# THE TACTICAL EDGE

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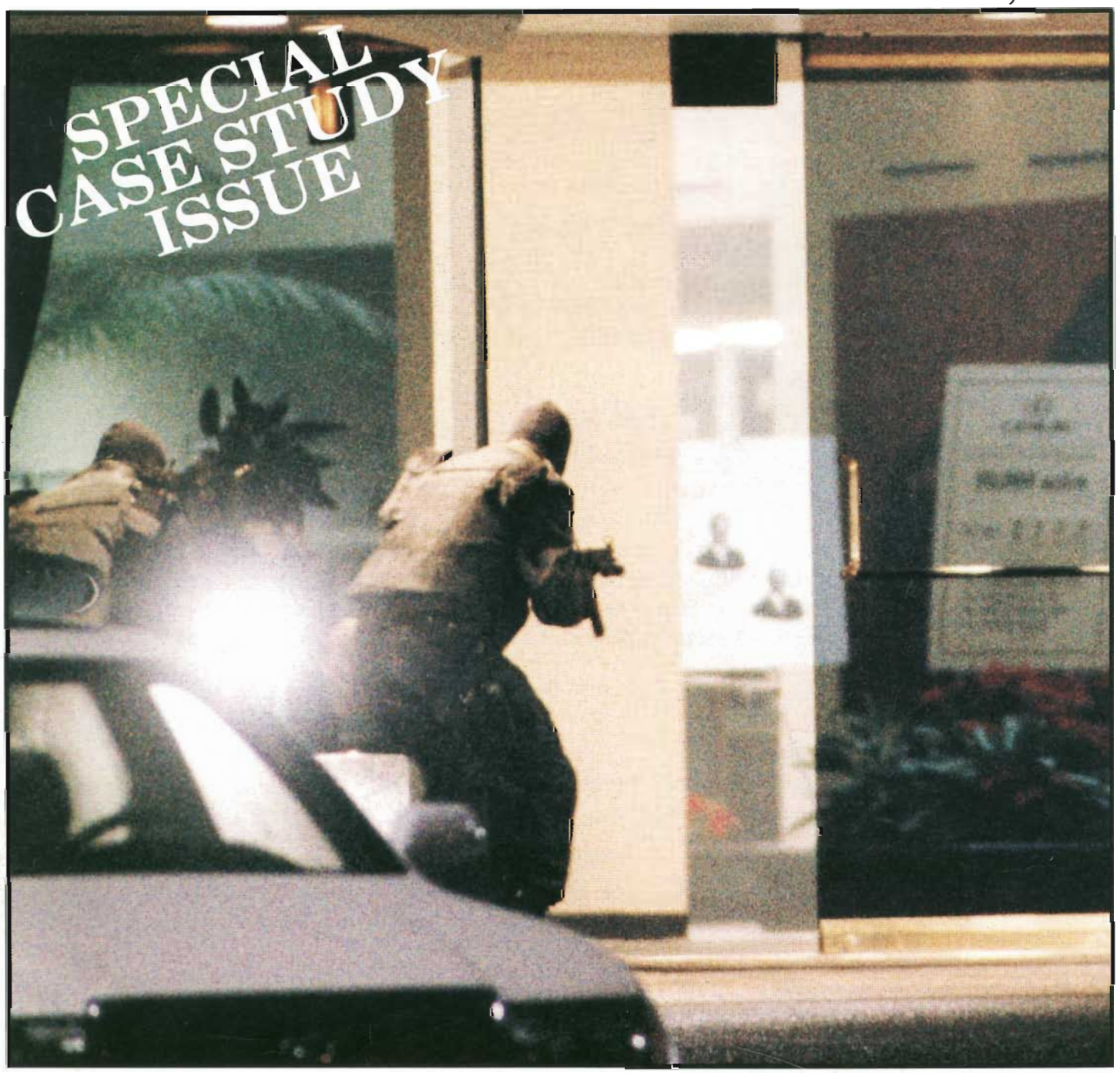

# Profiling and Predicting the Suicidal Subject

*by Lawrence Heiskell, M.D.*

It is now four hours into the call-out. SWAT team members have been in position since sundown and have surrounded the house at the end of what was once a quiet residential street. Now it is lit up with bright lights and lined with patrol cars, fire trucks and special operations unit vehicles. Hostage negotiators have tried to talk the armed barricaded suspect into giving himself up, and it seems as if he will. Is this the suspect's forthright assessment of his or her situation, or is it a cry for help? Or could this be the only hint to the tactical officers of an impending suicide?

