

**Report to the
London Police Service and
London Community on the Deaths of
David Lucio and Kelly Johnson**

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**Prepared for:
Chief Murray Faulkner
London Police Service**

May 20, 2008

Overview of Committee Mandate

Opening Statement: *The committee wishes to express sincere condolences to the family and friends of David Lucio, to the family and friends of Kelly Johnson, and to the police officers and staff of the London Police Service. We also thank them for their cooperation, not only to understand the tragic events, but also for their input into the recommendations. We also recognize the profound effect that the tragedy has had on the London community.*

David Lucio died by homicide on the June 7th, 2007. Kelly Johnson died by suicide following the homicide of David Lucio on the June 7th, 2007. They had been police officers of the London Police Service. Chief Murray Faulkner, LPS, on June 11th, 2007, released the following report to the public:

“As a result of a case conference and extensive investigation involving members of the Regional Coroners Office, the Pathologist and the London Police Service, the Coroner has determined that retired Superintendent David Lucio died as a result of sustaining a single gunshot wound. The investigative findings indicate that the passenger of the vehicle, Acting Inspector Kelly Johnson, fired the gunshot that killed David Lucio prior to taking her own life with a single gunshot. As a result this tragic incident has been determined to be a murder/suicide.”

The London Police Service, as part of its response, established a committee, with Dr. Antoon A. Leenaars, Dr. Peter Collins, and Ms. Deborah Sinclair, to investigate and examine this tragic murder/suicide. The background of the committee members is summarized in Appendix A of this report. On July 9th, 2007, Chief Murray Faulkner requested an examination of the following:

- “The extent to which the murder/suicide was predictable and preventable.
- What safeguards could be in place to reduce the risk of future incidents?”

A psychological autopsy was conducted as part of this review. A psychological autopsy involves an analysis of available data and evidence, such as personal documents, reports, electronic mail, and third-party interviews to understand the reasons and dynamics underlying a tragedy. In this matter the psychological autopsy was developed in the context of David Lucio’s and Kelly Johnson’s lives and addressed the fundamental questions, ‘Why did the homicide-suicide happen?’ and ‘What can we do to prevent a similar occurrence?’

Throughout our investigation, the committee has taken its responsibilities very seriously and acted diligently with the charge of not only understanding the tragedy but also for making recommendations that will hopefully save lives in the future with regard to suicide and homicide-suicide at the London Police Service or other police services who may face similar circumstances.

Homicide-suicide is a complex and multi-determined event. People are naturally perplexed, stressed, confused and overwhelmed when they are confronted by a homicide-suicide. These thoughts and feelings are especially true in the tragic David Lucio/Kelly Johnson homicide-suicide, both well-known and respected senior police officers. Understandably, homicide-suicide, given its complexity, is most difficult to understand. It is a rare event and even more rare to have the perpetrator a woman. There is in fact, only one study on female perpetrators of homicide-suicide. In a recent US study, 95% of the perpetrators in a homicide-suicide were men who acted most often in the context of family and intimate relationships.

There were a number of contributing factors in the Lucio/Johnson homicide-suicide: emotional disturbance, historical stressors (diagnosis of her mother's illness), stress (the loss/rejection of David Lucio that probably resulted in unbearable distress and anxiety), alcohol abuse, and the availability of a firearm. There are common aspects of homicide-suicide, such as domestic violence, that were not evident in this case. There was no evidence of domestic violence between David Lucio and Kelly Johnson.

Kelly Johnson was unable to adjust to her life's demands. At the time before her death, she was "desperate". She had not been eating or sleeping, was experiencing "panics", was drinking alcohol often, was depressed and was not coping well. She appears to have had both generalized anxiety and separation anxiety. She was observed to be depressed and "emotional" at times, but also masked or hid her emotions, thoughts and intentions. Kelly Johnson was observed to be a capable friend and employee and there were no clues to suicide or homicide-suicide. No professional involved with Kelly Johnson, her friends, family or colleagues had any foresight of the lethal circumstances and impending tragedy.

