*, a resource produced through the National Consortium on Preventing Law Enforcement Suicide.

FAMILY SUPPORT

Agencies should develop and institute a family support team consisting of officers who are designated to primarily provide support to surviving family members, although they could also support family members of any officer. This family support group can be especially helpful immediately after a suicide death has occurred, through the funeral, and beyond. Whenever possible, access to the team should remain open for individuals impacted by a death. At a minimum, survivors should have access to the team through the first anniversary of the death, as anniversaries sometimes trigger significant mental health challenges.¹⁷ Both practical and emotional support services should be provided by the family support team.¹⁸ Team members may: accompany family members at funeral planning sessions; serve as a coordinator and liaison between the agency and the surviving family; help facilitate access to any applicable



agency benefits or services; and provide emotional support. It is very important that families and fellow officers can share and honor the life of a deceased officer commemorating how the officer lived, served, and sacrificed without over emphasizing the cause of death. Approaching families with this concept in mind will help families stay connected to the unit, feel supported, and move forward in a healthy way.

- Family support team members should receive enhanced training on the standard skills necessary to offer emotional support during a time of crisis. This training should include active listening skills; best practices in grief support; crisis intervention techniques; in-depth information on suicide risk and protective factors; and information on vicarious trauma, trauma-informed care, and strategies for self-care. Family support team members are not expected to be clinicians, yet they should be equipped with the skills to provide psychological first aid¹⁹ and the knowledge of existing resources that may be of use to surviving family members.
- All family members of law enforcement should have access to the family support team. After a suicide death occurs, the family support team can reach out to the immediate family members of agency personnel to ensure they are aware of the death and are familiar with the warning signs of suicide so they can be vigilant in supporting their loved ones. Bring intentionality to how family support team members interact with underage surviving children and build this into training and program policies when appropriate.
- The family support team may also run support groups with a clinician after the suicide death to provide a space for family members to connect with other individual's dealing with similar issues.
- Additionally, the family support team can reach out to the support network of officers impacted by a suicide death. The family support team may provide resources and guidance on what actions family members can take if they are worried about a loved one.

GRIEF AND MENTAL HEALTH SUPPORT

Police agencies should provide individual and group support immediately following a suicide. Individual outreach should be performed to anyone personally impacted by the loss, either directly or those who may identify with the officer who died by suicide. Activate a network of leaders and champions who have the most frequent interactions with officers to identify officers who might be struggling or dealing with certain life

stressors (e.g., desk duty, divorce, loss of visitation with kids, financial distress, pandemic related concerns, etc.) and reach out to officers individually when they seem to be struggling.

- Empower leaders (unit/shift/precinct) with specific resources to connect an officer they are concerned about to a peer support specialist, chaplain, or mental health professional engaging support in an individualized way that is appropriate for the specific officer and situation. Leaders should inform the officer that these supports are being provided to ensure transparency and trust in connecting the individual to resources.
- Meet with people in small groups at the unit or shift level depending on the size of the agency. Groups should be created according to members' natural support systems or groupings.²⁰ These support group gatherings should begin immediately following a suicide death, especially with those in the department that are personally impacted. Bring in an EAP provider or mental health professional to facilitate. It can be supportive for a mental health professional and a chaplain to collaborate in leading grief support groups. Focus on opening lines of communication and where to go for support. Encourage people to talk to their peers, leaders, chaplains, health and mental health professionals, or other confidential crisis resources and provide accommodations as necessary to facilitate this communication.

PSYCHOLOGICAL AUTOPSIES

When someone dies by suicide, survivors are often left wondering why and whether there were signs indicating suicide risk prior to their death. A psychological autopsy is a tool used by trained and certified professionals that seeks to understand the circumstances and factors that may have played a role in the suicide death.²¹ Experts in conducting psychological autopsies should lead these investigations.²² This type of investigation is usually carried out by the medical examiner or coroner's office and involves looking at records, examining communication, and conducting interviews with key players in the life of the deceased. It is a comprehensive tool that may provide some insight into what contributed to a suicide death and could, depending on the findings, help agencies better identify suicide prevention strategies and those who may be at risk in the future.

When Should Postvention Efforts Begin and End?

Although robust postvention responses should begin immediately upon learning of a potential suicide death, creating an agency's postvention plans and policies should occur well in advance of when the responses are needed.²³ If the manner of death cannot easily be determined, agencies should wait on any communication regarding suicide but should begin sharing resources, convening one-on-one with direct reports, and assembling small groups to discuss the impact of the loss and provide support to those grieving.

