

## **A Template for the Investigation of Suicidal Behavior And Subject Precipitated Homicide**

**Thomas Streed, Ph.D.<sup>1</sup>**

### **Abstract**

Suicide is the 11th leading cause of death among all Americans, the second leading cause of death among Americans ages 25-34, and the third leading cause of death among Americans ages 15 to 24.<sup>2</sup>

Over the past 30 years, researchers have created a number of mnemonics to aid in the identification and quick assessment of pre-suicidal individuals; however, these mnemonics have been limited in terms of their scope. While the 65-point mnemonic template, "S-U-I-CI-D-A-L," developed by Forensic Consultation International (FCI) also describes criteria that aid in the recognition of an individual who is at risk of committing suicide, it further provides a template to aid in the determination of whether the mode of an undetermined death is consistent with a natural death, an accidental death, a suicide, a homicide, or must remain as undetermined. Additionally, the "S-U-I-CI-D-A-L" mnemonic provides a template for the investigation of Subject Precipitated Homicide (suicide-by-cop).

*Keywords:* Psychological Autopsy; Self-destruction; Suicide; Suicide-by-cop; Police Shootings; Death Investigation.

### **Overview**

National Vital Statistics Reports indicate that the number of deaths from all causes in the United States for 2008, which is the last year that statistics have been compiled in the U.S., was 2,472,699. Of these deaths, 35,933 were reported as suicides, which occurred at a

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<sup>1</sup> Dr. Streed is a retired Homicide Detective from the San Diego County Sherriff's Department, He is also an internationally recognized behavioral scientist, who is the founder and owner of *Forensic Consultation International*, a privately held company that consults throughout the United States, Europe, Mexico, Central and South America regarding the investigation and analysis of criminal activity and violent behavior.

<sup>2</sup> American Association of Suicidology, "Suicide in the U.S.A.," [www.suicidology.org](http://www.suicidology.org).

rate of 11.8 per 100,000.<sup>3</sup> Reports from the American Association of Suicidology indicate that suicides in the U.S. happen at a rate of 94.8 suicides per day, with one suicide every 15.2 minutes.<sup>4</sup>

In 2008, the Veteran's Administration reported alarming statistics about the U.S. armed forces. The VA reported that the Air Force lost 38 Airmen to suicide in 2008. This was at a rate of 11.5 suicides per 100,000 Airmen, which nearly equaled the national average. The Army reported 140 confirmed or suspected suicides, which were 20.2 suicides per 100,000 troops and nearly twice the national average of 11 suicides per 100,000. The Navy reported 41 suicides in 2008, a rate of 11.6 per 100,000 and the Marine Corps lost 41 Marines to confirmed or suspected suicides, which constituted a rate of 19 per 100,000 and was nearly double the rate of suicides from U.S. Marines from two years earlier. The Department of Defense Suicide Event Report (DODSER) has recently been criticized by the military for not providing data that might aid in identifying pre-suicidal individuals.

From a global perspective, the World Health Organization reports that each year almost one million people die from suicide, resulting in a "global" mortality rate of 16 per 100,000, or one suicide occurring every 40 seconds. The World Health Organization further reports that in the last 45 years suicide rates have increased by 60% worldwide making suicide among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group.<sup>5</sup>

The historical record contains both acceptance and condemnation of suicide. As an illustration of the acceptance of suicide, Roman historian, Titus Livius (59 BC – AD 17), wrote that those who wanted to kill themselves merely needed to apply to the Senate, and if their reasons were judged sound they were provided hemlock free of charge.

In reference to the criticism of suicide, in ancient Greece, Pythagoras expressed that were only a finite number of souls that could occupy the planet and that the sudden and unexpected departure of one soul could upset the balance. Plato and his mentor, Socrates, defended the teaching of the Orphics, who believed that the human body was the property of the gods and that self-harm was an offense against divine law. According to Cameron (1978), Socrates, was found guilty in a criminal trial in Athens for corrupting the minds of the youth of Athens and of "not believing in the gods of the state."

He was sentenced to take his own life by drinking hemlock. Socrates proclaimed that no man had a right to commit suicide, then qualified his position, "...unless God sends some necessity upon him, as has now been sent upon me." Aristotle, a student of Plato, criticized the act of suicide as a robbery from the community of the services of one of its

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<sup>3</sup> National Vital Statistics Reports, "Deaths: Preliminary Data for 2008," Vol. 59, No 2, Arialdi M. Miniño, MPH; Jiaquan Xu, M.D., and Kenneth D. Kochanek, M.A., Division of Vital Statistics.

<sup>4</sup> American Association of Suicidology, "Suicide in the U.S.A.," [www.suicidology.org](http://www.suicidology.org).

<sup>5</sup> [www.who.int/mental\\_health/prevention/suicide/suicideprevent/en](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en).

members. At the Council of Arles in 452 AD, the Christians condemned suicide as the work of the Devil. According to Murray (2000), a common practice in England until 1823 was to bury a suicidal person at night in a crossroad with a stake driven through the heart. In France, the suicide's body was dragged through the streets and then hanged from the public gallows. In Prussia, early laws required the victim to be buried under the gallows.

In the United States, suicide was considered a crime until the early 1990s when the last two States repealed such laws. Until 1976, Nevada, New Jersey, North Dakota, Oklahoma, South Dakota and Washington had statutes that made attempted suicide a crime. In some States in the U.S., suicide is still considered to be a "common law crime." As a common law crime, suicide can serve as a bar to recovery for the family of a person who has committed suicide unless the suicidal person can be proven to have been "of unsound mind." In other words, the suicide must be proven to have been an involuntary act of the victim in order for the family to be awarded monetary damages by the court.