A main conclusion is that at the time of her death, Kelly Johnson possessed the characteristics and dynamics more like a person who died by suicide than a female perpetrator of homicide. Kelly Johnson's death was a suicide; one must adopt that point of view to understand her. She had the following intrapsychic characteristics of suicide: unbearable psychological pain, cognitive constriction (or narrow thinking), indirect expressions (or ambivalence), emotional disturbance, and a feeling of being vulnerable. She had the following interpersonal characteristics: problematic relationships, rejection-aggression and the wish to escape. In too many Canadians, suicide becomes the only solution, and in a very small group, homicide-suicide becomes the best solution. These terms are defined in Appendix B of this report. She also had some of the markers for intimate partner homicide-suicide, such as frustrated personal

relationships, ambivalence, jealousy, separation, depression, helplessness, and guilt. However many aspects of Kelly Johnson and these circumstances were rare and unique and made any prediction difficult. Suicide among police, in Canada, occurs but is less than in the general population. The incidences of suicide in policing is higher in other countries.

Although there is little research on homicide-suicide, among police there appears to have a higher occurrence than in the general population. We hope our report and recommendations are a step towards a better understanding of these complex issues.

Executive Summary

During the summer of 2004 David Lucio and Kelly Johnson were both married to their long-term spouses. It was during this summer that Kelly Johnson's mother was diagnosed with cancer. This diagnosis was devastating for Kelly Johnson as she and her mother were very close. Shortly after this diagnosis Kelly Johnson and David Lucio began an intimate extramarital relationship. This relationship continued until June 2007 and led to the dissolution of both marriages. During this time a number of other significant events occurred, which had a traumatic effect on Kelly Johnson. In December of 2005 Kelly Johnson's mother succumbed to her illness and passed away. Her pet of fifteen years also passed away, and she also dealt with on-going relationship issues as she and David Lucio parted ways so that she could attempt reconciliation with her husband. This attempt was short lived as David Lucio and Kelly Johnson continued their relationship during this reconciliation.

During this time Kelly Johnson had sought professional counseling, first through the London Employee Assistance Consortium, and then with a private counselor. In the weeks preceding June 7th, 2007, a number of things occurred to create additional stress for her. Kelly Johnson's ex-husband was retiring from his position as Inspector of the Professional Standards Branch, which meant Kelly Johnson would no longer have ready access to him at work. To complicate matters Kelly Johnson was being promoted to the rank of Inspector and was taking over for her ex-husband in Professional Standards as his retirement facilitated her promotion.

At the same time David Lucio's daughter, who worked outside the country, was in London for two weeks. David Lucio and his estranged wife spent time with their daughter as a family, which meant David Lucio was less available to Kelly Johnson. The Lucio's re-connected during this time and decided to give their marriage another chance. David Lucio told friends that he was ending his relationship with Kelly Johnson after his daughter left to return to work. There is no doubt that the relationship between David Lucio and Kelly Johnson ended on Monday June 4th, although some may argue about who ended the relationship. It is clear that on June 5th and 6th Kelly Johnson was in a very fragile state. She was highly perturbed and was not eating or sleeping. Close friends were concerned about her. Upon analysis after the tragedy, her electronic mail reflected emotionality, narrow thinking and other indicators of suicidal ideation.

On June 6th Kelly Johnson went to David Lucio's residence for the evening and sent an electronic mail to David Lucio from his own computer (David Lucio was not at his residence when the electronic mail was sent). The electronic mail was very desperate in nature, requesting that David Lucio and Kelly Johnson reconcile under whatever terms David Lucio would find acceptable. This electronic mail was opened by David Lucio at 9:50PM and no one knows what occurred between this time and just prior to midnight when Kelly Johnson had David Lucio drive her to the London Police Service Headquarters where she retrieved her service pistol and subsequently shot David Lucio and then herself.

The Independent Review Committee is of the view that these deaths were neither predictable nor preventable by the London Police Service or other individuals associated with David Lucio and Kelly Johnson. These findings are based on the following facts.

1. Kelly Johnson was seen by a mental health professional just prior to the tragedy and that professional did not document Kelly Johnson to be at risk for suicide or homicide. Although she attended appointments, with professionals, overall it appears that she was non-compliant with treatment. The non-compliance reference is in relation to the fact that she was attending counseling but perhaps not discussing the depth of her problems, as well as, being prescribed medication, but concerned about the side effects and did not follow through with the prescribed treatment.
2. Kelly Johnson had been seen by her family doctor, who diagnosed her as having an adjustment disorder relating to her mother's illness. She was also perceived to be depressed but was not viewed as being a threat to herself or others. She was also seen by the London Police Service employee assistance plan, London Employee Assistance Consortium counsellor who did not deem her a risk to herself or others in prior years.
3. David Lucio was a highly skilled retired senior police officer and apparently did not suspect anything on June 7th, 2007, in spite of the recent relationship break up. He was aware of Kelly Johnson's distress about the break up. He also spent the evening with her and drove her to the police station enroute to her residence. Clearly he did not suspect that she would be picking up her service pistol.
4. Kelly Johnson received ongoing positive evaluations from supervisors and peers and had just been promoted to Acting Inspector of the Professional Standards Branch. There were no warning signs in the workplace of a pending tragedy.

