

The Elephant in the Room Can No Longer Be Ignored: Police Suicide

By Bob Long D/LT. (Ret.) Mass State Police

June 20, 2025

More police officers die by suicide each year than are killed in the line of duty. Blue H.E.L.P., an organization that tracks police suicides, reported that 228 officers took their own lives in 2019—far surpassing the 132 officers who died in the line of duty that same year.

Even more troubling is the fact that suicide can become contagious within a department and come in clusters. In November of 2023, four current and retired police officers from the Los Angeles Sheriff's Department, both male and female, died by suicide within the same 24-hour period. In early 2025, four current and former Harris County, TX Sheriff Deputies, both male and female, died by suicide within a six-week period. Last month, a Lawrence, MA Police Officer took his own life and days later another Lawrence officer's wife committed suicide. It was a very sad period for Lawrence PD to bury both in the same week. Yet, incredibly this week, a second Lawrence officer committed suicide while another officer's wife died from a heart attack. Finally, a MA trooper who died years ago in a tragic cruiser accident left behind seven children. Tragically, last year his wife committed suicide.

According to the New England Police Benevolent Association, 15 police officers in New England have taken their lives during the first four months of 2025, with 11 of those deaths occurring in Massachusetts. The true numbers are likely higher, as many suicides go unreported to organizations that track these statistics. A 2018 study estimated that alcohol is a factor in 85 to 90 percent of police suicides nationwide, with firearms being the most common method.

When I first came on the job, there was no stress unit to help us cope with the aftermath of traumatic incidents. In the early 1970s, one of my academy classmates—who was stationed with me in Concord—responded to a horrific crash on Route 128 in Waltham. A vehicle traveling southbound became airborne, flew over the guardrail, and crashed into the windshield of a car traveling northbound, decapitating the driver. The very next day, my classmate was back at work as if nothing had happened. I don't know if he ever received help to deal with that horrifying memory, but I imagine it has haunted him throughout his retirement.

In 1974, while working undercover, I was shot and wounded by friendly fire during the arrest of an armed federal fugitive wanted for firearms trafficking and multiple armed robberies. As I attempted to extract the subject from the back seat of a car, he reached for his .357 Magnum. Thankfully, Trooper Ronnie Guilmette and Special Agent Bob MacDonald of ATF, were better marksmen, and immediately neutralized the threat. Six weeks after surgery, I was itching to get back to work. Like many of us, I accepted that this was just part of the job we signed up for.

However, the trauma didn't end there. Several months later, the suspect's family requested an inquest. After several days of testimony, the judge eventually ruled the shooting justified. But two years later, just before stepping out on New Year's Eve, I was served legal papers by a U.S. Marshal: the family was suing us for millions in a wrongful death case in federal court. The family's two attorneys—one later imprisoned for mob-related crimes and the other disbarred for serious misconduct—alleged we were corrupt cops engaged in clandestine illegal activity. The media ran with these false allegations, devastating not only me, but my family and loved ones. It was one of the lowest points of my life. Thankfully, Judge David Mazzone saw through the baseless claims and granted summary judgment in our favor and threw the case out of court. Of course, the press never followed up to report that we had been cleared.

Years later, I faced another intense period of stress during a painful divorce and a custody battle for my two children, one of whom was battling a life-threatening disease. The emotional toll triggered physical symptoms: TMJ, cracked teeth from grinding, heart palpitations, digestive issues, anxiety, depression, weight loss—and eventually alcohol abuse to help me sleep. Outwardly, I worked hard and appeared strong while running the Middlesex DA's Office, but inside, I was breaking. I knew I needed help.

By then, the department had a one-person stress unit, but I was reluctant to use it. My ego was too big to let anyone know I could be struggling and feared the stigma, worried about how I would be perceived by leadership if word got out. As cops, one of our most valuable survival traits is cynicism: trust no one. But that cynicism can work against us when we need help the most. So, I stayed silent.

