

SHEDDING LIGHT ON THE HIDDEN EPIDEMIC OF POLICE SUICIDE IN SOUTH AFRICA

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Suicide in the South African Police Service (SAPS) is at epidemic levels. Between 2012 and 2013, 115 officers died by suicide compared to 29 officers murdered on duty, an alarming four to one ratio. Unfortunately these statistics are not an anomaly.

BASED ON CALCULATIONS FROM THE SAPS ANNUAL 2012-13 REPORT AND STATISTICS SOUTH AFRICA, THE NUMBER OF POLICE DEATHS BY SUICIDE WAS 73.9 PER 100,000 OFFICERS. BY COMPARISON, 0.9 PER 100,000 SOUTH AFRICANS DIE BY SUICIDE. WHILE THE UNACCEPTABLY HIGH RATE OF POLICE MURDERS ATTRACTS MUCH MEDIA COVERAGE, THE BIGGER PROBLEM OF SUICIDE AMONG POLICE RECEIVES LITTLE FOCUS.

Other countries face similar challenges but do not publish suicide statistics among police officers – even though suicide is the leading cause of death among them in most democratic countries. In the US, for example, the FBI has published only aggregated data of the number of officers injured both on and off duty since 1945 but have excluded statistics on officers who have died by suicide.

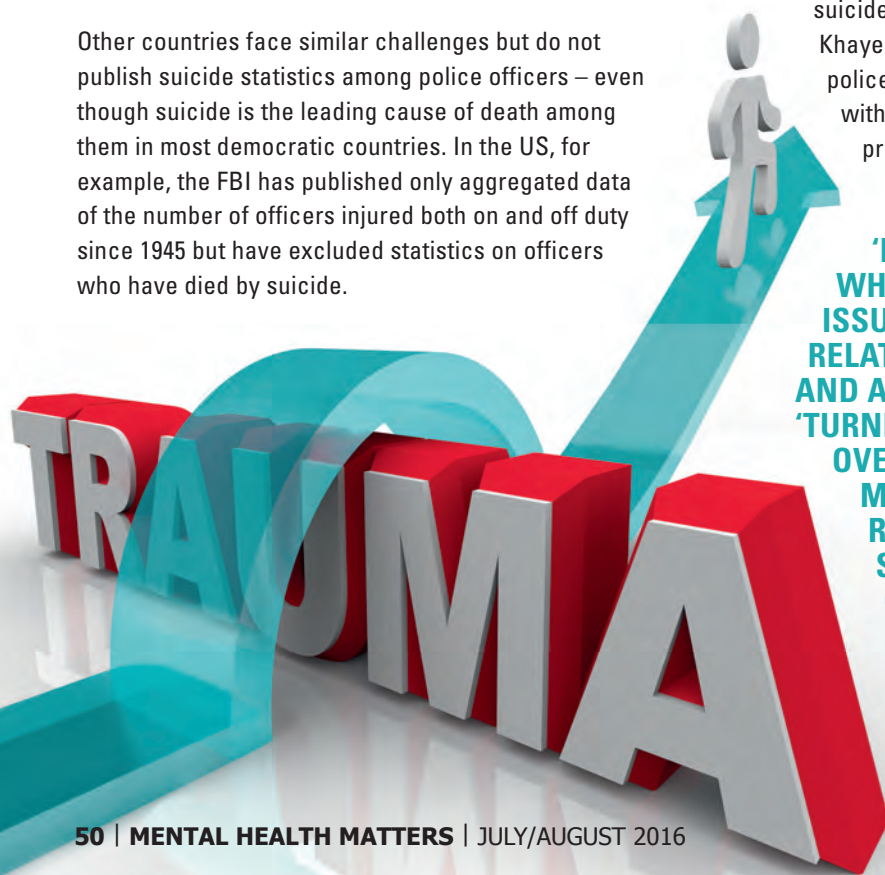
ARE POLICE EQUIPPED TO HANDLE ALL THEIR CHALLENGES?

Crime has changed and so has policing. However, we don't always provide the training or resilience-building to help officers deal with that change. People have to do more with a lot less and often they simply don't have the 'luxury' of self-reflection or self-care. Compounded issues of budget cuts; reduced overtime pay; the changing nature of crime; increasing levels of crime; lack of social support for the police; continual breakdown and creation of specialized units, and plunging morale all contribute to increased risk of burn-out. Resources for psychological trauma intervention in the police are under developed, and poorly distributed and resourced.