The evaluation of a suspect who makes a suicidal hint is complex and absolutely critical. In the United States, about 30,000 deaths as a result of suicide are identified each year. In those cases of completed suicide, in retrospect, it is often painfully obvious that one slight change in management, a little extra interest or time, might have tipped the scales favorably.

### Background

Death statistics for the United States make us recognize that suicide is a serious problem. Suicide is the tenth leading cause of death for our entire population. When one examines the cause of death for young people, however, the problem takes on epidemic proportions. Suicide is the second leading cause of death for young adults, including those in the 15- to 24-year-old group.

The growth of this problem is especially serious among teenagers. The present adolescent suicide rate is about twice as high as ten years ago. Self-inflicted gunshot wounds are the most frequent cause of successful suicide. The rate of suicide by firearms has increased steadily and dramatically during the past twenty years, and accounts for the major portion of the increased overall rate of suicide. Drug overdose, however, remains the most frequent type of attempted suicide.

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### An Issue of Morality

One immediate difficulty in the assessment of the suicidal suspect is the issue of "free will". The weakening of religious control over the thinking of the majority of Americans has taken suicide out of the sin category and reclassified it as a tragedy. However, the majority of individuals who commit suicide are unable to exercise free will because a severe medical or psychiatric illness undermines their ability to think clearly. For most suicidal suspects, the concept of autonomy taken naively fails to take into account the transforming effects of an illness.

### Risk Assessment

When evaluating the suicidal suspect during law enforcement operations, a checklist may be helpful to

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**Demographic and Social Factors Indicating High and Low Risk For Suicide**

| Factors | High Risk | Low Risk |
|---|---|---|
| Age | >45 years | <45 years |
| Sex | Male | Female |
| Marital Status | Single | Married |
| Employment Status | Unemployed | Employed |

**Physical and Mental Health Factors That Correlate With Suicide Risk**

| Factors | High Risk | Low Risk |
|---|---|---|
| Physical | Chronic Illness | Good Health |
| Mental | Severe Depression | Mild Depression |
| | Psychosis | No Psychosis |
| | Personality Disorder | No Personality Disorder |
| | Alcohol and/or Drug Abuse | No Alcohol or Drug Abuse |
| | Hopelessness | Optimism |

# The Suicidal Suspect

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tactical officers and hostage negotiators. However, keep in mind that although these lists are derived from cases which common historical factors might "predict" eventual suicide, they are by no means 100 percent accurate in predicting suicide. Tactical officers also may experience anxiety and frustration by having to make a field prediction as to which suspects are at high risk for a suicide attempt.

There is a strong correlation between certain demographic characteristics of suicidal individuals and the level of risk for future attempts. Every suicidal suspect should be assessed for three risk factors.

**Age**

Suicide has a bimodal distribution. It increases with age, peaking between 55 and 65 in women. and up to 75 years of age in men. Suicide before age 15 is rare. About 4 or 5 suicides are reported each year in the 5 to 9 age group. However, about 200 to 300 are reported each year in children ages 10 to 14.

**Gender**

Women attempt suicide 3 to 4 times more frequently than men, and are more likely to suffer more from depression. However, men are 2 to 3 times more successful at completing suicide than women. Men have been found to use more lethal methods, firearms for example. Also, men have a higher incidence of alcoholism than women, both of which are independent risk factors for completed suicide.

**Social Factors**

Urban populations are at higher risk than rural populations. Whites have almost twice the suicide rate of Blacks. Married individuals have the lowest suicide rates, whereas those who are widowed, divorced, or separated are at higher risk. Suspects who are unemployed and unskilled, have had a recent significant loss, and lack a social support system, should be considered at high risk.

