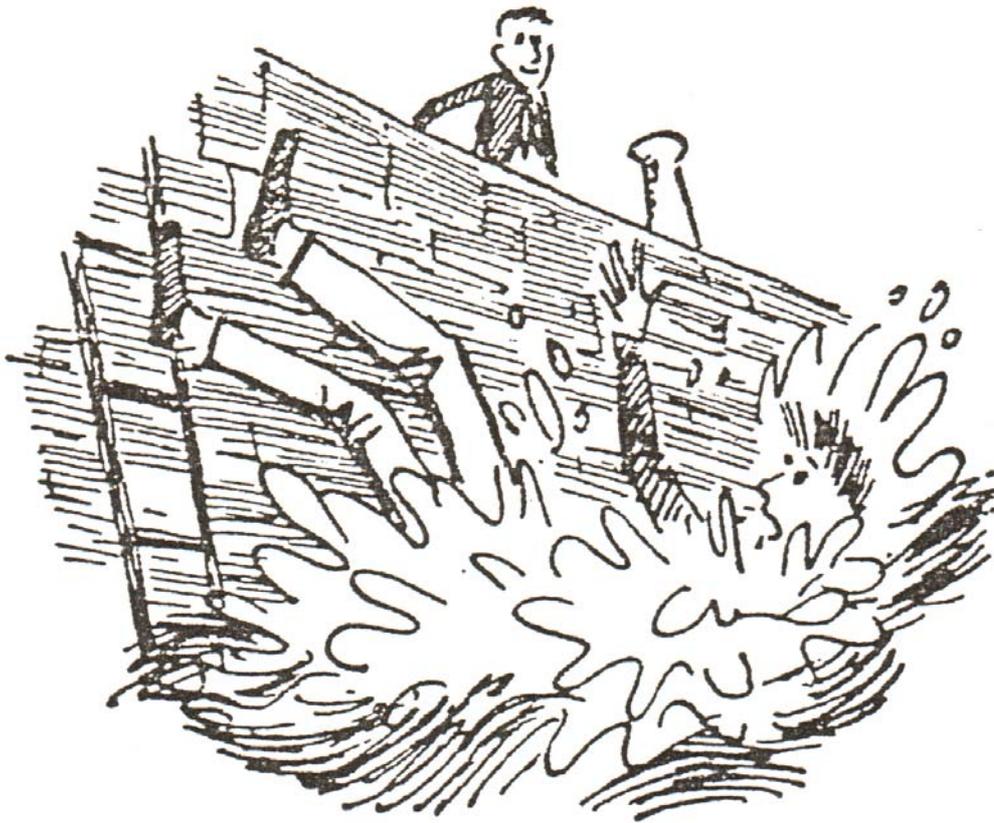


SUICIDE BY DROWNING

**A study of Ireland's experience and a discussion
on the possible implications for lifesavers.**

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DEDICATION



Nicholas O'Brien 1920 - 2004

This essay is dedicated to the memory of one of Ireland's lifesaving giants, Nicky O'Brien, who died in March 2004 aged 84 years. Nicky served on the Republic of Ireland Branch Management Committee for over 50 years. The following extract from the 1947 Royal Life Saving Society Annual Report describes one of two night rescues performed by Nicky in Dublin's River Liffey. The second later rescue involved a woman committing suicide who resisted being rescued. On landing the struggling woman on steps he was arrested by a policeman giving the woman time to jump back into the river and drown.

“ On the night of 9th November 1946, a drowning took place in the heart of the City of Dublin when *a gallant would-be rescuer lost his life* in the presence of hundreds of citizens while attempting to save a woman. This drowning took place close to Parliament Street Bridge. Fortunately a double drowning was averted by Nicholas O'Brien who arrived on the scene and without hesitation dived into the icy water to put into practice the early training he received whilst a member of The Catholic Sea Scouts of Ireland. O'Brien has to his credit many rescues effected at Killiney Beach where he was employed for over seven years. He has the distinction of being the first beachguard in Ireland, and without a drowning in his area while so employed. It is pleasing to record that he suffered no ill-effects from his trying ordeal and was favourably commended by the District Justice in the subsequent court proceedings. Application was made for recognition to The Royal Humane Society.

