

**WHAT YOU NEED TO KNOW  
ABOUT SUICIDE...**

**P**REVENTION  
**A**WARENESS  
**I**NTERVENTION  
**R**EBOUND




**EARLY INTERVENTION UNIT  
646-610-6730**

I want to thank the Early Intervention Unit for publishing this excellent brochure. I encourage all members of the department to read it carefully. It outlines strategies for preventing the death of officers and civilians by suicide. More police officers die by suicide than in on-duty confrontations. This is particularly tragic because suicide is often preventable. We must do everything in our power to help those who are in crisis get the help they need.

This brochure provides guidance. It will educate you about the signs of a person who may be suicidal and the actions you can take to help. If you are suffering, the final pages of the brochure offer valuable resources both within the department and beyond.

It is the mission of the Police Department to protect others. Let's extend that effort to ourselves and our fellow officers and civilians.

A handwritten signature in black ink that reads "Raymond W. Kelly". The signature is written in a cursive style with a large initial "R" and a long horizontal flourish at the end.

Raymond W. Kelly  
Police Commissioner

# SUICIDE PREVENTION

According to the American Foundation for Suicide Prevention, more than 32,000 people in the United States die by suicide every year. It is this country's 11th leading cause of death. The factors that contribute to any particular suicide are diverse and complex, so our efforts to understand it must incorporate many approaches. This booklet has been designed to provide information about suicide **P**revention, **A**wareness, and **I**ntervention, and the steps you can take to help someone **R**ebound from a crisis.

## “PAIR” WITH SOMEONE TO PREVENT SUICIDE

<b>Prevention-</b>	Provide information to help <u>prevent</u> suicide.
<b>Awareness-</b>	Increase <u>awareness</u> regarding the issues and concerns surrounding suicide.
<b>Intervention-</b>	Ways to help or <u>intervene</u> when someone is thinking of suicide.
<b>Rebound-</b>	Helping the individual <u>rebound</u> from the crisis.

- ◆ **It is crucially important you seek the SUPPORT and ASSISTANCE you need and deserve.**
- ◆ **You do not have to face your concerns and/or issues on your own!**
- ◆ **You can GET HELP in person or over the phone.**
- ◆ **“PAIR” up with someone to get the “BACK-UP” you need!**
- ◆ **Think of it as calling an “EMOTIONAL” 10-85.**

# SUICIDE PREVENTION

Provide information to help Prevent suicide.

***“WHEN WE RUN OUT OF COPING TECHNIQUES THEN WE CONTEMPLATE SUICIDE.”*** - Dr. John Violanti (2002)

Unfortunately, suicide is a permanent coping solution that some police officers tend to utilize for managing difficult times (Moore, 2004). While life's complexities are at an all-time high: political unrest, threats of recurring terrorism, financial difficulties, and other life altering events, police officers are still required to perform the duties in which they took an oath:

## **“TO PROTECT AND SERVE”**

Police officers must keep in mind that while it is admirable to protect and serve others, they need to remember taking care of themselves is essential. By incorporating self-care techniques into daily activities you can take care of yourself and others.

**Remember: You can't take care of others if you are not healthy!**

Trying to balance everything in life can be challenging at times. It is critical that we explore different ways to manage the challenges effectively.

# SUICIDE PREVENTION

## Effective Coping Techniques

- ◆ **Build a Support System.** Talking to family, friends, doctors, or religious leaders can help prevent isolation and allow emotional expression.
  
- ◆ **Get Involved.** Engage in pleasurable daily activities, such as going to the movies, visiting a museum, attending a sporting event, or engage in any other positive social interaction.
  
- ◆ **Get a Hobby!** Do something that you like. You can do this hobby either alone, with your spouse/partner, with your children, with your family, or with your friends.
  
- ◆ **Establish a Routine.** Try to maintain consistent times for everyday activities (i.e. exercising, eating, sleeping).
  
- ◆ **Get a Physical Check Up.** Sometimes minor medical issues can make you feel out of sorts.
  
- ◆ **Take Care of Yourself Mentally.** Consider seeing a counselor, therapist, or other mental health professional for emotional support.
  
- ◆ **Take Care of Yourself Spiritually.** Regardless of your religious beliefs, values, or customs, try to make time to nurture your faith.

# SUICIDE AWARENESS

Increase Awareness about the issues and concerns surrounding suicide.

Suicide– The taking of one’s own life.

One of the biggest questions asked by surviving family members, friends, and co-workers of the suicide victim is...WHY?

