Stress is Inevitable—Suffering is Not

Offcers are trained to be stoic, unyielding and relentless against the dangers and problems that surround them daily. But the truth is, the murders, fatal crashes, domestic disputes and abused children all sink in. And whether they realize it or not, so does the stress that accompanies the streets.

It’s not about being tough. It’s not about weakness. The way stress affects law enforcement is a biological condition that can lead to health problems, divorce and even suicide if not properly handled.

Experts on law enforcement stress say handling it really isn’t that hard. Identifying it, however, is the first step toward successfully handling it in a healthy way.

“I think we have to define stress,” said Kevin Gilmartin, a behavioral scientist specializing in law enforcement-related issues. “A lot of people think stress is the thing that happens to them. Stress is a reaction your body has.”

Gilmartin spent 20 years as an officer in Tucson, Ariz. He also is the author of “Emotional Survival for Law Enforcement: A Guide for Officers and Their Families.” In his book, Gilmartin wrote that new officers are told early in their careers that their lives are going to change. As policing takes more and more of officers’ time and becomes a defining aspect of their lives, officers begin looking for ways to adapt their relationships and personal lives to accommodate their new role.

“These changes taking place in the new officer’s life are often alluded to or spoken of in the police culture, but rarely, if ever, are these changes seen as a major priority to correct,” Gilmartin wrote. “Very rarely are the changes in a new officer’s personal...”
Recruits are told that the job takes its toll, but they are hardly ever told or shown how to minimize the negative effects of the journey through the police career. The officer who is not handling his stress well may not recognize his behavior as stress-induced. Often after a shift, officers who were alert and on top of their game while on patrol will feel tired, apathetic and irritable. But not many officers ask why.

“When I come home after work, even though I’ve been looking forward all day to getting home and seeing my family, I walk through the door and it hits me,” said an officer quoted in “Emotional Survival” by author Kevin Gilmartin. “I feel drugged. All I want to do is be left alone.”

This feeling of exhaustion leads to couch potatoes who are zoned out, inattentive to their families and responsibilities and constantly fighting an internal battle, Gilmartin said. Not only does the officer not understand his or her behavior, but he said their families often are equally confused. Their loved one who previously may have had an easy-going attitude suddenly is snapping at the kids without reason or finding reasons not to come home at the end of a shift to avoid facing a potential fight.

“Nothing drastic happens at first, however, gradual erosion is taking place,” Gilmartin wrote. “The family has fewer conversations and spends less time together. When this phenomenon is compounded with the effects of long hours, rotating shift work, and possibly, moonlighting at an off-duty job, the consequences can begin to destroy even the most solid relationship.”

IT’S NOT YOUR FAULT

Gilmartin asserts that these feelings of apathy and frustration are a biological response to the stress of the job. “What is taking place is a swing between the two aspects of hypervigilance: the on-duty and off-duty phases,” he wrote. “Because every action has an equal and opposite reaction, the high demand for more elevated alertness that is required for on-duty police work will produce, unless corrected, an extreme reaction in the opposite direction when off-duty.”

“This pendulum-like swing occurs daily in the officer’s life,” Gilmartin continued. “The swings can be conceptualized as a rollercoaster: highs when in the police role followed by lows in the personal role.”

This hypervigilance rollercoaster is founded in the neurological functioning of the brain. A set of structures known as the Reticular Activating System determine a person’s alertness level, Gilmartin explained. The RAS engages when risk is detected by the brain. Additionally, the activation of RAS produces an increased functioning of the sympathetic branch of the autonomic nervous system, Gilmartin wrote. “The autonomic nervous system controls the body’s internal organs and automatic functions: pulse, respiration, body temperature, blood pressure and other functions.”

Since risk is a part of every minute of every shift, officers daily experience a rise in all of these things, even if they don’t notice it. “Contrarily, when the risk causing the rise in heart rate decreases, so do the activities it produces,” Gilmartin wrote. “The alert, alive, engaged, quick-thinking individual changes into a detached, withdrawn, tired and apathetic individual in his or her personal life.”

In other words, it’s not your fault. “When they really get to thinking about themselves and how they are acting, once they understand that it is a biological condition, it just sort of makes sense,” said David Pope, Department of Criminal Justice Training Leadership instructor, of the students in his classes who learn this explanation for their stress.

Pope, who spent more than 30 years in law enforcement with the Kentucky State Police and later the Jefferson County Police Department, said the “Emotional Survival” book should have his picture in it. “I went through almost the whole thing,” he said. “Just the act of putting on a uniform to go to work, your subconscious mind says, ‘This is no longer working,’ ” Pope said. “That form of stress, that subtle stress you’re not fully aware of, that’s why officers are right up there in the number one rankings for divorces, heart attacks, diabeties and — depending on which study you look at — suicide rates.