In the United States, physician-assisted suicide is legal in some States. In 2009, the State of Washington legalized physician-assisted suicide. Under the law, the patient must be diagnosed as having less than six months to live, be of sound mind, make a request orally and in writing, have it approved by two different doctors, then wait 15 days and make the request again. A doctor may then prescribe a lethal dose but may not administer it.<sup>6</sup>

In many jurisdictions throughout the United States, peace officers, as well as other certified individuals, as well as medical facilities are authorized to commit anyone whom they believe to be suicidal for evaluation and treatment. As an example, Section 51550 of the State of California states:

“When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

## **Mnemonic Templates**

To aid in the process of identifying those individuals who could be a danger to himself or herself, numerous mnemonic templates began to appear. In 1983, Patterson, Dohn and Bird

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<sup>6</sup> Washington State Department of Health 2010 Death with Dignity Act Report, issued March 10, 2011, available at: <http://www.doh.wa.gov/dwda/forms/DWDA2010.pdf>.

created the "SAD PERSONS" mnemonic as a tool to aid in the recognition of a possibly suicidal individual. In this mnemonic, an individual's risk for suicide was determined by assigning one point for each affirmative answer from a list ten yes/no descriptive questions. The descriptive criteria are illustrated as follows (See Table 1):

- S:** Male
- A:** Older aged person
- D:** Depression
- P:** Previous attempt[s]
- E:** Ethanol abuse
- R:** Rational thinking loss
- S:** Social supports lacking
- O:** Organized plan
- N:** No spouse
- S:** Sickness

The "SAD PERSONS" point-score for suicidal risk was then determined as follows:

- 0 to 4 Low Suicidal Risk
- 5 to 6 Medium Suicidal Risk
- 7 to 10 High Suicidal Risk

**Table 1**

<u>S</u>	<u>A</u>	<u>D</u>	<u>P</u>	<u>E</u>	<u>R</u>	<u>S</u>	<u>O</u>	<u>N</u>	<u>S</u>
Male	Older age person	Depression	Previous Attempts	Ethanol abuse	Rational thinking loss	Social supports lacking	Organized plan	No spouse	Sickness
The "SAD PERSONS" point-score for suicidal risk was then determined as follows									
0 to 4 = Low Suicidal Risk		5 to 6 = Medium Suicidal Risk			7 to 10 = High Suicidal Risk				

A modified "SAD PERSONS" scoring variation was developed by Hockberger and Rothstein (1998) using most of the same ten yes/no questions, with some alternation in descriptive language and a new series of points given for each affirmative answer. The new scoring data were listed as follows (see Table 2):

- S:** Male → 1
- A:** Age <19 or >45 years → 1
- D:** Depression or hopelessness → 2
- P:** Previous suicidal attempts or psychiatric care → 1
- E:** Excessive ethanol or drug use → 1
- R:** Rational thinking loss (psychotic or organic illness) → 2
- S:** Single, widowed or divorced → 1
- O:** Organized or serious attempt → 2
- N:** No social support → 1
- S:** Stated future intent (determined to repeat or ambivalence) → 2

The score was then mapped onto a new risk assessment scale as follows:

- 0-5: May be safe to discharge (depending upon circumstances)
- 6-8: Probably requires psychiatric consultation
- >8: Probably requires hospital admission.

**Table 2**  
**Modified Version of the "SAD PERSONS" Model**

<b><u>S</u></b>	<b><u>A</u></b>	<b><u>D</u></b>	<b><u>P</u></b>	<b><u>E</u></b>	<b><u>R</u></b>	<b><u>S</u></b>	<b><u>O</u></b>	<b><u>N</u></b>	<b><u>S</u></b>
Male	Older age person	Depression	Previous Attempts	Ethanol abuse	Rational thinking loss	Social supports lacking	Organized plan	No spouse	Sickness
<b>1 pt</b>	<b>1 pt</b>	<b>2 pt</b>	<b>1 pt</b>	<b>1 pt</b>	<b>2 pt</b>	<b>1 pt</b>	<b>2 pt</b>	<b>1 pt</b>	<b>2 pt</b>
The "SAD PERSONS" point-score for suicidal risk was then determined as follows									
0 to 5=		6 to 8 =			➤ 8 =				
May be safe to discharge		Psychiatric consultation			Hospital admission				

In 2006, the mnemonic template, “IS PATH WARM,” was created by the American Association of Suicidology and advertised as an easily memorized suicide assessment tool. As in the “SAD PERSONS” mnemonic, the “IS PATH WARM” mnemonic is intended to aid in conducting risk assessments of potentially suicidal individuals. The “IS PATH WARM” mnemonic is illustrated as follows:

<b>I</b>	<b>Ideation:</b>	Are there any indications that the individual is thinking about suicide, writing about suicide, or communicating thoughts to others about ending their life? Has the individual taken any steps to set a suicidal intention into motion?
<b>S</b>	<b>Substance Abuse:</b>	Is the individual involved in alcohol and/or substance abuse?
<b>P</b>	<b>Purposelessness:</b>	Has the individual indicated a lack, or loss of purpose in life? Is there any evidence that the individual displays little, or no interest in continuing to live?
<b>A</b>	<b>Anxiety:</b>	Are there indications that the individual is anxious (worried about future events), agitated, or unable to sleep? Is there any evidence that the individual is sleeping more than normal?
<b>T</b>	<b>Trapped:</b>	Does the individual believe there is no way out of their current situation? Does the individual believe that death is preferable to continuing to live with their pain, because no other choices exist?
<b>H</b>	<b>Hopelessness:</b>	Does the individual have a sense that the future is hopeless for them and/or that they are helpless to make any changes to resolve this situation?
<b>W</b>	<b>Withdrawal</b>	Does the individual indicate a desire to leave, or withdraw from family members, friends, neighbors and associates? Is there any evidence that the individual had already begun to withdraw?
<b>A</b>	<b>Anger:</b>	Does the individual express rage or uncontrolled anger at a particular target? Does the individual want to get even, or seek revenge against others for a perceived wrong?

- R**    **Recklessness:**        Does the individual continually engage in unnecessarily reckless and high risk behaviors?
- M**    **Mood Changes:**        Does the individual exhibit dramatic mood shifts?

In 2008, another mnemonic, “MAN THIS ISN’T FAIR,” was created by Sankaranarayanan (2008) to identify pre-suicidal individuals. The criteria listed in the “MAN THIS ISN’T FAIR” mnemonic are listed as follows:

- M:**    **Mental issues,** which may include depression, anxiety, agitation, guilt, shame and delusions.
- A:**    **Attempts at self-destruction.**
- N:**    **No positive support from family, peers and/or reasons to continue living.**
- T:**    **Triggering psycho-social stressors, psychotic episodes that precipitate suicidal thoughts.**
- H:**    **Hopelessness.**
- I:**    **Ideas and Intent that explore suicidal plans and confidence levels in their plans for suicide.**
- S:**    **Substance Use.**
- I:**    **Illness creating chronic pain.**
- S:**    **Suicide in the family.**
- N’t**    **Suicide note.**
- F:**    **Final arrangements such as saying good bye and/or giving away property.**
- A:**    **Access to a means of committing suicide, such as possession of a firearm.**
- I:**    **Isolation to carry out suicide.**
- R:**    **Recent psychiatric hospitalization.**

In 2008, another mnemonic, “SOARS” was reported on the Internet as a devise to identify pre-suicidal individuals. The criteria listed in the “SOARS” mnemonic are listed in terms the lowest to the highest risk as follows:

Sex (male)

Older than age 45

Alcohol

Rage

Serious previous attempt.<sup>7</sup>

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<sup>7</sup> <http://worldofmedicalmnemonics.blogspot.com> (August 24, 2008).