REASONS POLICE OFFICERS COMMIT SUICIDE:

- ◆ Relationship Difficulties
- ◆ Legal / Financial Problems
- ◆ Involvement in a Critical Incident

Contributing factors that can lead to police suicide:

- ◆ Depression
- ◆ Impulsivity
- ◆ Alcohol/Substance Abuse

**“A major contributing factor in police suicide is relationship difficulties, which, in turn causes the officer to become depressed” (Anderson, 2002).**

A survey of 500 officers conducted in 1998 by the National P.O.L.I.C.E. Suicide Foundation indicated the following reasons officers may contemplate suicide:

- ◆ Death of a child or spouse
- ◆ Loss of a child or spouse through divorce
- ◆ Terminal illness
- ◆ Death of a co-worker
- ◆ Indictment
- ◆ Isolation
- ◆ Sexual accusations
- ◆ Loss of job because of conviction of a crime
- ◆ Being arrested

# **SUICIDE AWARENESS**

## **FIREARMS AND SUICIDE**

According to Dr. John Violanti (2002):

- ◆ In the general population, firearms account for 52% of all suicides.
- ◆ Police officers used their firearms 90% of the time to commit suicide.
- ◆ Firearm accessibility is important because officers have immediate access to weapons both on and off-duty.
- ◆ Police officers have a higher rate of firearm suicide than other groups who work with firearms.

## **WHO IS AT RISK FOR SUICIDE?**

The short answer: EVERYONE!

While the focus of this booklet is for both uniformed and civilian members of the New York City Police Department, keep in mind suicide cuts across all racial, ethnic, gender, socio-economic, and sexual orientation lines.

## **WHO HAS COMMITTED SUICIDE WITHIN NYPD?**

- ◆ Suicides have been committed by members of all uniformed ranks.
- ◆ Suicides have been committed by members of the service from an array of different racial & ethnic backgrounds.
- ◆ Male and female members of the service have committed suicide.
- ◆ Civilian members of the service are not immune; and have also committed suicide.

## **NO ONE IS IMMUNE!**

# SUICIDE AWARENESS

## Suicide Myths and Misconceptions\*

**Talking to someone about suicide may give him or her the idea.**

**True/False**

**False.** A person who is experiencing traumatic loss, emotional crisis or mental illness is already depressed and may be having self-destructive thoughts or practicing life-threatening behavior. Talking to them about these thoughts and feelings creates an immediate connection that *grounds* them and provides them with an outlet for their fears and other emotions.

**People who talk about suicide don't usually do it; they just want attention. True/False**

**False.** According to research, people who commit suicide do or say something to indicate their state of mind and intentions before they act. If a person goes to the extreme of threatening bodily harm, it is not that they *want* attention; they *need* it!

**If someone is determined to take their own life; there is nothing you can do about it. True/False**

**False.** Suicide is an act where a person often has mixed feelings. Most people who attempt suicide do not want to die—they want the pain to stop. This can lead to self-destructive and life-threatening acts.

**A suicidal person who is undergoing treatment and seems to be getting better is no longer at risk of suicide. True/False**

**False.** Sometimes treatment provides a suicidal person with the energy needed to complete the suicide. Keeping appointments and taking medication regularly are especially important for the person at risk.

\*Above information is taken from the Samaritans Suicide Prevention Program.

The Samaritans of New York is an all-volunteer, confidential, anonymous, non-religious, 24-hour suicide prevention hotline that can provide emotional support through education, increased awareness, and support groups for those who have lost a loved one to suicide. They can be reached at (212) 673-3000. Further information is available at their website: [www.samaritansnyc.org](http://www.samaritansnyc.org).



# SUICIDE INTERVENTION

Ways to help or Intervene when someone is thinking of suicide.

## *DOs AND DON'Ts OF SUICIDE PREVENTION*

*What **SHOULD** you do when someone may be thinking of suicide?*

- ◆ **LISTEN!**  
One of the most powerful things you can do to help is listen intently to the person's concerns or issues.
- ◆ **VALIDATE**  
Let the person know that it is OK to feel sad, angry, or depressed...emphasize to them there is nothing wrong with feeling this way.
- ◆ **OFFER HELP**  
Acknowledge that while they are going through a "rough time" at the present; help may be just a phone call away.
- ◆ **EMPHASIZE ALTERNATIVES**  
Mention they have many choices to end the pain. While not promising things will be completely better; provide support in assisting the person in getting help.
- ◆ **EMPHASIZE LIFE**  
Remind the person life is indeed worth living. There are people in their life that DO care.