It is also of note that for law enforcement, Pope said many who struggle with Post-Traumatic Stress Disorder often suffer as a result of cumulative stressors, not just a single traumatic incident. In most cases, officers struggle to see these problems in themselves. It isn’t until someone else, usually a close family member or friend, points it out that they begin to recognize there might be something wrong.

“Unfortunately, sometimes they don’t realize it until their wife sits them down and says, ‘This is no longer working.’” Pope said. “Sometimes it is really easy to ignore.
the signs that things are not working well at home. The stress level of our jobs is just enormous. You couple that with not talking with someone or talking about your feelings, there is just a lot capped up in there. Unfortunately, the recipient usually becomes our family when it reaches that boiling point.

HOW TO RECOGNIZE IT

Gilmartin identified seven symptoms of an officer who is a victim of the hyper-vigilance rollercoaster. One of the first symptoms is a desire for social isolation at home, he said. As part of that isolation, some officers shy away from participation in any part of home activities.

“Officers assume their domestic partner will take care of all the mundane activities, such as raising kids, maintaining the home and having a personal life,” Gilmartin wrote.

Secondly, officers on the rollercoaster demonstrate an unwillingness to engage in non-police related conversation or activities. Officers who surround themselves with other law enforcement or only talk about the job often lead themselves to Gilmartin’s third symptom: reduced interaction with non-police friends.

“Officers will rationalize the closed social network of primarily socializing with other officers: ‘I get tired of these other people. Once they find out you’re a cop, all they want to do is complain about someone ticketed or got something. I don’t want to talk about work,’” Gilmartin said.

“Actually, this particular rationalization or excuse is in the direct opposite of reality. ‘One of the reasons cops, particularly young cops, don’t like to talk or socialize with friends who are not in police work is, those other folks don’t have any good stories,’” Gilmartin continued. “They live pretty mundane lives.”

Next, officers procrastinating in any non-work-related decision making also is symptomatic of the rollercoaster. Gilmartin offers an example in his book of an officer who goes to the grocery store after work to do the “zombie shop.” This officer who is not handling his stress well is incapable of making a decision between paper or plastic bags for his groceries.

Another example of this is the officer whose husband calls and offers to treat his wife to dinner out for her birthday. But when asked where she wants to eat, a fight ensues because she doesn’t want to make the decision, but the husband insists she should pick because it’s her treat.

Fights like these often lead to the fifth symptom: infidelity.

“This is the most painful aspects of the hyper-vigilance rollercoaster,” Gilmartin wrote. “Anything associated with ‘home’ or the lower phase of the rollercoaster is boring, and anything associated with the upper phase is exciting, stimulating and dynamic. People meeting and interacting during the upper phases appear brighter, wittier, prettier, more handsome. Emotions surge and individuals, particularly those experiencing the strain caused by the rollercoaster in their personal lives, find a terribly destructive way not to go home — they go to someone else’s home.”

The officer who is never home, also doesn’t have time to be involved in things at home, like being involved in his or her children’s activities and needs — Gilmartin’s sixth symptom. Pope explained that many married officers who spend their time at home on the bottom of the rollercoaster create what he calls single-parent families.

“Even if you’re sitting in your chair and your son or daughter says, ‘Hey dad, there is going to be a sleepover at Jimmy’s house, can I go?’ What might be your answer? Incredibly, most say, ‘Go ask your mom.’” Pope said. “So, that becomes a pattern and pretty soon that child, no matter what the question is, doesn’t come to you. Then one day something happens and you think, ‘What’s going on? Why is this going on?’

Well, in effect, what has happened is you have created a single-parent house, and that all can be related to the stress of the job and not understanding the rollercoaster.”

Finally, Gilmartin writes that the seventh symptom is a loss of interest in hobbies or recreational activities, otherwise known as the “I usta” syndrome.

Some officers spend all week at work thinking about enjoying that sunny day off on the lake or golf course. But when their regular days off roll around, they instead spend it on the couch. When someone asks about the things they enjoy, that person might hear, “Well, I usta fish,” or “I usta go to the clubs.”

“The ‘I usta’ syndrome is basically a statement that all those activities that existed before becoming a police officer, that helped define the officer as a complete person, have been put on the back burner,” Gilmartin wrote.

TAKE CONTROL

“The first thing you have to do is break yourself out of it,” Pope said. “Recognize that you are in this cycle and think about what you are doing to break yourself out of it. Really, it doesn’t require anything radical. It is really more about becoming self aware and not falling into that trap of being ‘just too tired’ to do anything and not taking control of your personal life.”