In 2011, another mnemonic, “UNSAFE,” was created by Nell and Salvatore (2011) to identify pre-suicidal individuals. The criteria listed in the “UNSAFE” mnemonic are listed as follows:

Unconnected	No support; a sense of not belonging, or of being a burden.
Non-adherence	Unmanaged mental illness, or co-occurring disorders.
Stigma/Shame	Related to past attempts at suicide, or suicidal behavior.
Abuse	History of abuse and/or alcohol misuse.
Family history	Family history of suicide or suicide attempts.
Exacerbations	Worsened mental illness, hospitalizations.

### **The Forensic Consultations International (FCI) Template**

Because of the limited application of the aforementioned mnemonic templates, Forensic Consultation International opted to publish its more comprehensive template that incorporates not only criteria relative to the identification of those contemplating suicide, but also criteria that may aid in the determination of the mode of an individual’s actual death. In addition, FCI introduces new criteria regarding evidence that may be found in *Subject Precipitated Homicide* cases, previously known as “Victim Precipitated Homicide” (suicide-by-cop).<sup>8</sup>

In 1967, Marvin Wolfgang first introduced the concept of victim precipitation when he illustrated that, in some instances, the victim may initiate the behavior of the victimizer. He defined victim precipitated homicide as an incident in which “the role of the victim is characterized by his having been the first in the homicide drama to use physical force directed against his subsequent slayer.” (Wolfgang, 1967, p. 73).

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<sup>8</sup> Streed, T., 2005-11-15 "A Template for the Psychological Autopsy and Victim Precipitated-Homicide" Paper presented at the annual meeting of the American Society of Criminology, Royal York, Toronto.  
[http://www.allacademic.com/meta/p31985\\_index.html](http://www.allacademic.com/meta/p31985_index.html).

Essentially, "suicide-by-cop" is police jargon for *Subject Precipitated Homicide*, which involves a suicidal individual engaging in calculated, life-threatening, criminal behavior to force a police officer to use deadly force on him – thus causing the officer to become the means of the suicidal individual's death. According to Mohandie, Meloy and Collins (2009) in a national non-random sample ( $n = 707$ ) of police shootings that occurred between 1998 and 2006, thirty-six percent of the officer-involved-shootings in this sample were found to be "suicide-by-cop."

### **Application of the FCI Mnemonic Template: S-U-I-CI-D-A-L**

The letter "S" in the mnemonic template, S-U-I-CI-D-A-L, identifies nine criteria that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. These criteria are listed as follows:

1) **S**ignificant Others of the Involved Individual:

In 1897, French Sociologist, Émile Durkheim (1966), identified *egoistic suicides* as those that were the result of a breakdown in social integration causing the individual to become increasingly detached from family members and friends.

Individuals who are without intimate associations with Significant Others may have no means to obtain support and/or guidance and may engage in suicidal preoccupation.

2) **S**upport System[s] Available to the Involved Individual:

An additional element imbedded in Durkheim's *egoistic suicide* involves not only attachments to close family members and friends, but also to professional support groups. These organizations may include such organizations as substance abuse programs, self-help groups and even recreational groups. If an individual had been involved with such a group and then inexplicably dropped out of the group, it could signal that their involvement had been replaced with suicidal preoccupation.

3) **S**uicidal Preoccupation:

There are four areas of Suicidal Preoccupation which include [a] Ideation, [b] Gestures, [c] Threats, and [d] Attempts.

Suicidal Ideation involves the individual having thoughts of suicide but without planning their actual suicide. In essence, it involves reflection upon whether suicide is a viable option, as well as thinking about and planning an appropriate manner of suicide if the individual were to move forward in committing suicide.

Suicidal Gestures are behaviors and/or actions that could be interpreted as indicating a person's desire or intent to commit suicide. This involves imaginative, role-playing actions that the suicidal individual engages in while fantasizing about suicide.

Suicidal Threats involve communicating an intention to commit suicide.

Suicide Attempts involve actual efforts undertaken by the individual, or another person contracted to provide assistance, to end their life.

4) Sub-intentioned Suicide:

Sub-intention suicide involves pre-mortem behavior in which an individual engages in some form of partial, covert, subliminal, or unconscious actions that serve to hastening his or her own demise.

5) Self-inflicted Non-fatal Injuries:

Self-induced non-fatal injuries may include “hesitation marks,” which are usually superficial and are often caused by attempts to build up courage before attempting to administer a fatal wound.

Self-induced non-fatal injuries may also be an indication of experimentation by the suicidal individual to determine how efficient, or painful, a potential suicidal option might be.

6) Surprise Expressed by the Involved Individual’s Family and/or Friends:

According to Stöppler, Shiel Jr., and Dryden-Edwards (2011), “Contrary to popular belief, many people who complete suicide do not tell their therapist or any other mental-health professional they plan to kill themselves in the months before they do so. If they communicate their plan to anyone, it is more likely to be someone with whom they are personally close, like a friend or family member.”

The evidence frequently discovered is that some of the involved individual's family and/or friends were alert to some of the warning signs of suicidal ideation. Additionally, because the average number of suicide attempts in the U.S. before a suicide occurs is eleven attempts (see: "Unsuccessful Previous Suicide Attempts"), it is always a possibility that some the involved individual's family and/or friends have suspicions that suicide was the mode of a suicidal individual's demise.

7) Separation From Life:

Evidence of separation from life may be seen in such gestures as saying good bye, giving away belongings, and making final arrangements. Generally, actions linked to separation from life are seen more frequently in planned and orchestrated suicidal behavior, rather than in more impulsive suicidal behavior.

8) Shame-avoidance:

Shame-avoidance has been described by Schneidman (1996) as the need to avoid humiliation, shame, scorn and dishonor. Additionally, shame-avoidance has been found in the actions of some individual in refraining from certain pursuits because of fear of failure. If the overwhelming fear of accomplishing a certain pursuit becomes uncontrollable, suicide may be an escape.