Although this tragedy was neither predictable nor preventable in our opinion, there are a number of issues that Kelly Johnson was dealing with which have only come to light with the benefit of hindsight and access to critical information from professionals, friends, family, colleagues, and most importantly, information gleaned from the psychological autopsy. The psychological autopsy that reviewed all the information after the tragedy concluded she was suicidal. These issues were identified and followed by recommendations, which flow from the facts of this tragedy.

Recommendations

These recommendations flow from the findings of the Review Committee. The recommendations are based on the facts as we understand them. One of the major reflections in our review is in the area of mental health and the stigma surrounding mental health, which in many cases leads to barriers to seeking help. Police officers are no different from society at large in facing problems in regards to mental health. Police are not exempt from being perpetrators and potential victims of domestic violence. The Review Committee believes that prevention is the best intervention and education is the best tool to achieve this outcome. The Review Committee supports education and initiatives through training opportunities, which would reduce barriers to seeking help.

1. The London Police Service should continue to be committed to the mental health and well being of all its members. The London Police Service could explore an expansion of services by innovative models such as the Psychological Services Section in some larger police services (e.g. Calgary Police Service). The mandate of this section could include being a support to members experiencing emotional difficulties through early intervention. The London Police Service could consider hiring a Police Psychologist to manage the section. We recommend that a committee be established to determine the framework for such a section, realizing that the London Police Service may not have the need for a full time psychologist or the resources to fund a full time section based on the model of larger police services.
2. The London Police Service should continue to build liaisons with the London Employee Assistance Consortium and other community services, to help prevent, intervene and address aftermaths of suicide and other traumatic events.
3. The London Police Service should continue to support ready access to psychological, medical and empirically based interventions. Furthermore, the London Police Service should prepare a list of senior counselors in the community with experience in dealing with police officers. This list should be re-compiled on an on-going basis and be readily available to officers to compliment the existing employee assistance plan.
4. On the recommendation of the committee, the London Police Service has already implemented a more comprehensive psychological assessment for recruiting, the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), with inclusion of the revised clinical scales. The latter scales are most effective in screening a wide array of risks. Furthermore, the committee recommends that additional re-assessment be undertaken at the promotional level and when members are transferred to higher stress areas such as Emergency Response Section, Drug Units, Cyber Crime Units, Forensic Identification and fatal motor vehicle collision investigations.

5. The committee recognizes the London Police Service document, "Handling of Firearms"; it clearly articulates the safe storage, discharge, handling and transportation of firearms. Kelly Johnson's behaviour was a clear violation of this procedure. We do not advocate further gun controls measures. We recommend that London Police Service continue to remove access to firearms for officers who are off duty due to a stress related illness or mental disturbance. Policies should be developed to determine if and when officers should have access to firearms upon their return to work.

Notwithstanding our review, it is important to note another police officer homicide-suicide in Eastern Ontario in 2004. Upon review, the Chief Coroner suggested supervised control of issue firearms when officers are off duty. While police services have not found this policy change to be a feasible and practical solution to date, the Lucio-Johnson tragedy affords the London Police Service and other police services the opportunity to re-examine this issue. The costs and practical implications of such a new policy may make this recommendation difficult to implement but we feel that a study together with other organizations such as the Ontario Association of Chiefs of Police may be helpful to thoroughly address the issue. As with all policies regarding weapons, it is necessary to weigh the practical, physical, and financial implications of undertaking changes for such a large police service against the obvious likelihood that supervised control might have altered the outcome of this particular tragedy.