“One of the things you truly can control is your personal time,” he continued.

So many things about life in law enforcement are uncontrollable. Days off, administrative decisions, policies, salaries, shift assignments and more are left to supervisors to decide. But what you do when you go home is up to you. >>
Among the first things officers should do is let go of the cynical attitude that accompanies dealing with the “b.s. and a holes” of the job and not let the little things add to their stress, Gilmartin said.

“If I’m the chief of police and I implement a hat policy, a lot of people are going to react emotionally to that,” he said. “The irony is that every police officer there is, a sworn police officer who took an oath to obey lawful orders. If the chief says to put a hat on, that is a lawful order. Why are you putting emotion into something as simple as a hat? That happens when you are over invested in the rollercoaster. We want them to invest in fitness, family, church, kids and other times that they need it. Rather than think about the hat policy, I just want them to put their hats on.

What it takes to take control of your personal life is no different than what most healthy, focused and driven adults have to do. The difference is that most people operate within a normal range of risk—the middle of the rollercoaster. Gilmartin said. Most people don’t have to fight an uphill battle to get themselves out of the bottom of the rollercoaster after a slide.

While recognizing that battle, Gilmartin also said officers have to “take the ball by the horns.”

“I know it sounds sarcastic, but cops need to get a life,” Gilmartin said. “They need to realize that when they come home after being in that heightened level of alertness they have to be in to survive on the streets, they have to get their life back. Go out elk hunting. And when you’re out elk hunting, think about elk hunting, not about my hat policy.”

“It’s not about being at home in your underwear all worked up about my hat policy, sending anonymous e-mails, you need to get a life,” Gilmartin continued. “That’s a trap a lot of cops get caught up in — I see that a lot.”

When you’re the police in a small town—as many of Kentucky’s officers are—it is very easy for the boundaries for your personal and professional lives to blur. Gilmartin said. Having a life clearly defined, marinated away from that is essential. Having a support system and anchors in your community is a simple way to do that.

“You have to have family support, organizational support and it’s helpful to have community support, though you don’t always get those,” he said. “The more anchors a person has in their personal life the better they will do. The guy who is active in church, his family, who is active with their friends and physically active that guy will handle [the stress].”

When you begin to put anchors down in the community and get involved in local activities, your off-duty schedule is going to start filling up fast. Don’t let it get overwhelming. Gilmartin suggests developing and using personal-time management techniques such as pre-planning events and committing them to a calendar or agenda.

“The victim officer looks forward to taking his or her children camping ‘when things slow down at work,’ or, ‘when it isn’t so crazy,’ or, ‘when I get a little more time on the job,’ Gilmartin wrote. ‘The survivor officer looks forward to taking his or her children camping two weekends from now. Which officer do you think actually takes the children camping, the vague victim or the survivor?’

Whether it is hiking with the kids on that camping trip, playing a pick-up game of basketball at the local park with your buddies or jogging at home on your treadmill before work, physical activity is key to maintaining healthy balance. Gilmartin recommends moderate aerobic exercise, 30 to 40 minutes, four to five times a week.

For Pope, sometimes getting on the treadmill is the hardest part after a long day when nothing looks better than the recliner.

“You have to force yourself to do it,” he said. “You have to get a mindset that this is what I’m going to do. What I have found is that you are much more capable of doing the things you find difficult calls. They see the same things you do and deal with the same administrative issues. Everyone struggles with these things from time to time.

Yet, no one wants to talk about them. Many officers won’t talk about their feelings with their fellow officers out of fear of being labeled the emotional one, the weak one or the sensitive one. No one wants their strength questioned on the road. In small towns, this ban on talking often reaches into local counseling offices — no one wants to see walking into the shrink’s office by a fellow officer.

The behavior has to occur first,” he said. “Most people think, ‘If I really felt better, I would go for a jog.’ A cop has to say, ‘If I went for a jog, I would feel better.’ I like the Nike commercial — just do it.

The motivation occurs after you perform the action for a cop, because a cop has to fight the bottom of that rollercoaster. The hardest step in the journey is the first.

YOU’RE NOT ALONE

The brotherhood of police has long been recognized as something that is unique. This unique relationship exists because the men and women on your shift experience the same trials and battles each day that you do. They understand that cynical sense of humor that gets you through those difficult calls. They see the same things you do and deal with the same administrative issues. Everyone struggles with those things from time to time.

Yet, when the officers and firefighters part ways, the opportunities to deal with what they just experienced are drastically different. Firefighters get back in the truck together, ride back to the station, clean the truck together — all the while talking to each other, dealing with some of the stress from the incident.