**Alcohol and Drug Abuse**

Drug and alcohol abuse, often in combination, are probably the most important risk factors for suicide in young adults. In addition to the demoralizing long-term consequences, alcohol intoxication diminishes one's emotional control and self-protective reflexes. The intoxicated suspect may commit suicide on impulse. In fact, some individuals only become suicidal when intoxicated.

**Helplessness, Hopelessness, Loneliness and Exhaustion**

Studies have shown that feelings indicating high suicide risk include those of hopelessness, helplessness, loneliness and exhaustion. The suspect may express the thought that there is "no use going on", or that "there is no end in sight other than dying." The suspect may feel unable to influence events that happen and thus feel a helpless victim of circumstances over which he has no control. Be aware of the barricaded suspect who is hungry, has not slept for days, and may be wounded. Suicide may be his only way out.

**Prior Suicide Attempts**

About 50 percent of all successful suicide attempts are individuals who have made a prior attempt. Those who have attempted suicide once are 5 to 6 times as likely to try again as the general population. In addition, those persons who have a history of multiple minor suicidal gestures, such as wrist slashing or a non-lethal overdose, are at a higher risk for a successful suicide in the future.

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**Psychiatric Illness**

Somewhere around 90 percent of successful suicides in the United States occur in individuals with major psychiatric illness. Depression is the primary diagnosis in 50 percent of persons who commit suicide. Schizophrenia carries a 10 to 20 percent lifetime probability of suicide. These individuals have extremely low impulse control and may act upon command hallucinations. Remember, if the suspect has schizophrenia, he may hear voices instructing him to act destructively, or to kill someone. (See "Profiling and Predicting the Violent Suspect," **The Tactical Edge**, Fall, 1992.)

**Chronic Medical Illness**

Chronic medical illness is another important risk factor for suicide. If the suspect has been recently discharged from the hospital and suffers from chronic pain or a terminal illness, such as cancer or AIDS, consider them at a higher risk for suicide. Up to 80 percent of individuals who successfully commit suicide were seen by a physician within 6 months immediately before their death, and about 50 percent of them within 1 month.

**The Lethality of the Suicide Method**

If you combine the lethality of a method used, along with the potential for rescue, this gives you an idea of the suspect's risk profile. For example, if the suspect attempts to hang himself in a motel room, this employs a high-risk method with a low chance of rescue. On the other hand, if the suspect impulsively ingests a handful of pills in the presence of his wife or girlfriend, this then employs a low-risk method with a high chance of rescue.

**The SAD PERSONS Scale**

A method that all tactical officers can learn for the rapid field assessment of potential suicidal suspects is the SAD PERSONS scale. The acronym stands for:

Sex (male)
Age (<19 or >50)
Depression
Previous attempt
Ethanol or substance abuse
Rational thinking loss (psychosis)
Social support not present
Organized suicide plan
No spouse
Sickness (mental or physical)

A point is given for each factor, and a cumulative score can be used to help with assessment for suicidal risk. Those with a low score (1 to 2) may be considered low risk, provided no other risks exist. However, those suspects with a score of 9 to 10 should be considered at high risk. Keep in mind that the SAD PERSONS scale is only one element in the overall assessment, and other circumstances must be taken into consideration in decision making.

### Common Misconceptions About Suicide

Inquiring about suicidal thoughts will not implant those ideas in the suspect. People who do not want to die will not change their mind because of a question. Those who are ambivalent have already considered suicide before the question is raised. Those who are firmly committed to suicide can only benefit from having someone else know about it.

Suicidal individuals are not always psychotic or depressed. Suicide sometimes is a highly reasoned choice. In some societies, suicide has become the inevitable outcome of public or personal disgrace.

*"A systematic approach for assessing suicidal risk during law enforcement special operations should make the identification of potential suicidal suspects more reliable."*

It is not always obvious when a person does not have sufficient grounds for committing suicide. Individuals sometimes kill themselves for reasons that remain unfathomable to anyone else. Many lives that appear outwardly satisfactory end in suicide, giving rise to the common expression, "He didn't seem to be the kind of person who would ever kill himself." No one is immune to the possibility of suicide.