9) Succorance:

Succorance has been described by Robinson (1992) as an individual's need to be supported, assisted, help and loved. The focus of an investigation into a suicide attempt, or actual suicide, should also focus on whether there is any evidence of succorance being withheld, or rendered unavailable. One reaction of the individual to such a scenario may be to escape via suicide.

In reference to the investigation of possible *Subject Precipitated Homicide*, the letter "S" in the FCI investigative template pertains to five additional criteria that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a *Subject Precipitated Homicide*. These criteria are listed as follows:

1) Stigma Avoidance:

The process of causing another person to assume the role of executioner may release the suicidal individual from such stigma as [a] committing suicide is morally weak and/or cowardly, or [b] suicide is a sin according to religious teachings (see: 1 Corinthians 3:16-17;).

Additionally, when viewed on media coverage, death by police gunfire appears to be an efficient, quick and painless way to die. As an illustration of the concerns about a quick and painless death, in 42 AD, Caecina Paetus was condemned to death by the Roman emperor Claudius, on a charge of disloyalty. Paetus chose to commit suicide, but hesitated in the act. His wife, Arria, to give him courage to finish the act, took the dagger from his hand and plunged it into her breast uttering, "Non dolet, Paete!" ("*It doesn't hurt, Paetus*").

2) Strategic Planning:

It is less likely that an individual focused upon causing their death by gunfire from a peace officer would have become involved in such a scenario without some degree of strategic planning. In this regard, strategic planning may involve [a] site and time selection for the confrontation; [b] simulated, or actual weapon[s] to be displayed; [c] the grievance and/or injustice to be declared; and [d] a time frame/deadline for the confrontation to end.

3) Self-causation of Deadly Force:

Self-causation of deadly force occurs when a suicidal individual, focused upon causing their death by gunfire from a peace officer, ignores directives from a peace officer and deliberately engages in life-threatening provocation directed at the officer, or another person.

4) Sensational Death:

Some of the features that distinguish *Subject Precipitated Homicide* from typical suicide are that it is viewed by witnesses, participants, and the media as more exciting, memorable and spectacular.

5) Symbolic Intention:

A death that results from a *Subject Precipitated Homicide* may be viewed by the suicidal individual as emblematic of a cause, or to focus attention upon a perceived injustice.

The letter “U” in the FCI investigative template, S-U-I-CI-D-A-L, identifies one criterion that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. This factor is listed as follows:

1) Unsuccessful Previous Suicide Attempts:

According to Bertolote and Fleischmann (2002), there are an estimated 10 to 20 million non-fatal attempted suicides worldwide every year. According to the National Institute of Mental Health and the Centers for Disease Control and Prevention, the average numbers of a suicidal person’s unsuccessful attempts before actually succeeding in committing suicide are eleven attempts.<sup>9</sup>

In reference to the investigation of possible *Subject Precipitated Homicide*, the letter “U” in the FCI investigative template provides one additional criterion that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a *Subject Precipitated Homicide*. This factor is described as follows:

1) Understands the Consequences of Threatening to Kill a Peace Officer:

In the absence of drug and/or alcohol intoxication, or some form of mental illness and/or brain injury, most people in the U.S. are aware of the likely consequences of engaging in threats and behaviors that threaten the life of a peace officer.

The letter “I” in the FCI investigative template, S-U-I-CI-D-A-L, pertains to six criteria that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. These criteria are listed as follows:

1) Inquiring About Death and/or an Afterlife:

The fact of a person having curiosity about what happens when they die, or the existence of an afterlife is of little relevance to suicidal ideation. The concern for an investigator is to determine whether friends and relatives of a possibly suicidal individual became aware of more recent inquiries about death and dying, as well as afterlife considerations including reunion with previously departed friends and relatives.

2) Identification With Others Who Have Committed Suicide:

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<sup>9</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS): [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars).

To some individuals, awareness of others who have committed suicide and who they perceive to have had similar problems, may appear to be a viable solution to their problems.

3) **Impulsivity:**

An impulsive individual is one who is inclined, or tends to act impetuously, rather on the basis of significant introspection and thought.

According to psychologist Pamela Cantor (1972), "People commit suicide for many reasons. Some people who are depressed will commit suicide, and some people who are schizophrenic will commit suicide, and some people who are fine but impulsive will commit suicide. We can't lump them all together."

4) **Inviolacy:**

According to Shneidman (1996), inviolacy pertains to the need to resist others from intruding into one's own psychological space, as well as remaining somewhat isolated and immune from criticism.

Incarcerated individuals may succumb to inviolacy and consider suicide as an escape.

5) **Introspection:**

In his research on suicidal ideation, Shneidman (1996) wrote, "Suicide is the result of an interior dialogue. The mind scans its options; the topic of suicide comes up, the mind rejects it, scans again; there is suicide, it is rejected again, and then finally the mind accepts suicide as a solution, then plans it, and fixes it as the only option. The general word for this process is introspection."

In reference to Introspection the investigator should be curious about any "slippage" that may have occurred from the involved individual to friends, family members and associates, thus revealing the nature of any suicidal ideation.

6) **Isolation For The Attempt:**

Unlike *Subject Precipitated Homicide*, which requires an "executioner" to be present, most suicides are carried out in isolation. Isolation may allow suicidal individuals to avoid rescue, and to avoid distraction while they are trying to commit suicide.

In reference to the investigation of possible *Subject Precipitated Homicide*, the letter “**T**” in the FCI investigative template provides two additional criteria that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a. These factors are described as follows:

1) **Intention to Die:**

Confrontations between police and an individual threatening suicide-by-cop that have been captured on film by the media frequently illustrate the difficulty in dissuading the suicidal individual due to the commitment they have made to dying.

2) **Isolated Tactical Position:**

The need of the suicidal individual in a *Subject Precipitated Homicide* is to select a location for the fatal confrontation where he or she has control of the environment (access and egress), and where there is less likelihood of the police having a means to disrupt the suicidal individual’s death fantasy.

The letters “**CI**” in the FCI investigative template, **S-U-I-CI-D-A-L**, pertains to five criteria that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. These criteria are listed as follows:

1) **Chronic Illness:**

Chronic illnesses that may result in suicidal ideation are those that are perceived by the sufferer to diminish the quality of their life and to create a burden on others.

In her suicide note on August 17, 1935, writer Charlotte Perkins Gilman, who was dying of cancer, wrote, "When all usefulness is over, when one is assured of an unavoidable and imminent death, it is the simplest of human rights to choose a quick and easy death in place of a slow and horrible one."

2) **Chronic Injury:**

Similar to chronic illnesses, chronic injuries that may result in suicidal ideation are those that are perceived by the sufferer to diminish the quality of their life and to create a burden on others.