MACHISMO CULTURE OF POLICE WORK

There are many challenges in dealing with the issue of suicide in police organisations. In South Africa, the recent Khayelitsha Commission of Enquiry into allegations of police inefficiency heard that dealing with emotive issues within the police is made all the more difficult by the prevailing attitude that: *Cowboys Don't Cry*.

ANY POLICE FORCE HAS A 'PRESSURE-COOKER' ENVIRONMENT WHICH CAN LEAVE OFFICERS FACING ISSUES OF SUBSTANCE ABUSE, RELATIONSHIP DIFFICULTIES, AGGRESSION AND ABSENTEEISM. THE CULTURE OF 'TURNING UP NO MATTER WHAT' AND AN OVERWHELMING SENSE OF DUTY LEAVES MANY OFFICERS VULNERABLE AND AT RISK OF DEPRESSION AND POSSIBLE SUICIDALITY. A LOT OF THE 'MACHO CULTURE' WE SEE IS BECAUSE OF TRY LOYALTY AND A SENSE OF DUTY – NOT WANTING TO LET ANYONE DOWN, TO SERVE AND PROTECT AT ALL COSTS.





PSYCHOLOGICAL TRAUMA IN CONTEXT OF THE SAPS

A traumatic experience is one that involves likely death or injury to yourself or to others. This experience is strong enough to cause fear, helplessness or horror and feelings of being overwhelmed. The sense of being overwhelmed can be delayed by weeks, years, even decades, as the person struggles to cope with their immediate circumstances.

IF WE LOOK AT TRAUMA IN THE CONTEXT OF A SOUTH AFRICAN POLICE OFFICER – IT IS CLEAR TO SEE THAT REPEATED TRAUMATIC EXPERIENCES ARE OFTEN COMMONPLACE IN AN OFFICER’S DAILY DUTY. HOWEVER, PERFORMING THEIR DUTY OFTEN GETS IN THE WAY OF DEALING WITH OR EVEN ACKNOWLEDGING THEIR EMOTIONAL OR PSYCHOLOGICAL SCARS.

The Marikana Commission of Inquiry highlighted the high prevalence of depression and post-traumatic stress, which are known precursors to suicide, among South African police. According to the report of the 153,000 (estimated) SAPS personnel, 10,000 officers suffered from depression and 2700 from post-traumatic stress disorder.

There is seldom one single cause for a ‘break-down’. An officer may have had a bad day, seen an awful crime scene, had a perpetrator assault him and then he gets home and there’s no milk in the fridge or there is no electricity. The tipping point is often that random.

THE TRAUMA OF BEING EXPOSED TO DANGEROUS SITUATIONS, PROBLEMS AT HOME AND BEING OVERWORKED ARE A COMBINATION THAT CAN RESULT IN POLICE OFFICERS COMMITTING SUICIDE, FOMICIDE-SUICIDE, OR MURDER. THESE MEN AND WOMEN ARE ARMED AND TRAINED IN USING WEAPONS - SAFETY IS AS MUCH ABOUT MENTAL WELLNESS AS IS GUN SAFETY.

LANGUAGE OF SHAME

These difficulties are compounded by the social stigma of suicide often created by the language and reactions that surround it. Suicide is an action which is regularly referred

to as having been “committed” – a word normally associated with a criminal act. Such language may influence how the police, and society, react to death by suicide.

RESEARCH HAS SHOWN THAT MANY SOUTH AFRICAN POLICE OFFICERS SUFFER FROM POST- TRAUMATIC DEPRESSION OR HIGH LEVELS OF STRESS BUT WILL NOT GO FOR PROFESSIONAL HELP BECAUSE IT IS PERCEIVED AS A SIGN OF WEAKNESS. THERE IS ALSO THE PERCEPTION THAT ASKING FOR COUNSELLING IS AN ADMISSION OF NOT BEING FIT FOR DUTY OR BEING TRUSTED IN THE FIELD.

FIGHTING STIGMA AND ENDING BIAS

Failing to acknowledge the career of an officer, and only focusing on how they died, may stigmatise the issue of suicide even further in policing. How an officer died can result in radically different financial results for their bereaved families. If a member of the SAPS is killed while on duty, the family gets paid a death benefit and proceeds from life insurances. But should an officer die by suicide, no compensation benefit is received by the family.