6. The London Police Service should develop a clear policy on conflict of interest; regulations and procedures need to be developed and implemented. We recommend that the London Police Service develop a committee to establish such regulations and procedures including a clear personnel policy regarding conflict of interest involving related members. These should not restrict officers' rights, but also London Police Service's policies need to eliminate any actual or potential conflict of interest in the workplace, which may arise from a working relationship between immediate family members and/or intimate partners.
7. The London Police Service should develop new initiatives to deal with vicarious trauma and stress management for police personnel. There needs to be greater awareness and recognition to the unique demands facing female police officers in a male dominated police profession.
8. Postvention refers to those interventions after the tragic event has occurred and deals with the traumatic after-effects. In this case, these effects refer not only to family, friends and fellow officers, but the entire London community. We recommend that the London Police Service, together with community experts, develop comprehensive efforts for postvention in response to this tragedy.

9. We recommend that for those individuals who would like to gain a better understanding of suicide, and homicide-suicide review the selected readings that were used to form the basis of this report be made available to any person who wishes to review them. These could be kept in hard-copy form in the London Police Service library and made accessible via an Internet link. We believe that it is important to ensure ongoing education for all police personnel and their families on domestic violence, suicide, mental health issues, substance abuse, health and wellness and the aspects unique to police culture including strengths and stressors. The following website is recommended: <http://www.suicideinfo.ca>
Request topic: homicide-suicide

Appendix A: Committee Authors

Antoon A. Leenaars, Ph.D., C.Psych.

Dr. Antoon A. Leenaars is a psychologist in private practice in mental health and public health, Windsor. He is the first Past President of the Canadian Association for Suicide Prevention (CASP), and a Past President of the American Association of Suicidology (AAS). He has published 11 books, including, *Psychotherapy with Suicidal People* (2004), and was the founding/first Editor-in-Chief of *Archives of Suicide Research*, the official journal of the International Academy for Suicide Research (IASR). He has consulted for the World Health Organization (WHO), and has provided forensic services on cases of wrongful death, suicide, homicide, and homicide-suicide for police services and legal institutions.

Peter Collins, MCA, MD, FRCP(C)

Dr Collins is the forensic psychiatrist with the Ontario Provincial Police and a staff forensic psychiatrist with the Law and Mental Health Program at the Centre of Addiction and Mental Health in Toronto. Dr. Collins obtained his Masters in Applied Criminology from the University of Ottawa, his Medical Degree from McMaster University and completed his postgraduate medical training in Psychiatry at the University of Toronto. He is an Associate Professor with the Department of Psychiatry, Faculty of Medicine at the University of Toronto. He is an expert on violent crime and has lectured, and worked with, criminal justice agencies internationally, including the FBI, the U.S. Department of Homeland Security, Interpol and Europol.

Deborah Sinclair, MSW, RSW

Ms. Sinclair is a social worker with an independent practice in Toronto. She has been involved in clinical work and training in the area of domestic violence for over 30 years. She has provided workshops on violence, trauma and vicarious trauma across Canada and the US. Ms. Sinclair has been involved in writing and developing education programs for police, child protection workers and crisis workers across the country. She is a founding member of the Ontario Chief Coroner's Domestic Violence Death Review Committee, which is the only committee of its kind in Canada.

Appendix B: Glossary of Terms

Access to Firearms:

Access to firearms greatly increases the lethality in suicidal persons.

Cognitive Constriction (or Narrow Thinking):

Tunnel vision, or rigid thinking, is common and one of the deadliest aspects of the suicidal state. The individual sees suicide as the one and only solution for their current difficulties. They think everything is hopeless and things will never be better.

Domestic Violence:

Refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship

Emotional Disturbance (or Psychopathology):

About 60-90% of suicidal people have a psychiatric disorder, the most common being depression or psychosis.

Indirect expression (or Ambivalence):

The suicidal person is deeply ambivalent about living or dying.

Interpersonal Relations (Problem Relationships):

The suicidal person often feels alone and cut off from others. They have experienced conflict and rejection from others.

Intrapsychic:

Existing or taking place within the mind or psyche.

Rejection/Aggression:

An experience of loss or rejection (for example, spouse leaving, fired from job, ill health, death of a fellow officer) is often a trigger for suicide. Research suggests that those who react with anger or aggression may be more at risk for suicide. Suicide is an act of self-directed violence; homicide-suicide is an act of other-directed violence and self-directed violence.

Unbearable psychological pain:

The common trigger for suicide is unbearable pain, a deep anguish, in which the person feels hopeless and helpless.

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