3) **Chronic Instability in Family:**

Chronic Instability in the family may be marked by recurrent clashes with family members, some of which resulted in police intervention.

4) **Communicated Intent:**

A misconception held by many individuals is that suicide notes are commonly left by someone who has committed suicide. According to Gelder, Mayou and Geddes (2005) only one in six (.17%) of individuals who commit suicide leave behind a suicide note. Thus, the arithmetic indicates that in 83% of suicides, there will be no suicide note.

When suicide notes are found, the person committing suicide may have written more than one. Notes may also be found in written form, in audio form, or in video form. According to Market (2009), some of the more common reasons why people contemplating suicide do not write a suicide note are:

- a) They are so focused on the practicalities of what they are about to do (e.g. loading a pistol or tying a noose, etc.) that the idea of leaving a note does not occur to them.
- b) Their choice to commit suicide was impulsive, or at least hasty enough that there was no time to compose a suicide note.
- c) They have nothing to say and/or nobody to say it to, which is common for those without surviving loved one's or other social relationships, such as the elderly.
- d) They feel that they cannot express what they wish to say.
- e) They simply do not wish to write about their choice, or cannot see any point in doing so.
- f) They are functionally, or completely illiterate, or uncomfortable with written language.
- g) They hope their suicide will be considered to be an accident or homicide.

There is yet another mnemonic, “EAT,” that can aid an investigator in the recognition of three different kinds of suicide notes:

- E:** Explanation: A suicide note of Explanation attempts to explain the reasons for the suicide (e.g. inability to control the pain of an illness, or injury; inability to resolve the shame, humiliation pertaining to some distressing event). A suicide note of Explanation may also be intended as a device to assuage any guilt felt by friends and family of the deceased, as well as providing instructions for family members and friends.
- A:** Accusation: The rationale behind a suicide note of Accusation can be seen in Arthur Miller’s **play, After the Fall, in which Miller wrote,** “A suicide kills two people, Maggie, that's what it's for!”

Some language of Accusation may entail a fantasy that the suicidal individual is actually killing others. In Houseman’s poem (1936), “I Counsel You Beware,” he wrote:

Good creatures, do you love your lives  
And have you ears for sense?  
Here is a knife like other knives,  
That cost me eighteen pence.

I need but stick it in my heart  
And down will come the sky,  
And earth’s foundations will depart  
And all you folk will die.

A suicide note of Accusation is intended to place responsibility for the suicide on other persons, situations, or circumstances that were perceived to have been beyond the control of the person who committed suicide. A suicide note of Accusation may also have been written to create guilt in another person for causing the individual to commit suicide.

- T:** Transition: A suicide note of Transition is designed to reduce, eliminate suffering by the suicidal person’s friends and relatives by pointing out that the decedent is going to a better place.

5) **Cognitive Issues:**

In addition to the cognitive issues reported under the caption, **D**epression, individuals obsessed with suicidal ideation have also been found to have problems with [a] overgeneralization (e.g. disqualification of possible positive outcomes); [b] catastrophization (e.g. “making a mountain out of a molehill”); [c] self-denigration; and [d] rigid cognition (e.g. remaining “locked-in” to current perceptions [Ellis and Rutherford, 2008]).

In reference to the investigation of possible *Subject Precipitated Homicide*, the letters “**CI**” in the FCI investigative template provides two additional criteria that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a *Subject Precipitated Homicide*. These factors are described as follows:

1) **Control of Impulses is Numbed or Restricted:**

Incidents of repetitive self-mutilation (biting, bruising, burning oneself with cigarettes, cutting, scratching, pulling out hair strands, etc.) may be seen as indications of impulse control disorders that are commonly seen in self-destructive individuals.

2) **Confrontational Interactions:**

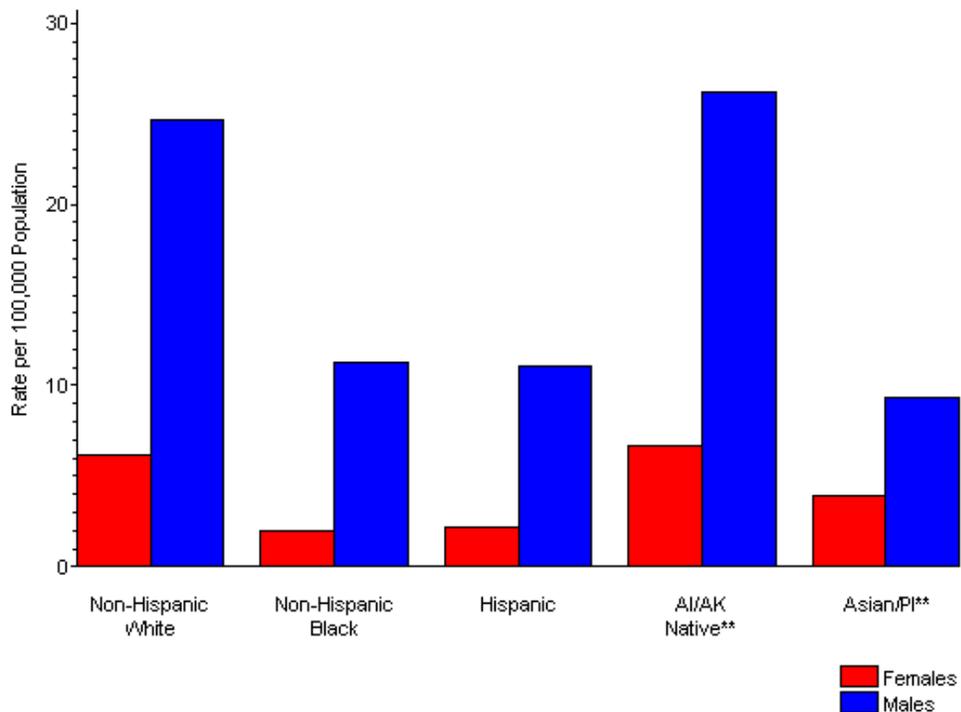
Frequent confrontations with others in public places, which may have resulted in police intervention, are often found in the life styles of those who become involved in *Subject Precipitated Homicide*.

