



Association of Orange County Deputy Sheriffs

# COURIER

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**Honor the Fallen, Remember Their Heroism**



*Built Upon a Foundation of Unity, Integrity and Leadership*



## Let's End the Silences of Suicide

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Law enforcement suicide data is wrought with confusing and sometimes conflicting statistical analysis; however, a recent study finds that in 2017, there were at least 140 police officer suicides. In contrast, 129 police officers died in the line of duty. The reason for the majority of the 2017 suicides was personal problems, followed by legal problems, disciplinary issues, and work-related trauma.

Suicide is a topic we all seem to want to ignore. Avoiding the subject is easier than discussing it. When someone attempts to take their own life or succeeds at killing him or herself, most others feel helpless and don't know what to do or say. There is a stigma associated with the act of suicide, so friends, co-workers and family members try to hide it from others.

Those close to the person may experience anger, guilt, depression, shock and disappointment. There is a sense of anguish that they did not help the person enough. There are so many regrets. What went wrong? "I can't believe I didn't stop it." So, many people ask themselves "why?" When you care about someone and they have a "wish to die," it is frightening and painful.

The good news is there are red flags (Paris, 2010) we can all watch out for when we get that "gut-lined" feeling someone is at high risk for suicide.

### Red Flags

- Disregard for safety
- Self-medication (52% of those diagnosed with lifetime PTSD have also been diagnosed with substance abuse or dependence)
- Increased drinking
- Abuse of power
- Sick humor (esp. if they never used humor before)
- Depression
- Increased absenteeism
- Serious consideration of changing jobs
- Substance abuse
- Contemplation of self-destructive action



The 2010 report also documented the top ten reasons officers have been known to commit suicide.

### Top 10 Reasons Officers Commit Suicide

- Death of a child or spouse
- Loss of a child or spouse (divorce)
- Terminal illness
- Responsible for partner's death
- Killing out of anger (murder suicide)
- Indictment
- Feeling alone
- Sexual accusations
- Loss of job/conviction of crime
- Arrested

There are also LEO (law enforcement officer) suicide warning signs (Chae and Boyle, 2013):

- The officer is talking about suicide or death, and even glorifying death.

- The officer is giving direct verbal cues such as "I wish I were dead" and "I am going to end it all"
- The officer is giving less direct verbal cues such as "Soon you won't have to worry about me," "What's the point of living?" and "Who cares if I'm dead, anyway?"
- The officer is self-isolating from friends and family.
- The officer is expressing the belief that life is meaningless or hopeless.
- The officer starts giving away cherished possessions.
- The officer is exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn.
- The officer is neglecting his/her appearance and hygiene.
- The officer is annoyed that they are going to do something that will ruin his/her career, but they don't care.
- The officer openly discusses that he/she feels out of control.
- The officer displays behavior changes such as appearing hostile, blaming others, being argumentative and insubordination or they appear passive, defeated, and hopeless.
- The officer develops a morbid interest in suicide or homicide.
- The officer indicates that he/she is overwhelmed and cannot find solutions to his/her problems.
- The officer asks another officer to keep his/her weapon.
- The officer is acting out of character by inappropriately using or displaying his/her weapon unnecessarily.
- The officer exhibits reckless behavior by taking unnecessary risks on the job and/or in his/her personal life. The officer acts like he/she has a death wish.
- The officer carries weapons in a reckless, unsafe manner.
- The officer exhibits deteriorating job performance.
- The officer has recent issues with alcohol and/or drugs.



## Health Hub, cont.

There are some ways YOU can make a difference within your agency including knowing how to assess whether a member is suicidal. But first, I want to expose some of the myths.

**Myth One:** The people who talk about suicide don't do it (FALSE). More than 75% of individuals who completed suicides did things in the few weeks or months leading up to their death to indicate they were in deep despair.

**Myth Two:** Anyone who tries to kill him or herself has to be crazy (FALSE). Perhaps just 10% of all suicidal individuals are psychotic or have delusional beliefs about reality.

**Myth Three:** No one can stop a suicide; it is inevitable (FALSE). The suicidal person is ambivalent – part of the person wants to live and part of the person wants to end the pain, not so much take his or her own life. A suicidal person sometimes feels as though there are no better alternatives to ending their suffering.

**Myth Four:** Talking about it may give someone the idea to commit suicide (FALSE). You are doing a good thing for them by giving them the opportunity to discharge pent-up painful feelings. Sometimes all someone needs is to feel like he or she has been heard.

**Myth Five:** Only experts can prevent suicide (FALSE). Suicide prevention is everyone's responsibility, and with awareness and training, anyone can prevent suicide.

### **Myth Six:**

After the depression begins to subside, the suicide danger has passed (FALSE). In actuality, most suicides take place in the first three months after the depression lifts.



**Myth Seven:** Suicidal intentions are inherited and passed from generation to generation (FALSE). Suicide is not transmitted genetically, although chances are much greater if a significant other has committed suicide.

**Myth Eight:** Once an individual decides to complete suicide, there is nothing anyone can do to stop him/her (FALSE). Suicide is viewed as the most preventable form of death.

### **QPR (Question, Persuade, Refer) Method**

The QPR method follows the Surgeon General's strategy to provide



AOCDS, in partnership with The Counseling Team International (TCTI), offers the below listed professional licensed and confidential services to members of the AOCDS Medical Trust, at no additional cost. Please visit TCTI's website at <http://thecounselingteam.com> for details.

**Counseling services can be obtained 24 hours a day,  
365 days a year by calling 1-844-655-1035.**

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