THESE ISSUES SURROUNDING SUICIDE COULD BE ADDRESSED BY THE INTRODUCTION OF A NATIONAL SUICIDE PREVENTION STRATEGY PLAN, WHICH WOULD INCORPORATE SOME OF THE MOST VULNERABLE GROUPS – SUCH AS THE POLICE. THE WORLD HEALTH ORGANISATION’S FIRST WORLD SUICIDE REPORT, PREVENTING SUICIDE: A GLOBAL IMPERATIVE, RECOMMENDS SUCH A PLAN.

While a national strategy is yet to be defined, the SAPS do have employee health and wellness officers with psychiatrists and psychologists, but they are overwhelmed by an already heavy workload. They have their hands full dealing with everything from financial difficulties to physical and mental health.

THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP (SADAG) RUNS A CONFIDENTIAL TOLL FREE HELPLINE FOR POLICE OFFICERS, THEIR FAMILIES AND THOSE WHO ARE TRAUMATISED AND ARE SUICIDAL (FOR EXAMPLE NEEDING FURTHER COUNSELLING AFTER REPORTING A CASE TO THE POLICE). THE HELPLINE, SPONSORED BY PHARMADYNAMICS, OFFERS FREE TELEPHONIC COUNSELLING, INFORMATION, REFERRALS AND SUPPORT NATIONWIDE. OPERATING 7 DAYS A WEEK 365 DAYS A YEAR FROM 8AM TO 8PM, CALLERS TO THE PHARMADYNAMICS POLICE AND TRAUMA HELPLINE CALLERS CAN REMAIN ANONYMOUS. THE NUMBER TO CALL IS 0800 20 50 26.

WHAT CAN BE DONE

In 2008, the Badge of Life organisation conducted the National Surveillance of Police Suicides – the first to examine police suicide in the US.



THIS STUDY HAS BEEN CONTINUED ANNUALLY TO ESTABLISH, TRACK AND ANALYSE THE EXTENT OF THE PROBLEM IN LAW ENFORCEMENT. IN DOING SO, THEY AIM TO PROVIDE CLARITY AND CONTINUALLY MONITOR THE ISSUES AND CIRCUMSTANCES SURROUNDING POLICE SUICIDES. HAVING PROGRAMMES SUCH AS THIS WOULD CONTRIBUTE HUGELY TO UNDERSTANDING SUICIDE AND ITS IMPACT IN SOUTH AFRICAN POLICE CULTURE.

YOUR ROLE AS A GP

As a GP, you may have policeman or women as patients and picking up on signs of depression, trauma and stress can save their life. Be open to all patients about the effects of trauma and the help resources that are available. In any crime or accident, the first responders (police, ambulance) are most likely to be exposed to traumatic incidents and scenes.

OUR DUTY TO PROTECT

A police officer maintains law and order; protects members of the public and their property, and detects, prevents and investigates crime. But being a police officer is far more complex than that. Police are an integral part of the community they serve – and

Be aware of the following risk factors for traumatic stress, depression and risk of suicide amongst officers:

- Duration and nature of exposure (higher crime areas, violent crime)
- Low morale
- Poor social support
- Lower rank
- Unmarried

realistically are often not a welcome sight. Policing is a challenging and unpredictable job and our police put their lives on the line every day. Policing is probably the most essential line of work for South Africa but often the least appreciated.

Police offer public service and ensure our safety. We have a duty to protect their mental wellness and safety as well. We need to respect courage and the resilience of police officers but not stigmatise breakdown as weakness. PTSD is not just a medical but a social and political issue too.

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PTSD SYMPTOMS FALL INTO THREE CATEGORIES:

1) Re-experiencing

- Flashbacks where it seems as if the event were happening again.
- Nightmares, which are common and repetitive.
- Distressing images or other sensory impressions from the event, which intrude during the waking day.
- Reminders of the traumatic event provoke distress.

2) Avoidance or rumination

- Those with PTSD avoid reminders of the trauma, such as people, situations or circumstances resembling the event or associated with it. They may try to suppress memories or avoid thinking about the worst aspects.
- Many others ruminate excessively and prevent themselves from coming to terms with the experience.
 - o Why did it happen to me?
 - o Could it have been prevented?
 - o How can I take revenge?

3) Hyperarousal or emotional numbing

This may manifest as:

- Hypervigilance for threat.
- Exaggerated startle responses.
- Irritability.
- Difficulty concentrating.
- Sleep problems.
- Difficulty experiencing emotions.
- Feeling of detachment from others.
- Giving up previously significant activities.
- Amnesia for salient aspects of the trauma.