The letter “**D**” in the FCI investigative template, **S-U-I-CI-D-A-L**, pertains to eight criteria that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. These criteria are listed as follows:

1) **Demographics:**

The most recent data from the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention as illustrated in Figure 1, indicate that the highest suicide rates in the United States were among American Indian/Alaskan Native males with 26.18 suicides per 100,000 and Non-Hispanic White males with 24.69 suicides per 100,000. For female suicides, American Indian/Alaskan Natives and Non-Hispanic Whites had the highest rates with 6.70 and 6.15 suicides per 100,000, respectively. The Asian/Pacific Islanders had the lowest suicide rates among males while the Non-Hispanic Blacks had the

lowest suicide rate among females.<sup>10</sup> Although these data indicate that males commit suicide at a rate of 3.6 times that of females, females attempt suicide three times more often than males.<sup>11</sup>



**Figure 1: NCIPC Suicide Rates in the U.S.**

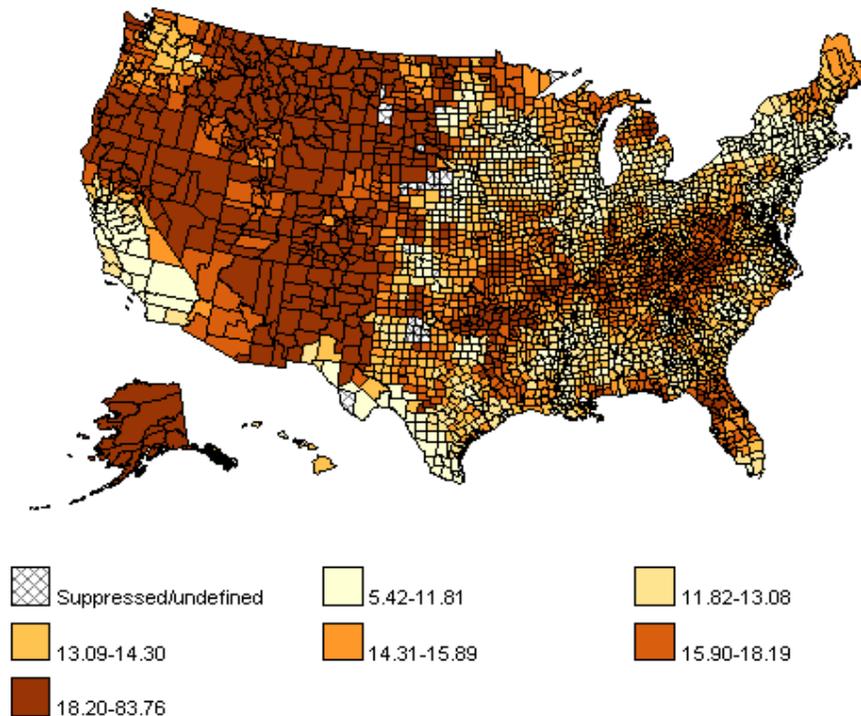
Additional data reported by the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention indicate that between 2000 and 2006, in smoothed age-adjusted suicide rates (ages 10 years and older ~ per 100,000) which involved all races, all ethnicities and both sexes, the rates of suicide were highest in the western and northwestern regions of the United States.

As can be seen in the NCIPC map in Figure 2, there is a notable pattern of high suicide rates among counties in the central areas of the mid-west and southern regions and in central Florida.<sup>12</sup>

<sup>10</sup> NCIPC/CDC, [www.cdc/violenceprevention/suicide/statistics/html](http://www.cdc/violenceprevention/suicide/statistics/html).

<sup>11</sup> Suicide in the U.S.A., American Association of Suicidology; [www.aaas.org](http://www.aaas.org).

<sup>12</sup> All rates were age-adjusted to the standard 2000 population. Rates based on less than 20 deaths were considered statistically unreliable and were suppressed. The age-adjusted rates were geospatially smoothed to help reveal geographic patterns that would otherwise have not been clearly visible.



**Figure 2: Pattern of Suicide Rates in U.S.**

The latest demographic data from the American Association of Suicidology indicate that in 2007 [a] firearms were used in more than half (50.2%) of the suicides reported with males using firearms more often than females; [b] the most common method of suicide for females was poisoning, which surpassed firearms for females in 2001; [c] suicides rates were highest for the divorced, the separated and the widowed and the lowest among the married; and [d] suicides decrease in times of war and increase in times of economic crisis.<sup>13</sup>

## 2) Depression:

One element of Depression often involves poor quality judgment, as manifest by reductions in perceptiveness, insight and acumen.

Another element of Depression may be seen in the individual's difficulty in orientation wherein time frames to accomplish certain tasks become unimportant.

Depression may also be evident in aspects of intellectual functioning which involves impaired attention and difficulty in concentrating.

<sup>13</sup> American Association of Suicidology, "Suicide in the U.S.A.," [www.suicidology.org](http://www.suicidology.org)

Depression may also be manifest in memory dysfunction marked by an inability of the individual to prioritize recollections. (e.g. inability to recall having a pleasant day).

Another element of Depression is referred to as affect, which refers to the observable aspects of an individual's emotions. Emotions are commonly described as blunted (failure to express feelings either verbally or non-verbally), flat (inability to show relevant emotions in their body language or facial expression), and labile (lack of control over moods or behaviors expressing emotions).

Depression may also be evident in thought content, when it is preoccupied with guilt, helplessness and hopelessness.

3) **D**ichotomous Thinking:

According to Shea (2002), dichotomous thinking involves difficulties in considering all options available to problem solution. It is polarized cognition that only allows for only "right versus wrong," or "yes versus no," "or all or none", or "black versus white" thinking.

4) **D**omination of Others :

According to Shneidman (1996), this factor is linked to the need that some individuals display that pertains to their need to control their human environment. This may be seen in their attempts to control others through persuasion, bullying, seduction and confrontational tactics.

5) **D**ependence:

According to Shneidman (1996), this involves an obsessive need to constantly protect the ego from perceived criticism and/or blame.

6) **D**isorientation:

Under this caption, the investigation should be looking for evidence that the suicidal individual was demonstrating confusion, perplexity and bewilderment regarding routine daily activities.

7) **D**rug Abuse:

Although certain drugs, such as the depressants or opioids, may be ingested to end one's life, it should also be recognized that sympathomimetics (e.g. cocaine, methamphetamine, etc.) can also be involved in providing a hyper-depressed

suicidal individual enough energy to commit suicide. Hallucinogenics have also been seen in incidents wherein the individual misinterpreted some environment hazard and caused their own death.

8) **D**elusional Experiences:

According to Shea (2002), delusional episodes may such behavior as the suicidal individual believing that others are plotting their destruction and as a consequence, opting to commit suicide, "...because they're gonna kill me anyway." In his suicide note on December 4, 1931, poet Vachel Lindsay wrote, "They tried to get me - I got them first!"