Subsequent to this drowning, and as a result of the report made to this Society by O'Brien, representations were made to Dublin Corporation and the Dublin Port and Docks Board to have the ladders on the Liffey walls made more easily discernible at night. The request was acceded to with promptness and we are indebted to those two bodies for painting the walls white in close proximity to each ladder so that they can be discerned on even the darkest night.

To bring home to all how each one can help in some small way in drowning accidents it should be mentioned that when O'Brien was bringing the woman to the side walls of the river he was greatly relieved to see on the nearest ladder a flickering light coming from a cycle lamp which an on-looker had suspended by aid of a piece of string. Only for this guide both of them might have been carried down the river and would have certainly been longer in the cold water.”

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Suicide by Drowning

by **John Connolly** (The Irish Lifesaving Foundation) 2006

Introduction

Drowning is the second leading cause of unintentional injury death globally (World Health Organisation²²) and in children under the age of 5 is the leading cause of accidental death.¹⁶ It is therefore understandable that the main focus of lifesaving and water rescue organizations is on the prevention of accidental drownings but, according to The Irish Association of Suicidology, “around the world there are about one million suicides a year, including more than 6,000 people in the UK and Ireland – that’s almost double the number dying from road traffic accidents. Around 1,500 of these are women.”¹⁹ Suicide numbers have risen steadily over the last thirty years in many countries²³ with few studies on those who choose drowning as the means of killing themselves.¹² In this essay I will look at Ireland’s experience in this area and discuss possible implications for the training of lifesavers.

Suicide in Ireland

The Republic of Ireland has a serious suicide problem with drowning as the method of death chosen by one-fifth of males and one-third of females. Between 1970 and 1999 the suicide rate in the Republic of Ireland increased more than six-fold, from 1.8 per 100,000 to 11.7 per 100,000 population and was the second most common cause of death among 15 – 24 year old males (after road traffic accidents and a number of single occupant crashes are now thought to have been suicide by car).¹⁸ The average number of recorded suicide deaths in Ireland in the 1960’s was 64 persons per annum but by the year 2000 it had risen to 400 plus. In addition about 11,000 persons annually are treated in Irish Accident and Emergency Departments following suicide attempts (parasuicide),¹⁸ establishing that for every completed suicide in Ireland there can be as many as 25 unsuccessful attempts.* Irish Water Safety (2004) analysed 1800 drowning deaths in Ireland in the 10 years up to 2002 and determined that 40% of entries were accidental, 6% undetermined and 54% suicide. They identified 968 suicide by drowning deaths (703 male: 265 female) in that ten year period¹¹. An earlier analysis of drowning statistics published by Ireland’s Central Statistics Office for the ten years 1980 to 1989, showed that out of a total of 2065 drowning deaths 43% were accidental, 23% uncertain and 34% suicide.³ It should be noted that at that time in Ireland unless there was clear evidence of suicide an uncertain verdict was returned, thereby resulting in an under-reporting of all suicide deaths.^{6,18} All countries have some suicide deaths ** (the US Center for Disease Control reported 971 suicide by drowning deaths in the USA between 1999 and 2001) so suicide by drowning should be considered as a possibility in water rescue situations not involving very young children.^{12,23}

Suicide by drowning

In my opinion, some current rescue practices assume that the person in difficulty wants to be saved and if made buoyant and able to breathe will not resist being rescued. What if this is not always so? What if the person has entered the water with the intention of killing him or herself?