- Consider providing opportunities for connection and social gatherings (e.g., cards, games, sports) over the next few months that bring existing officers and those about to retire, those who have recently left the department, and long-term retirees together to build cohesion and belonging. These gatherings can also provide an opportunity to identify those who might be struggling.
- Share stories of recovery when it is appropriate to do so given the specific considerations and context in the agency. Ensure the conversation gets started but does not disappear. This support and other outreach efforts should continue for at least 90 days after a death.²⁴ Refer to *Messaging about Suicide Prevention in Law Enforcement* for guidance on how to share stories of recovery and message safely to agency personnel.

- Postvention activities may need to continue for up to a year or even longer as there is no prescribed amount of time. The speed of recovery and healing will be different for each agency depending on the dynamics of the officer's death, the extent others were directly exposed to the trauma, the availability of mental health clinicians, and many other factors. It will likely become apparent when postvention activities should slow down, such as when individuals stop attending support groups or fewer people are referred to mental health services or for evaluations. It is helpful to consult with mental health professionals, chaplains, and others who have been a part of the postvention response regarding when and how to stop postvention support. Just because an agency stops postvention activities does not mean that those efforts will never need to be implemented again. Agencies should be prepared to re-engage efforts as developments occur that may heighten the feelings of sadness, anger, or fear experienced by members (e.g., the occurrence of a well-publicized suicide death of a recognized celebrity).²⁵ Agencies can engage feedback, both formally and informally, to evaluate and inform postvention efforts applying information received to improve practices and policies.

Suicide Postvention Expertise

Given the complexity of postvention, suicide prevention and postvention experts are available to provide consultation and support. This expertise can be essential in applying best practices and lessons learned. Resources such as the National Consortium on Preventing Law Enforcement Suicide clearly illustrate the ability of partnerships to significantly advance positive outcomes for the safety and wellbeing of law enforcement.

Agencies should take full advantage of resources readily available to them through local, state, and federal entities to include health departments, justice departments, and more. Agencies may also consider contracting with a licensed behavioral health professional to guide their postvention efforts. These professionals should be well versed and experienced in law enforcement psychology and suicide postvention efforts.



Conclusion

Law enforcement leaders have the ability to change the culture, policies, and practices of agencies to save the lives of their officers and staff. Chiefs and command staff should share strategies with each other and consult outside experts, when needed, that enhance existing departmental knowledge and best practices of postvention approaches. As demonstrated by many other system-level leadership-led suicide prevention initiatives, the commitment and dedication of police agencies applying comprehensive suicide postvention will result in improved wellness, increased cohesion, higher productivity, and officer lives saved.

Resources

1. [American Foundation for Suicide Prevention](#) (AFSP). AFSP is dedicated to saving lives and bringing hope to those affected by suicide through education, research, and advocacy. AFSP compendium [of postvention resources to help survivors of suicide loss](#)
2. [Blue H.E.L.P.](#) It is the mission of Blue H.E.L.P. to reduce mental health stigma, acknowledge the service and sacrifice of law enforcement officers we lost to suicide, assist officers in their search for healing, and to bring awareness to suicide and mental health issues.
3. [Concerns of Police Survivors](#) (C.O.P.S.). C.O.P.S. provides resources to the families and co-workers of law enforcement officers who have died in the line of duty to help them rebuild their shattered lives.”
4. [National Action Alliance for Suicide Prevention](#) (Action Alliance) at Education Development Center. The Action Alliance is the nation’s public-private partnership for Suicide Prevention.
5. [National Guidelines for Reporting on Suicide](#). Developed by a coalition of over 20 organizations representing government agencies, nonprofit organizations and leading universities, these guidelines provide an evidence-based, brief factsheet highlighting critically important do’s and don’ts to be aware of when reporting or writing about suicide.
6. [A Manager’s Guide to Suicide Postvention in the Workplace](#): 10 action steps for dealing with the aftermath of a suicide.
7. [The Way Forward: pathways to help, recovery and wellness with insights from lived experience](#).
8. [Suicide Prevention Resource Center](#) (SPRC). SPRC is devoted to advancing the implementation of the National Strategy for Suicide Prevention and provides consultation, training, and resources to enhance suicide prevention efforts in states, health systems, and organizations that serve populations at risk for suicide.
9. [Tragedy Assistance Program for Survivors](#) (TAPS). TAPS provide comfort, care, and resources to all those grieving the death of a military loved one. TAPS provide a variety of programs to survivor’s nation and worldwide.
10. [Uniting for Suicide Postvention](#). Mental Illness Research Education Clinical, Centers of Excellence (MIRECC, CoE) studies suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population.

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