Journal of
COMMUNITY SAFETY & WELL-BEING
A Decade of Building Safer and Healthier Communities

CELEBRATING 10 YEARS 2016 - 2026

Illuminating hope in first responder suicide pre- and post-vention

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This commentary and vignette draw upon the author's research and work (Thompson, 2022, 2025a, 2025b) and practice in conducting psychological autopsies following first responder suicides and, more broadly, his narrative psychology research. Informed by the foundational work of Knoll (2008, 2009), Leenaars (Leenaars, 2017; Leenaars et al., 2018), Mann (Kelly & Mann, 1996; Mann, 1998; Zalsman et al., 2016), Marzuk et al. (2002), Schneidman (1981, 2004), and others, the psychological autopsy collaborative approach examines the complex psychological, occupational, interpersonal, and contextual factors that contribute to suicide among first responders.

Beyond advancing scientific understanding, psychological autopsies seek to preserve the inherent humanity of those who have died by suicide, ensuring that their lives are understood as rich and multidimensional rather than reduced to isolated variables or aggregated data. Conducted in partnership with surviving family members, friends, and colleagues, these investigations are guided by two complementary objectives: to honour the life of the deceased while affirming that suicide should never be viewed as an inevitable or acceptable response to life's stressors, and to generate knowledge that informs future suicide prevention efforts.

While psychological autopsies are traditionally used to reconstruct the circumstances surrounding a suicide death, they also offer a unique opportunity to understand the individual's lived experience through the narratives of those who knew them best. In this way, these narratives do more than provide contextual information. They generate scientific knowledge while preserving the humanity of the person whose life is being examined. Narrative, therefore, is not merely a means of communicating research findings but an integral component of understanding the complex psychological, relational, and occupational contexts that shape suicide risk.

The vignette that follows is a composite narrative informed by findings from nearly 200 psychological autopsies involving first responder suicides. Although fictionalized to protect confidentiality, it reflects recurring themes identified across investigations. By presenting these findings in narrative form, the commentary seeks to humanize the lived experience of those affected by suicide, reinforce the value of narrative as a means of scientific inquiry, support ongoing suicide prevention efforts, and foster hope, understanding, and compassion among those who continue to serve and those who support them.

> We later learned that they felt trapped—no escape at work, no refuge at home. They believed nothing could change it, not by them, not by anyone. If anything, they were convinced it would only get worse.
>
> At work, they felt utterly disconnected, yet believed they were able to mask it so well that no one suspected a thing. This constant theatric-like performance was exhausting—physically and mentally. They loved their direct co-workers, but the disillusionment with the leadership above them grew like weeds strangling a tree, slow and constant. They were certain those executives no longer cared about the mission and purpose, yet also wondered if those leaders ever cared. Instead, they were convinced leadership fixated on petty, meaningless things, eroding what they believed was the nobility of their profession. And the most devastating part was they felt certain those people were winning.
>
> At home, though they were present in body, they felt absent in every way that mattered. Family gatherings felt hollow. The gym, once an outlet, became another empty ritual. Even time with the person they loved of four years felt pointless. They would explode in anger over what they believed was constant nagging, only to be crushed immediately afterward by guilt—because they knew it wasn't their partner's fault. It was theirs.
>
> The light stopped shining through the trees for them.
>
> They realized they couldn't bench-press their way out of this. They now knew the road they were on ends at one place, and one place only: their end. The strong, chiselled exterior had become nothing more than a façade of flimsy cardboard—beyond repair on the inside, and no one knew.

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To cite: Thompson, J. (2026). Illuminating hope in first responder suicide pre- and post-vention. *Journal of Community Safety and Well-Being*, 11(3), 161–162. https://doi. org/10.35502/jcswb.595

SG PUBLISHING Published by SG Publishing Inc. CSKA Official publication of the Community Safety Knowledge Alliance.

> In the end, they despised alcohol, yet its firm grip over them only tightened. Alcohol became a way to briefly numb the nightmares—the ones that replayed past traumatic work incidents over and over, or dragged up pieces of a childhood that still haunted them, and because they didn't understand why they remained, it enraged them.
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> Despite their best solitary efforts, the memories never stayed buried.
>
> They carried the constant weight of believing everything was their fault. In their last day, in a state of total emotional numbness—cut off from the world and from themself—they reached one terrifying clarity: the only way out was to take their own life.
>
> In their note, they shared thoughts that were never voiced to anyone, even those closest to them, and emotions they believed were long gone. For them, their pain was unbearable and they were certain everyone would be better off without them around.
>
> The shock still reverberates through co-workers, with many saying, "No, not them, of all people." For others in the department, the chatter amongst some is murmured while others, including those who didn't know them directly, said it freely out loud, "What a coward's way out." Some of their family still struggle to truly comprehend the loss and wonder if they could have done something to prevent it.
>
> Suicide leaves a unique and distinct long, dark wake—its ripple spreading silently and relentlessly, as if searching for the next person to pull under.

But the story does not have to end there.

The same silence that allowed their pain to grow is the very thing that can be broken. The ripples of their loss are a reminder—not just of what was taken, but of what must be protected. Of the conversations we hesitate to start. Of the pain we assume we should carry alone. Of the strength it takes to admit we are not okay. As strong as we all are, real strength also entails in realizing we do not have to take on these struggles alone.

Hope lives in noticing the weight behind a smile. Hope lives in checking on the strong ones, in creating spaces where asking for help is not seen as weakness, but as courage. Healing begins when we choose to reach toward one another instead of turning away, when we decide that no one should have to fight their darkest moments in isolation. Hope illuminates a path forward.

Their life mattered. Their pain mattered.

And the way we honour them now is by holding one another closer, listening more carefully, and choosing—every day—to remind those who are struggling that there is still a way forward, and they do not have to walk it alone.

Leaders must calibrate their moral compass so that their values are reflected not only in what they promote, but also in what they refuse to tolerate. When leaders fail to confront behaviours that devalue and undermine the humanity of others, it permits a relentless, toxic culture to become entrenched—one in which personnel remain deeply committed to serving their communities while dreading the organization they serve.

What continues to make the various first responder professions honourable and worthy are the men and women doing the work each day. The humanity of our professions needs to be illuminated, and we each can help make it shine today and going forward. This is what real hope is and you are part of it.

Onward, together.

CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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