Recognition

Can a rescuer differentiate between an accidental and a deliberate entry into water? A rescuer may have observed the casualty climb over a safety barrier and jump into the water and be in no doubt but, if this is not the case, there are a number of indicators associated with suicide by drowning that may be helpful in making a determination;

- a) Time: **at night between 10.00pm and 2.00am.**
Research indicates that most deliberate entries take place during this 4 hour time period^{4,5,11}
- b) Day : **a week-end or a Monday**
Most suicide deaths take place between Friday and Monday nights, with Monday being the prime day^{4,5,11}
- c) Entry Point: **from a bridge over a river.**
This is the most common entry place when nearby; the entry point often being the centre of the bridge where the water is presumed to be deepest. Also the person wants to kill him or herself and will try to avoid injury during the entry.^{4,5} A pier or waterfront may be used if there is no available bridge or the person is at the seaside.⁷
- d) Method of Entry: **a jump into the water.**
Research by Irish Water Safety indicates that, where it was possible to establish the fact, those who choose to deliberately drown themselves were often poor or non-swimmers.^{4,5,11}
- e) Sex of the person: **most likely a male.**
Male drowning suicides outnumber female by a ratio of 4: 1 and by a higher 5:1 ratio in the 15 to 35 year age groups.¹⁸ Although it will be difficult to distinguish between males and

females at a distance, especially in the dark, there may be discarded clothing or items at the entry point that will help establish the sex and size of the victim.

- f) **Age:** **in the 15 to 35 years age range**
 One in five of all suicides in Ireland in the five years period 1998 to 2002 were young males in the age range 15 to 24 years. Discarded clothing may help with this determination.^{5,11}
- g) **Alcohol:** **most likely to have been drinking beforehand**
 There is clear evidence that a majority of males and a high percentage of females who attempt suicide drink large quantities of alcohol before entering the water. The younger the person the more they apparently drink. In a number of cases the person who drowned was observed leaving a public bar and jumping into a nearby river.^{5,11,15,18}

Once the victim is in the water what other factors come into play?

If a person jumps into water from a height he will submerge immediately on hitting the water. Although he may not have wanted to injure himself, hitting water after a long fall can be as traumatic as hitting concrete. He may be knocked unconscious, fracture bones and damage internal organs.^{2,7} The impact with the water following a jump from even a low bridge may expel air from the lungs. In many places river water is cold, having originated in mountains, so the effects of cold water on the human body is an immediate factor - he will certainly experience cold shock as it is instinctive. He will inhale, and since he is underwater will draw water into his airway^{5,10,24}. The water may not enter his lungs immediately but could trigger a reflex closing of his vocal chords, thereby blocking his airway leading to hypoxia i.e. a reduction in available oxygen. If he is conscious he will experience a distressing choking sensation. Some water will probably enter his stomach causing him to vomit.^{10,24} Once in the water it used to be thought that a person, not wishing to drown, would thrash about trying to keep his head above water whilst a suicide would quietly submerge. This has been shown to be wrong. Research into drowning responses, such as that conducted by Frank Pia in the USA²⁴, concluded that many drowning victims are unable to lift their hands out of the water to wave for help or are even capable of shouting for help— all they want to do is breathe. If one has not seen the victim before they entered the water it is very difficult to establish if the person in the water is male or female, young or old, and by their actions in the cold water if they are trying to save themselves or not. It is important to remember that all this could be taking place at night, in cold water, with a victim who has most likely drunk a lot of alcohol and is wearing street clothing. The clothing may provide some buoyancy initially¹⁰ due to air being trapped inside it but gradually this will be lost. The impact on entry from a height into water, however, may expel most of the trapped air unless the clothing is waterproof with good neck and wrist seals. The movement of water around a bridge will often produce eddies that can pin a victim to the bridges legs (above or below the waterline).¹⁷

What can a rescuer do?