‘An officer goes to the scene, does what he or she has to do, takes care of it, gets in the cruiser alone, goes to the next call and talks to no one,’ Pope said. ‘You have to really recognize the danger of just not talking about something.’

While many officers don’t want to talk to other officers about their problems, they also don’t want to talk to the people at home about them. Either. Some say they don’t want their spouse to hear about the horrors they see. Others say they want to leave their work at work.

‘That’s hogwash,’ Pope said. ‘Especially today with technology, everybody is wired and getting emails 24/7. Everybody is text messaging — we are more connected to work or the specific survivor.’

‘While police and firefighters both have a difficult job, officers don’t have the family support that a firefighter has. The police and firefighters have a relationship on the job, ‘Gilmartin said. ‘A cop says to no one, “You have to have family support, organizational support and it’s helpful to have community support, though you don’t always get those,” he said. “The more anchors a person has in their personal life the better they will do. The guy who is active in church, in his family, in church, or mental health professional, you must talk to someone. It’s healthy to talk to someone that you feel comfortable talking to.’

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A leading authority on stress, Hans Selye, once said it is not stress that kills us, but our reaction to it. “Mental tensions, frustrations, insecurity [and] aimlessness are among the most damaging stressors, and psychosomatic studies have shown how often they cause migraine headaches, peptic ulcers, heart attacks, hypertension, mental disease, suicide or just hopeless unhappiness,” he said.

Suicide clearly is a drastic answer to the damaging stressors of law enforcement. But for some, as the stressors of the job and an officer’s personal life continue to mount, it may seem like the only answer to regain control.

There are no definitive statistics to tell us how many Kentucky officers have taken their own lives. Nationally, statisticians struggle to pin down a number for a variety of reasons, ranging from mislabeled causes of death to agencies and families denying the death was suicide.

What we do know is that more officers die by their own hand each year than those killed in the line of duty, said Donna Schulz, law enforcement coordination manager for the Middle District Florida U.S. Attorney’s Office. It’s a hard fact to swallow, considering that line of duty deaths spiked by more than 37 percent in 2010.

“If officers are more likely to be victims of suicide than homicide, why do less than 2 percent of agencies nationwide have any kind of program to prevent suicide?” Schulz asked during a Police Executive Command Course late last year. “We are not going to do nothing any longer.”

Two years ago, the Bureau of Justice Assistance funded a program called In Harm’s Way: Law Enforcement Suicide Prevention. Schulz, who is a former Tallahassee, Fla. cop herself, is part of a group of 13 experts who travel the country, talking about law enforcement suicide in an effort to educate and train officers while exposing the issue.

Schulz tragically became an expert on the subject after her own husband, Federal Bureau of Investigation Special Agent Bruce Schulz took his own life in March 1995. “This vital, strong, proud, capable man of 45 years could no longer take the pain,” she said. “He died in his boxer shorts, unable to even get dressed. He was my rock. He served his country since he was 17, first as a marine in Vietnam, then as a Tallahassee [Fla.] police officer and finally as an FBI agent working in foreign counter intelligence. Yet this vibrant man no longer felt fit to live.”

In the weeks leading up to Bruce Schulz’s death, Donna said she knew something was wrong. She begged and pleaded with him to get help, to run away, to do anything to help him feel better. He told her, “Leave me alone, I’ll be fine.” She didn’t know how to help him, she said. And in her mind, he would come through it. But he didn’t. And like so many other families who deal with a loss from suicide, hers has never recovered from the cataclysm, she said.

Agencies Must Take Responsibility for Officer Wellness, Expert Says

Suicide doesn’t just affect the families and friends of those lost. It affects the agencies and communities they served. There is confusion about how one of their own could choose such a violent and sudden end. Often, turmoil arises about the details of how the agency is to deal with the impending funeral, media coverage and families left behind.

“It is for this reason, Schulz said agencies must take a proactive approach to the subject — before losing one of their own — to recognize the signs in their officers, clearly define avenues for those in need of help and lay out policy and protocol for the worst-case scenario.

“If you don’t think about the value of your men and women, just look at the dollars and cents that went into training and equipping them,” she said. “What is the cost if we do nothing? [If not suicide,] low productivity, absenteeism, lawsuits. If you have a suicide in your department … it tears at the very fabric of an agency.”

Ultimately, Schulz said the agency must take responsibility for overall wellness of their officers.

“We’re not only going to make sure they live, we need to prepare them to live better lives,” she said. “How can we work toward community wellness if we’re not well ourselves? Our community expects nothing less than an officer to be well. How can they keep them safe if they can’t keep themselves safe?”

