



ASOCIACIÓN NACIONAL
DE
MÉDICOS FORENSES

Spanish Journal of Legal Medicine

Revista Española de Medicina Legal

www.elsevier.es/mlegal



FORENSIC MEDICAL CASE

Suicide attempt by police officer: A case in point



Francisco J. Pera^{a,*}, Rosa M. Marote^b, Teresa Elegido^c, Irene L. Álvarez^b and Julia Benítez^b

^a Escuela Medicina Legal, Universidad Complutense Madrid (UCM), Madrid, Spain

^b Instituto de Medicina Legal y Ciencias Forenses de la Comunidad de Madrid, Madrid, Spain

^c Práctica Privada de Psiquiatría y Médico Forense (Jubilada), Spain

Received 13 September 2024; accepted 29 October 2024

Available online 27 February 2025

KEYWORDS

Suicide;
Suicide attempt;
Borderline personality
disorder;
Suicide by cop

Abstract Throughout their professional life, forensic doctors and psychiatric specialists are often confronted with suicide, whether attempted or completed. However, the type of suicide mechanism that we describe in this article (suicide attempt by police officer: a case in point) is highly infrequent in our environment, although not in other cultures. So much so that, with more than one hundred years of professional practice between all the authors, this is the first time that we have been confronted with this suicide mechanism.

© 2024 Asociación Nacional de Médicos Forenses. Published by Elsevier España, S.L.U. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

PALABRAS CLAVE

Suicidio;
Tentativa de suicidio;
Trastorno límite de
personalidad;
Suicidio por policía

Tentativa de suicidio por policía: a propósito de un caso

Resumen A lo largo de su vida profesional, el médico forense y el especialista en psiquiatría se enfrentan en muchas ocasiones al suicidio, como tentativa o consumado. Sin embargo, el tipo de mecanismo suicida que describimos en este artículo (intento de suicidio por policía), es altamente infrecuente en nuestro medio, aunque no en otras culturas. Tanto es así que, sumando entre todos los autores más de cien años de ejercicio profesional, es la primera ocasión en la que nos hemos enfrentado a este mecanismo suicida.

© 2024 Asociación Nacional de Médicos Forenses. Publicado por Elsevier España, S.L.U. Se reservan todos los derechos, incluidos los de minería de texto y datos, entrenamiento de IA y tecnologías similares.

☆ Please cite this article as: Pera FJ, Marote RM, Elegido T, Álvarez IL, Benítez J. Suicide attempt by police officer: A case in point. Revista Española de Medicina Legal. 2025. <https://doi.org/10.1016/j.remle.2025.100425>.

* Corresponding author.

E-mail address: fjperabajo@gmail.com (F.J. Pera).

Introduction

The term *suicide by cop*, used by law enforcement in other countries, is used to describe cases in which a potential suicide victim threatens to kill a member of the police force with a real or simulated weapon, provoking a reaction of self-defence or protection in third parties.¹ On some occasions, as in the present case, the potential suicide victim does not achieve his/her objective (suicide attempt). The current term *suicide by cop*, or "police officer assisted suicide", has been used since 1983 and was coined by Karl Harris, a medical examiner in Los Angeles County, according to Marvin E Wolfgang.² Previously, in 1959, Dr. Wolfgang himself had coined the term *suicide by means of victim-precipitated homicide*.² Other names include the terms "copicide", "heterosicide" and "suicide by proxy"³. In this article, we report on a case that is compatible with a suicide attempt using a police officer.

Medical-forensic description

A 33-year-old male, single with no children. School absenteeism from the age of 11 (he would feel nervous, with the sensation of being locked in, with multiple somatisations). Habitual job instability due to abandonment a few days after the start, working for a maximum duration of 2 months (he did not tolerate instructions, was afraid of non-compliance and that the manager would recriminate him). An arrest in the course of a fight during a football game.

Two episodes of self-harm from falling from a height (at 17 and 23 years of age) with multiple serious fractures (recognised disability and declaration of unfitness for military service).

Diagnosed with attention deficit and hyperactivity disorder at age 13. At 16, he was assessed by a psychologist (single visit) due to his school absenteeism, isolation from his classmates and planned self-harm ideation. At the age of 17, he received psychiatric treatment for his self-harm attempt, presenting a feeling of guilt due to his self-harm limitations. Since then, the follow-up has been irregular. Multiple changes of family residence. He made a second attempt at self-harm (he felt bad, aggressive, and was starting to become obsessed with a girl who did not reciprocate his feelings). He has had a total of 8 psychiatric admissions, presenting mainly self-harm ideation (sectioning in the cervical region and on forearms, ingestion of insecticides, attempted drowning in the sea, abuse of toxins), although he always lacked courage at the decisive moment.

He has consumed alcohol abusively sporadically, coinciding with sadness, and very occasional use of cannabis at the age of 17. There was an episode of very intensive cocaine use at the age of 22–23 for purposes of self-harm, the reason for one of his hospital admissions.