The experiences of Irish police officers is that victims do not respond to aural or visual signals (Shout and Signal) and will ignore aids that are offered or thrown to them (Reach and Throw)⁵. Because the entry is often from the centre of a bridge into the middle of a river the distance from the river bank to the victim may immediately rule out any possibility of a reaching or throwing rescue other than with a throw bag. An analysis of police rescues established that when contact was made with the person in the water none accepted a pro-offered rescue aid (usually a ring buoy) or resisted being towed to safety by a swimmer.⁵ Most were unconscious or barely conscious when rescued . In almost all cases it was necessary for a police officer to enter the water; even when a boat was used in the rescue as the victim was unable to climb aboard and an officer had to enter the water to assist in the recovery.⁵ This was a consequence of the boats being leisure or work craft with high freeboards and/or the casualty being unable to lift his hands. The conclusions drawn from the rescue reports studied is that in the majority of suicide incidents if a successful rescue is to take place it will most likely have to be a swimming rescue. Reports show that buoyant objects were thrown to those in the water with little success; where boats were at hand and launched unless those in control were experienced and knowledgeable about boats and the river they were often more of a liability than a help. Having thrown, or more properly having thrown away, any useful buoyant aids at hand bystanders often finally attempt an unaided swimming rescue. They may be good swimmers but once a rescuer enters the water he or she is subject to the effects of cold shock and river eddies. Once in the water the swimmer will experience breathing problems; trying to swim whilst unable to breathe properly will worsen the situation. If the swimmer has a heart problem they may suffer a heart attack in the water or experience chest pains.^{8,10,17} They may also have been drinking themselves and are liable to vomit. Research has established that cold water reduces swimming ability substantially and a rescuer may only be able to swim a third or a quarter of the distance achievable by them in a warm swimming pool, meaning that they will probably have overestimated their swimming ability.^{8,10} Should the rescuer succeed in reaching the victim they will now have to support the victim, unless they have a buoyant aid, as well as swim and tow them to safety – if they are aware of the location of an exit – while he or she steadily grows weaker the longer they are in the water. Successful rescues do take place and rescuers do drown during a rescue attempt

with the occasional ironic twist that the original suicide victim survives the incident. There is evidence that the longer a person struggles to survive the more carbon dioxide is in their blood (lowering the pH) and if removed from the water not breathing, the more difficult it is to successfully resuscitate them; whilst the suicide, who hasn't struggled for long, has a lower level of carbon dioxide in his blood (closer to normal pH) and therefore a better chance of being resuscitated successfully.

The training of lifesavers

Trained lifesavers should always consider land based rescues first before attempting a swimming rescue. In making a decision the following should be considered;

- a) **Don't needlessly throw away buoyant aids.**
If the victim is within throwing distance and a rope and buoyant aid are available, tie the rope to the aid and attempt a throwing rescue. If there is no way of recovering a buoyant aid and others are not available, save it for a possible swimming rescue (Swim with an Aid).
- b) **Know where and how you are going to exit from the water before you enter it.**
If you are alone and are not certain where you can get out with the casualty don't enter the water. Remember this will most likely be a night rescue and although there may be light at the entry point it could be dark at the potential exit point. Allow your eyes to adjust to the dark before leaving the safety of the entry point.
- c) **Don't dive into the water**
There may be hidden objects under the water that will injure you plus you too are subject to cold shock and will need to reduce its effects. Underwater search teams report that when bridges are being built construction workers often throw left over materials into the water under the bridge. Lower yourself into the water slowly to avoid a sudden reaction to the cold, keeping your head out of the water. If you vomit or suffer chest pains get out of the water .
- d) **If you are determined to enter the water bring at least one buoyant aid with you**
If a buoyant aid and a rope are available it may be possible to swim to the victim and have others on the river bank pull you and the casualty back to safety. Don't throw the aid into the water first as it may float away from you – carry it with you. Rescuers are subject to cold shock so use the buoyant aid to keep your head out of water while your eyes adjust to the darkness in the water and your body adjusts to the cold. If you find that you are uncertain about your own safety you should use the aid to save yourself. If more than one aid is available bring them with you as you may lose your own ability to swim as the rescue attempt unfolds and you add to the number of casualties in the water .
- e) **When you reach the victim adopt a stand-off position and reassess the situation**
Stop two to three metres (7-10 ft) away from the casualty, keeping the buoyant aid between you, and try talking to him. He may or may not react to your voice. Ask yourself these questions: Is he conscious? Is he in a panic? Are you exhausted yourself? Where are you in relation to your planned exit point? If you take hold of him can you support both of you with your faces out of the water (with and/or without the buoyant aid)? Has anything changed since you entered the water (the arrival of a rescue boat maybe)? Asking these questions will only take seconds but are necessary as unless you are certain that you are fit to carry out your rescue plan you must put your own safety first and leave the victim to others. Once you take the victim into a carry you will lose a lot of manoeuvring ability and although you may reach the river bank you might not be able to climb out of the water yourself or pull the victim out unaided. The experience of police officers was that it often took more than one officer to recover a victim from the water.