Other delusional episodes may be seen in such mental disorders as hallucinating demonic mind-control and/or possession, or believing that they are being stalked and/or pursued by supernatural beings. (Shea, 2002, page 198).

As an example of delusional episodes, in her suicide note on March 28, 1941, writer Virginia Woolf wrote, "I feel certain that I'm going mad again. I feel we can't go thru another of those terrible times. And I shan't recover this time. I begin to hear voices."

In reference to the investigation of possible *Subject Precipitated Homicide*, the letter "D" in the FCI investigative template provides four additional criteria that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a *Subject Precipitated Homicide*. These factors are described as follows:

1) **D**eath Fantasy;

A death fantasy in a *Subject Precipitated Homicide* can occasionally be seen in the planning stages of such incidents. The death fantasy tends to involve daydreaming by the suicidal individual wherein they visualize the reward[s] that will result from their death.

2) **D**isplay of Actual, or Simulated, Weapon:

The display of a simulated, or actual weapon, is a suicidal gesture intended to provoke lethal force.

3) **D**efiance:

One of the elements often seen by police officers in a *Subject Precipitated Homicide* pertains to the suicidal individual's refusal to abide with suggestions, entreaties and overt commands from the police during such confrontations.

4) Deadline for the Fatal Act:

The issue of the suicidal individual's deadline for the fatal act is a common factor in *Subject Precipitated Homicide's*, however, the reasons supporting the deadline for the fatal act may be highly subjective and concealed by the individual - and as a consequence, difficult for an investigator to determine.

The letter “A” in the FCI investigative template, S-U-I-CI-D-A-L, pertains to ten criteria that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. These criteria are listed as follows:

1) Age:

Statistics for the year 2007, from the National Institute of Mental Health (NIMH) indicate that older Americans are disproportionately likely to die by suicide. The statistics further indicate that children, ages 10 to 14, commit suicide at a rate of 0.9 per 100,000; adolescents, ages 15 to 19, commit suicides at a rate of 6.9 per 100,000; young adults, ages 20 to 24, commit suicides at a rate of 12.7 per 100,000; and the elderly, individuals over the age of 65, commit suicides at a rate of 14.3 per 100,000.

2) Abuse of an Emotional, Physical, or Sexual Nature:

There are repeated episodes of childhood emotional, sexual and physical abuse that continue to provide an impetus in adults to engage in suicidal ideation.

3) Abasement:

In his research, Shneidman (1996) found that abasement, which can involve the predisposition of the suicidal individual to submit to such pressures as blame, criticism, punishment, belittlement and resignation to fate may serve as significant factors in suicidal behavior.

4) Anger:

In the context of suicidal ideation, anger is of a type that the suicidal individual is incapable of resolving and may be focused as people and/or situation.

5) Alliances are not Formed:

In the context of suicidal behavior, alliances involve brief and temporary new associations with individuals that are formed for the mutual benefit of each individual.

6) Anomie Preoccupation:

According to Durkheim (1966), anomic suicide occurs when a person's life changes so abruptly that he is unable to cope.

7) Autonomy:

According to Shneidman (1996), a need for autonomy may involve the individual's need to break free of domineering authorities, or to defy convention, or to withdraw from social confinement.

8) Anniversary of a Significant Event:

The date of an individual's decision to commit suicide may be related to the anniversary of an event, but not necessarily the date of a dismal event, that is significant in the mind of the suicidal individual.

9) Alcohol Abuse:

The University of Pittsburgh's School of Medicine reports that alcohol consumption is associated with 25% of all suicides.<sup>14</sup>

The American Association of Suicidology reports that the risk of suicide in alcoholics is 50 % to 70% higher than in the general public.

10) Altruistic Integration into a Group or Cause (James Jones; )

In his 1897 work identifying different modes of suicidal ideation, French Sociologist, Émile Durkheim (1966), identified *altruistic suicides*, which he identified as suicides that occur in societies where individual needs are seen as less important than the society's needs as a whole. In 1897, Durkheim identified these individuals as those who were expected to kill themselves on behalf of their society.

On June 11, 1963, a Vietnamese Mahayana Buddhist monk, Thích Quảng Đức, seen in Figure 3, committed altruistic suicide by burning himself to death on a busy Saigon road intersection in protest of the persecution of Buddhists by South Vietnam's Ngô Đình Diệm administration.

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<sup>14</sup> [www.medschool.pitt.edu/somsa/Alcohol.html](http://www.medschool.pitt.edu/somsa/Alcohol.html)



**Figure 3: Self-immolation of Thích Quảng Đức, June 11, 1963**

A mass Altruistic Suicide occurred on November 18, 1973, when 909 members of the Peoples Temple in Jonestown, Guyana died from ingesting cyanide in an event termed "revolutionary suicide" by cult leader Jim Jones.

Another illustration of Altruistic Suicide includes "Heaven's Gate," which was an American UFO cult based in San Diego, California. On March 26, 1997, at a point in time when the Hale-Bopp comet was at its brightest, 39 members of the cult committed mass suicide. Members of the cult believed that the Earth was about to be "recycled," meaning wiped clean, renewed, refurbished and rejuvenated, and that the only chance to survive was to depart immediately. The cult defined "suicide" in their context to mean "...to turn against the Next Level" when it is being offered" and that their "human" bodies were simply vessels to enable them to make their journey. As seen in Figure 4, members of the cult were so orderly that they died in shifts.



**Figure 4: Photographs of some decedents at the Heaven's Gate mass suicide**

In reference to the investigation of possible Subject Precipitated Homicide (suicide-by-cop), the letter “A” in the FCI investigative template provides five additional criteria that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a *Subject Precipitated Homicide*. These factors are described as follows:

1) Aggressive Lifestyle:

An investigator should look for repeated episodes of antagonistic and bellicose conduct with friends, family members, as well as with strangers.

2) Arrest[s] and/or Previous Enforcement Contacts with Authorities:

The value of previous arrests and/or previous contacts with police officers is that these experiences may serve to provide the suicidal individual with insight into police procedures, which can be beneficial in staging a *Subject Precipitated Homicide*.

3) Assault on Societal and/or the Target’s Conscience:

On some occasions, the suicidal individual in a *Subject Precipitated Homicide* intends the incident as a means to embarrass, shame, or attack an adversary whom they hold responsible for their plight.