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Suicide Myths and Facts

DONNA SCHULZ

MYTH: Suicidal people keep their plans to themselves.
FACT: Most suicidal people communicate their intent to someone within one week of completing suicide. (“Approximately 80 percent of suicides have communicated their intent...” – Ralph Slovenko)

MYTH: Those who talk about suicide just want to do it.
FACT: Those who talk about suicide may try or even complete an act of self-destruction.

MYTH: Only experts can prevent suicide.
FACT: Suicide prevention is everybody’s business, and anyone with training can prevent the tragedy.

MYTH: Confronting a person about suicide will only make them angry and increase the risk of suicide.
FACT: Asking someone directly about suicidal intent lowers anxiety, opens up communications and lowers the risk of an impulsive act.

FACT: Suicide is viewed as the most preventable form of death and almost any positive action may save a life.

DO’S and DON’Ts of Intervention–

It’s not so much how or what you ask, but rather that you ask.

DONNA SCHULZ

• Do remain calm.
• Do help define the problem.
• Do rephrase thoughts.
• Do focus on the central issue.
• Do stay close.
• Do emphasize the temporary nature of the problem.
• Do listen, listen, listen.
• Don’t overcock the signs.
• Don’t “do” nothing.
• Don’t be shocked.
• Don’t debate morality.
• Don’t leave the person alone.
• Don’t remain the only person helping.

Tips for asking the suicide question
• If in doubt, don’t wait. Ask the question.
• If the person is reluctant, be persistent.
• Find a private setting for your talk.
• If the person is reluctant, be persistent.
• Give yourself plenty of time.
• Know what resources you have, such as phone numbers, counselors’ names and numbers, etc.

Important questions
• Have you been thinking of killing yourself?
• How would you do it?
• Do you have the means available?
• What has been keeping you alive so far?
• Have you been thinking of killing yourself?
• Do you have the means available?
• What has been keeping you alive so far?

Warning signs
• More agitated when handling serious calls or situations – risk-taking behavior.
• Crises often threaten to harm self.
• Seems more agitated or nervous.
• Angry, sad, depressed or emotionally.
• Letters or communications to close friends outlining wishes “if something happens to me”
• Loses interest in hobbies, work, etc.
• Becomes disassociated and withdrawn.
• Trouble eating or sleeping.
• Any previous suicide attempt.
• Stockpiling pills.
• Co-occurring depression, moodiness, hopelessness.
• Putting personal affairs in order.
• Giving away prized possessions.
• Sudden interest or disinterest in religion.
• Stockpiling pills.
• Any previous suicide attempt.
• Sudden, unexpected loss of freedom.
• Injured, serious or terminal illness.
• Substantial weight loss.
• Becomes disillusioned and withdrawn.
• More aggressive when handling serious calls or situations.
• Cries often; threatens to harm self.
• More aggressive when handling serious calls or situations.
• Loses interest in hobbies, work, etc.

Direct verbal clues
• “I just can’t take the pain.”
• “There is no meaning for anything anymore.”
• “I can’t take the way I feel any longer.”
• “I wish I were dead.”
• “I won’t be around much longer.”
• “I’m really getting tired of life.”
• “It’s not so much how or what you ask, but rather that you ask.”
• “I’m really getting tired of life.”
• “I just want out.”
• “Nobody needs me anymore.”

Indirect clues
• “I just can’t take the pain.”
• “Nobody needs me anymore.”
• “It’s not so much how or what you ask, but rather that you ask.”
• “I just want out.”
• “I just can’t take the pain.”

Other myths:
• Death of a close loved one, cherished friend
• Under internal affairs investigation
• Being terminated
• Drug or alcohol abuse or relapse after period of recovery

Situational clues
• Being terminated
• Under internal affairs investigation

• You’d be better off without me.”
• “It’s not so much how or what you ask, but rather that you ask.”
• “If something happens to me”

• Police Benevolent Foundation’s Behind the Badge Program – www.pbf.org
• Badge of Life, Andy O’Hara – www.badgeoflife.com
• Pain Behind the Badge, Clarke Paris – www.thespainbehindthebadge.com

Resources

• Employee Assistance Program
• Law enforcement chaplains, psychologists and counselors
• Law Enforcement Wellness Association - www.cophealth.com
• Survivors of Law Enforcement Suicide – www.tearsofacop.com
• International Association of Chiefs of Police: Preventing Law Enforcement Suicide: A compilation of resources and best practices CD – www.theIAACP.org/Publications/Guides

Trust your instincts

and watch for these signs from Donna Schulz that something is wrong:

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