Why should I risk my life to save someone who is trying to kill himself?

A friend of mine, a police sergeant, who has investigated over 50 drowning deaths, believes that when the suicide starts to drown an inborn instinct to stay alive overpowers the desire to die and the person tries to save themselves but it may be too late. For this reason he claims that no drowning death can be truly and absolutely declared to be a suicide, even if the entry is deliberate. The Irish experience is that the majority of persons who attempt suicide are suffering from some form of mental illness. In many cases the illness is not recognized until after they have been rescued. Statistics show that some of those saved do try to kill themselves again and some succeed in doing so but most, with treatment, go on to lead full productive lives.^{15,18}

Two out of 26 survivors of Golden Gate Bridge jumps are quoted in an article by Tad Friend in The New Yorker (13/10/2003). Paul Alarab said "It seemed like the fall lasted forever. I was praying to God to give me another chance." Ken Baldwin stated that feeling depressed he went to the bridge, counted to ten and vaulted over the railing. He said "I can still see my hands coming off the railing. I

instantly realized that everything in my life that I thought was unfixable was totally fixable-except for my having just jumped.”

* Dr Tim Kendall, Consultant Psychiatrist and Co-Director of the UK National Collaborating Centre for Mental Health stated in the press release (2004) titled New Guidelines to standardize care for people who self-harm ; “ 170,000 people a year attend emergency departments because they have self-harmed (in the UK), of those an estimated 80,000 never receive a psychological assessment or follow up even though the risk of committing suicide after self-harming one or more times is 100 times greater than the average risk in the population. ” www.nice.org.uk

** The Irish Association of Suicidology, Newsletter, Volume 1. No. 3, Autumn 2004, page 1
 “ Ireland has the 17th highest suicide rate in a table of 24 countries compiled by the World Health Organization.

Our suicide rate is listed as 10.2 per 100,000 but the UK has seven per 100,000 and Greece, (3.1). Latvia stands at the top of the table with a rate of 28.8 per 100,000, followed by Hungary (27.7), Slovenia (25.5) and Estonia (24.5). The rate for France is 15.1 per 100,000 while in Denmark it is 12.5 and Sweden 12.3 according to the list. The organization said that, while around one million people die of suicide in a year worldwide, around ten to twenty times more attempt to take their lives. This amounts to one death from suicide every 40 seconds.

The toll indicates that more people are dying from suicide than in all of the several armed conflicts around the world. In many places the suicide total is the same or more than those dying from traffic accidents.....

It (WHO) cautioned that whenever figures are presented or discussed there is always someone to question reliability, insisting that in many places it is hidden and that the real figure must be higher. In the last 45 years suicide rates have increased by 60% in some cases, the WHO pointed out. ”

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WHO Press Release in conjunction with World Suicide Prevention Day on Friday 10th September 2005, reported in the Irish Examiner 07/09/2005 ;

One person takes their life every 40 seconds by Caroline Gammell

Someone somewhere in the world commits suicide every 40 seconds and someone else tries to take their own life every three seconds. The World Health Organisation (WHO) statistics have been highlighted to coincide with World Suicide Prevention day on Friday, September 10. A suicide every 40 seconds amounts to almost one million deaths a year across the world and that figure is expected to rise to 1.5 million by 2020. Suicide accounts for almost half of all violent deaths in the world, according to the WHO.

There were 6003 suicides and undetermined deaths in Ireland and Britain in 2003 – approximately three times the number of road accidents. The highest rates of suicide are found in Eastern Europe while the lowest tend to be in Latin America and Muslim countries. Aside from rural China, more men than women died from suicide

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