As time continued to pass, I began to suspect I might be suffering from accumulative PTSD, following a series of high-profile investigations and responding to critical incidents. One day, while working a detail at Logan Airport, I stepped into a phone booth (remember those?) and rifled through the Yellow Pages. I found Catholic Charities and reached out for help—quietly and confidentially. No one on the job ever knew. I later returned for additional counseling after investigating numerous gruesome murders, some involving children, and following testimony in a murder trial where a mobster's son had hired a Winter Hill Gang hitman to kill me. When the hitman was arrested, authorities found a card in his wallet containing my name, a description of my undercover car, my license plate number, and even the fact that I kept a Red Sox hat in the back window. Sometimes, you simply need to talk to a professional who isn't emotionally involved, just to vent.

Why am I sharing all this? Because I know I'm not alone. Many of you have endured your own emotional and physical battles after responding to countless critical incidents. If sharing my story helps even one brother or sister trooper step back from the edge, then it's worth it. I also want you to know that times have changed. Getting help no longer carries the stigma it once did—thankfully.

About a decade ago, I served as Chairman of the Boston Police Foundation, a nonprofit that raises private funds to address budget gaps for technology, training, equipment, officer wellness, and safety programs. After several Boston officers died by suicide, the Board and I made suicide prevention and stress reduction our top priority. We raised over \$1 million, brought in mental health experts, and hosted presentations by **Dr. Kevin Gilmartin**, a former police officer and world-renowned behavioral scientist. His presentation was a tremendous success, leading many officers to seek support through the department's Peer Support Unit.

In years past, many officer suicides were quietly written off as accidental firearm discharges to ensure families would not lose insurance benefits. As a result, the underlying causes were rarely examined or addressed. Thankfully, that's no longer the case. In 2022, Congress passed the **Public Safety Officer Support Act of 2022**, which provides federal benefits to families of officers who die by suicide, provided the officer had sought help at some point beforehand. This was a major step forward.

Unfortunately, I know of no organization that tracks suicides among retired officers. Yet we've all known too many colleagues who have taken their lives after retirement. It's a shame we can't simply deposit our emotional burdens into a dumpster behind the Supply Depot when we turn in guns and uniforms.

If you, a family member or a colleague are struggling, I strongly encourage you to contact the department's Employee Assistance Unit (EAU). Even in retirement, emotional wounds may still be directly tied to our time on the job. Today, the EAU is staffed by 12 trained officers who provide confidential, anonymous support. They take no notes, no names, and offer a safe space to vent or seek guidance where to get help, including for PTSD. If you're still reluctant to contact EAU, hotlines such as 1-800-COPLINE—staffed 24/7 by retired officers—are also available.

You should also know about the **LEADER Program**, developed by the former head of Boston's Peer Support Unit in partnership with McLean Hospital ([617.855.3141](tel:617.855.3141)). This program offers inpatient and

outpatient mental health and addiction services exclusively for current and former police officers and military members. A review on their website from a 20-year veteran reads: "Ordinarily, I would not be receptive to this type of environment, but I was very comfortable with the counselors, other officers, and the way we were treated by the McLean staff."

Currently, I'm working with SPAM President Brian Williams and FMSTA President Jim Lane to secure a corporate sponsor so that every current and former trooper receives a copy of Dr. Gilmartin's book, ***Emotional Survival for Law Enforcement: A Guide for Officers and Their Families***. A retired commander from the Las Vegas Metro Police Department once said of the book: "Dr. Gilmartin's book has probably saved more lives, marriages, and careers than all the classes and seminars put together. It should be required reading for every cop." We're presently in discussions with a sponsor to fund 3,000 copies. If you know of others who may be willing to contribute to this important cause, please contact us.

In closing, I was inspired to write this article after spending time with the widow and children of a retired trooper who committed suicide a year after retiring. I'm confident, if that officer knew of the emotional, psychological, and financial nightmare he left behind for his family to deal with, he never would have followed through in the execution of his plan. If you see a brother or sister in blue struggling, do something!