4) Acceptance of This Mode of Death by Family and Friends:

As a consequence of such episodes as the suicidal individual's on-going aggressive lifestyle, their continual focus of anger on other persons or situations, and their inability to resolve their problems by other means, it is not unusual for family members and friends of the suicidal individual to be unsurprised by their involvement in a *Subject Precipitated Homicide*.

5) Atypical Altruism ~ Suicidal Terrorism:

In his 1897 work identifying different types of suicidal ideation, French Sociologist, Émile Durkheim (1966), identified *altruistic suicides*, which he identified as those that result in societies where individual needs are seen as less important than the society's needs as a whole. In 1897, Durkheim identified these individuals as those who were expected to kill themselves on behalf of society.

As a consequence of the on-going international threats from suicidal terrorists, the following data were added to the FCI template, S-U-I-C-I-D-A-L, to provide an overview of the motivations, recruiting practices, mental aberrations, religious obsessions and behavioral phenomena of those committing atypical altruistic suicide.

According to Bukay (2006), Western analysts and academics tend to explain away suicide bombings with discussions of "root causes" that omit their religion. These "root causes" focus upon a "history" of exploitation by Western powers, Israel's existence, government oppression, poverty, lack of education, and alienation as the reasons why suicide bombers blow themselves up while murdering others.

Studies of Islam indicate that the religion forbids suicide, which is considered selfish and weak. In contrast, "*Istishad*" is martyrdom/self-sacrifice to Allah. In addition, the shortest path to Paradise is death during *Jihad*, which washes away sins instantly and allows the Jihadist to physically ascend to heaven adorned with *Bassamat Al-Farah*: The "smile of joy" at martyrdom.

Needs of Atypical Altruistic Suicidal Terrorists:

- A need to commit murder rather than "suicide" (suicide is a by-product of the attack).
- A need for personal vengeance – nearly all reportedly have a relative/friend perceived to have been wronged by the target.

- A need for altruistic vengeance – (e.g. payback to “enemies” for the humiliation of the “homeland”).
- A need to generate high-visibility acts of vengeance.

#### Common Al-Qaeda Recruiting Practices:

- The potential Jihadist must not be the sole wage-earner in a family.
- Only one member of a family may be selected for Jihad.
- The potential Jihadist is invited to meet the Jihad Committee in a public area.
- The potential Jihadist is queried about their religious and political knowledge and views.
- All debts of the potential Jihadist and his, or her family are promised to be settled.
- The potential Jihadist's family will be supported and honored for their sacrifice.

#### Mental Aberrations / Indoctrination:

- Common psychological disorders are not evident (e.g. criteria reported in the DSM IV TR).
- Indoctrinated to believe in their own physical immortality.
- Indoctrinated to believe that Jihadist actions are sanctioned by Islam / Allah.
- Imprinting of afterlife rewards (e.g. will be in the presence of Allah and the prophet Muhammad; the Jihadist can intercede for 70 loved ones to accompany him to paradise; the Jihadist will have 72 Houris - the Beautiful Virgins of Paradise - at his disposal, etc.);
- Will receive the title - “*Al Shaheed Al Hayy*” (The Living Martyr).

### Behavioral Phenomena During Islamic Jihadist Suicide Attack:

- A Koran carried inside clothing;
- All body-hair shaved from body,
- Body “purified” with various oils,
- Quiet chanting of religious phrases,
- A spring-detonator button taped to the palm of the right hand,
- An ear piece repeating such recorded encouragements as, *"Allah is with you, Allah welcomes you, Allah Akbar;"*
- Psychotropic drugs.

The letter “**L**” in the FCI investigative template, S-U-I-C-I-D-A-L, pertains to six self-explanatory criteria that should be evaluated in an investigation of a possible attempted suicide, or the investigation of a death that may be a suicide. These criteria are listed as follows:

1) **L**ife-style in turmoil:

This may be illustrated by on-going dysfunctional episodes of poor judgment, poor decision making and indications that the individual is prepared to try another alternative - which may involve suicide.

2) **L**ove of life is ended:

An illustration of the end of love of life can be seen in the suicide note of film director James Whale, which he wrote on May 29, 1957. Whale wrote, "The future is just old age and illness and pain.... I must have peace and this is the only way."

3) **L**ack of purpose in life:

An illustration of a lack of purpose in life can be seen in the suicide note of writer Hunter S. Thompson on February 20, 2005, when he wrote, "Football Season Is Over. No More Games. No More Bombs. No More Walking. No More Fun. No More Swimming. 67. That is 17 years past 50. 17 more than I needed or wanted. Boring. I am always bitchy. No Fun for anybody. 67. You are getting

Greedy. Act your old age. Relax. This won't hurt."

4) Legal issues:

Self-destruction may result as the consequence of unresolved civil and/or criminal legal issues. Although occurring in Finland, Joukamaa (1997) reported that 47% of the deaths in Finnish prisons were suicides

5) Loss:

The nature of a loss may be either tangible (e.g. loss of a job, loss of property, the death of a loved one - including a beloved pet, etc.), or intangible (e.g. loss of prestige, status, reputation, celebrity, etc.).

6) Loneliness:

Loneliness may also be an element of depression, but may be more easily recognized by an investigator. According to Colt (1991), "Clinicians have tried to isolate that factors that separate suicidal depression from depression, but they tend to come up with descriptive abstractions like 'loneliness' and 'isolation'..." (page 45).

In reference to the investigation of possible *Subject Precipitated Homicide*, the letter "L" in the FCI investigative template provides an additional criterion that should be evaluated in an investigation of any planning and/or arrangements that may have contributed to a *Subject Precipitated Homicide*. This factor is described as follows:

1) Life-threatening action[s] aimed at provoking lethal force by another person:

The investigation of a possible *Subject Precipitated Homicide* should attempt to determine if body movements, gestures and actions by a suicidal individual trying to provoke a peace officer into using lethal force to cause their death involved behavior[s] that a reasonable peace officer could interpret as a deadly threat.

## Conclusion

The criteria in the FCI mnemonic, "S-U-I-CI-D-A-L," are intended as a tool to aid an investigator in focusing on areas that may assist in determining what was occurring in a suicidal individual's life prior to an attempted, or actual suicide. The issues listed under the captions, *Subject Precipitated Homicide*, do not exist by themselves. They are collateral issues that may be specific to cases involving a possible *Subject Precipitated Homicide*.

There are no point values tied to a specific criterion in the FCI mnemonic. Each of the specific factors illustrated should be weighed in reference to its specific significance as a possible indicator of suicidal behavior.

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