In his description of the events, he stated that, after a family argument and considering that his partner was with him because she felt sorry for him. He moved from his home to Madrid, where an argument arose with a passer-by who had shouted at him and shown lack of respect towards him. He remained there to fight, however, when the passer-by failed to appear and as he considered that he would be a

coward if he did not fight and felt despised, he became furious and desperate, starting to smash into shop windows, with the desire to take his own life. Not having the courage to make a further attempt at self-harm, he threatened police officers by hitting their official vehicle while brandishing a knife, telling them that he would kill them if they did not end his life ("I wanted them to kill me, I saw no way out, people despised me... I took out the knife and he took out his gun, I was in a rage; I wanted to die").

In their defence, the police fired shots that caused him serious injuries, and which required surgical treatment and a long stay in intensive care, from which he healed with significant sequelae. No drug consumption was observed.

In prison, he was included in the suicide prevention programme and administered neuroleptic drugs among other medications, being found at that point to be more asymptomatic.

In the specialised examination, he presented sub-depressive mood due to what had occurred and expressed feelings of handicap and hopelessness about the future. In the view of medical caregivers and forensic psychiatrists, it was considered that he suffered from a severe borderline personality disorder. One of these self-harming occurrences was most likely the context in which the events occurred, and they may be considered as a suicide equivalent, where the sufferer, sunk in a state of hopelessness and motivated by a desire to escape from his reality, consciously creates a risky situation with the intention that another person will end his life, instead of doing this himself. This patient has not had continuous treatment, and this may have had an impact and have negatively affected the chronification of the symptoms.

Discussion

There is no statistical data on similar cases in our environment. The main cases are found in the literature on cases in the USA. In a review of 588 cases of police shootings in Philadelphia, which occurred between 1948 and 1952, of which 26% would meet the criteria of police officer assisted suicide, a higher prevalence was notable in men with mental illnesses (chronic depression, bipolar disorders, schizophrenia and substance consumption), with a poor capacity to respond to stress, adverse life events or recent stressors, and 36% having a history of previous self-harm attempts. This form of suicide is much more common in males in their early thirties. In terms of types of psychopathologies, personality disorders (especially borderline and antisocial) are found to be the most common.²

In a study of 707 cases of gunshots by police in the United States, the authors consider 36% of them compatible with suicide by police officers. A total of 80% of suicide bombers were in possession of a weapon, 60% of which were firearms. Half of the firearms were out of ammunition at the time of the confrontation. A total of 19% simulated possession of a firearm at the time of the suicide attempt.⁴

The study of risk factors, motivations and suicide indicators is essential for prevention and police safety. Although certain clues may be indicative of high risk in a given situation, studies to date do not provide any formula

that expresses the actual probabilities, so each case must be treated individually.⁵ Verbal negotiation and the use of less lethal methods are not effective in preventing the death of the individual, unless the police officer uses specific strategies on the perpetrator.⁶

Of Los Angeles County cases between 1987 and 1997, 54% ($n = 46$) had received fatal gunshot wounds, with all deaths being classified by the medical examiner as homicides.¹ Research and studies on failed attempts are scarce.⁷

In 15 cases from Oregon and Florida, 4 were labelled suicide, one of undetermined cause, and 10 as homicide. There is no unified opinion on the procedures for certifying the death of individuals who have caused their own death through police action. It is recommended that professional organisations draw up guidelines to promote certification practices that include a classification of the manner of death, and that the selection of the term “police-assisted suicide” be used appropriately.⁸

In this case, we consider that the psychopathology (borderline disorder), the background, the facts and the specialised assessment by psychiatrists and forensic doctors indicate that this case meets the criteria to be considered a self-harm attempt using members of the police force. The clinical picture described above is compatible with a borderline personality disorder, with final triggering events. The forensic doctor must assess the circumstances surrounding these cases, with and without survival, and enlighten jurists as to what a suicide, or attempted suicide, by police consists of.

Funding

The authors state that they did not receive any funding to undertake this study.

Conflict of interest

The authors declare that they have no conflict of interest.

References

1. Hutson HR, Anglin D, Yarbrough J, Hardaway K, Russell M, Strote J, et al. Suicide by cop. *Ann Emerg Med.* 1998;32(6):665–9.
2. Wolfgang ME. Suicide by means of victim-precipitated homicide. *J Clin Exp Psychopathol Q Rev Psychiatry Neurol.* 1959;20:335–49.
3. de Similien RH, Okorafor A. Suicide by cop: a psychiatric phenomenon. *Am J Psychiatry Residents.* 2017;12(1):20–2.
4. Mohandie K, Meloy JR, Collins PI. Suicide by cop among officer-involved shooting cases. *J Forensic Sci.* 2009;54(2):456–62.
5. Mohandie K, Meloy JR. Clinical and forensic indicators of “suicide by cop”. *J For Sci.* 2000;45(2):384–9.
6. Patton CL, Fremouw WJ. Examining “suicide by cop”: a critical review of the literature. *Aggress Violent Behav.* 2016;27:107–20.
7. Bresler S, Scalora MJ, Elbogen EB, Moore YS. Attempted suicide by cop: a case study of traumatic brain injury and the insanity defence. *J Forensic Sci.* 2003;48(1):190–4.
8. Wilson EF, Davis JH, Bloom JD, Batten PJ, Kamara SG. Homicide or suicide: the killing of suicidal persons by law enforcement officers. *J Forensic Sci.* 1998;43(1):46–52.