Suicidal individuals are not necessarily firmly committed to death. There are, however, some that are, and these are the individuals who will kill themselves despite anything you do. But the great majority of suicidal persons are, in fact, ambivalent. They often communicate their intention or make a low-lethality attempt because they want to be rescued and helped.

Once suicidal, not always suicidal. Suicidal thoughts are sometimes elicited by a highly stressful situation in a person's life. If that situation changes or does not recur, the suicidal behavior may not recur.

It is often said that people who talk about committing suicide are not serious about it. To the contrary, they are sometimes deadly serious about it. About 80 percent of suicide victims will give some verbal or behavioral clue to their intention. For example, giving away possessions or making remarks like, "You'll be sorry when I'm dead," can be an idle threat or an accurate prediction.

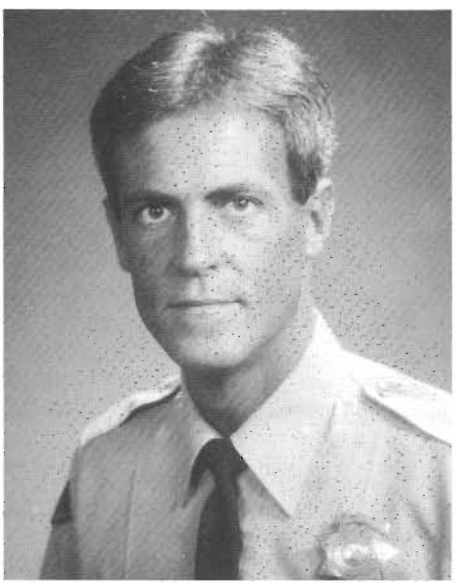
### General Recommendations

Evaluation of a suicidal suspect requires adherence to several key principles.

1. All suicide threats and previous attempts should be taken seriously. What may be a seemingly minor attention-getting gesture may in reality be a simple miscalculation of the lethality on the suspect's part that could easily be corrected to be fatal on the next attempt.
2. The tactical officer should be sure to talk to family members. They can provide valuable information and insight into the suspect's current and past problems that may not be obtainable from the suspect. Details about alcoholism, depression, family history of suicide, prior attempts, or a suicidal plan should be sought, and may be available from the family. The commander and team leaders should also determine if the family can provide a reliable and positive support system, or if they will be a detriment to the suspect and the operation.
3. A normal baseline mental status must be present before a full assessment can be performed. Keep in mind that alcohol or other drugs may alter the suspect's ability to reason. Thus, an accurate evaluation of the suicidal risk may not be possible.
4. All suicidal suspects should be questioned about hopelessness. Ask about future plans to solve current problems. If the suspect is unrealistic or responds with despair, one must be concerned that suicide may be the suspect's only perceived solution.

### Conclusion

As a tactical officer, our goal is keeping the suspect alive, and if possible preventing another attempt. Most people have a relatively short crisis period. Try to be empathetic and non-judgmental. If the suicidal suspect can be helped through this time, he may change his or her mind about wanting to die. By determining the underlying problem and providing positive solutions, the tactical officer can help the suspect through his or her crisis. A systematic approach for assessing suicidal risk during law enforcement special operations should make the identification of potential suicidal suspects more reliable.




### About the Author

*Lawrence Heiskell is an Emergency Physician in the Department of Emergency Medicine at Eisenhower Medical Center in Rancho Mirage, California. Doctor Heiskell is residency trained in Emergency Medicine and Family Practice. He is an emergency psychiatric consultant and staff physician at Community Counseling and Psychological Services in Bakersfield, California, and served as a physician for commitment hearings in the Twenty-Third Judicial District for the Commonwealth of Virginia for three years. As a peace officer in the State of California, he holds a commission of Reserve Deputy Sheriff. He is also the SWAT team physician for the Kern County Sheriff's Department, the Palm Springs Police Department and the Riverside County Sheriff's Department, East Team. Doctor Heiskell is the Chairman of the Sub-Committee on Tactical Emergency Medicine for the California Chapter of the American College of Emergency Physicians.*