# SUICIDE INTERVENTION

## *DOs AND DON'Ts OF SUICIDE PREVENTION*

*What are the things I should **NOT DO** when someone may be thinking of suicide?*

- ◆ **DO NOT LEAVE THE SUICIDAL PERSON ALONE!**
- ◆ **DO NOT BE AFRAID TO ASK:**  
“Have you thought about killing yourself?”
- ◆ **DO NOT GET EXCITED** when a person confides in you they are contemplating suicide. Remain calm.
- ◆ **DO NOT KEEP SUICIDAL THREATS A SECRET**  
Get someone else involved to help.
- ◆ **DO NOT PROMISE** anything you cannot guarantee. Only offer your help & support.
- ◆ **DO NOT PREACH** to the person about your own faith or spiritual beliefs.
- ◆ **DO NOT JUDGE** the person.  
Avoid saying things like:  
“Only weak people take the easy way out.”  
“You’re a cop—suck it up.”

**IF A PERSON IS ACTIVELY SUICIDAL, YOU NEED TO GET THEM PROFESSIONAL HELP AS SOON AS POSSIBLE. NEVER LEAVE THE PERSON ALONE.**

# **SUICIDE INTERVENTION**

## **FACTORS TO LOOK FOR:**

- ◆ **A person talking about wanting to end their pain.**
- ◆ **Someone who is giving away many prized possessions.**
- ◆ **Discussion of, or preparation of documents related to death (wills, life insurance policies, checking beneficiary information, etc.).**
- ◆ **Recent problems (under investigation, possibility of losing one's job, pending divorce, custody battles over children, failed relationship, financial problems, etc.).**
- ◆ **Death of someone close (sudden death of a child, death of a spouse, terminal illness of a parent, perceived responsibility for a partner's death, etc.).**
- ◆ **Change in behavior (previously outgoing but now withdrawn/isolated).**
- ◆ **Increased use of alcohol or medication to dull the pain.**
- ◆ **Confrontational or eager to engage in conflict with others.**
- ◆ **Lack of and/or deterioration in one's personal hygiene (no longer shaves, wearing the same clothing daily).**

NOTE: Just because a person may be experiencing one or two of these factors does not mean they are suicidal. You should be concerned when multiple factors are present.

# REBOUND

## Helping a person Rebound from thoughts of suicide.

Once a crisis has been averted, there are many resources to regain emotional balance. One of the most important aspects of helping the person to recover is providing them with support and follow up. Depression and other mental health disorders may lead to suicidal ideation. Listed below are some reminders for helping the individual recover from depression and suicidal ideation.

- ◆ Suicidal individuals are often hesitant to seek help and may need your continuing support to pursue treatment after an initial contact.
- ◆ If medication is prescribed, make sure your friend or loved one is taking it exactly as prescribed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse.
- ◆ Patience. Frequently the first medication doesn't work. It takes time and persistence to find the right medication(s) and therapist.
- ◆ Exercise. Most people find it impossible to be depressed while they are actively exercising.
- ◆ Proper nutrition. Eating healthy foods can boost your energy level and emotional well being.

Reaching out to a trained professional is the next step to a better life. Finding that right person may seem difficult. The following pages contain contact information that many others within the Department have successfully utilized in the past.

## DEPARTMENT RESOURCES

Early Intervention Unit  
One Police Plaza  
Room 1010-C  
New York, NY 10038  
**646-610-6730**  
**<http://nyc.gov/nypdeiu>**

Office hours:  
Monday thru Friday  
0700 thru 2400 hours

EIU peer counselors can also be reached during non-business hours and weekends in emergency situations by calling the unit phone number.

Chaplain's Unit  
130 Avenue C  
New York, NY 10009  
**646-610-6472**

Counseling Unit  
189 Montague Street—7th Floor  
Brooklyn, NY 11201  
**718-834-8433**

Psychological Evaluation Section  
One Lefrak Plaza—15th Floor  
59-17 Junction Blvd  
Corona, NY 11368  
**718-760-7665**

COPE Program\*  
**800-845-8965**  
(Sponsored by the New York City  
Police Foundation, Inc.)

\*(Free counseling available through  
Columbia Presbyterian Hospital for  
assistance with issues resulting from the  
attack of Sept. 11, 2001, and its aftermath.)

## OUTSIDE RESOURCES

American Foundation for Suicide Prevention  
120 Wall Street—22nd Floor  
New York, NY 10005  
**Toll-Free: 1-888-333-AFSP (2377)**  
**Telephone: 212-363-3500**  
**[www.afsp.org](http://www.afsp.org)**

National P.O.L.I.C.E. Suicide Foundation  
8424 Park Road  
Pasdena, MD  
**1-866-276-4615**  
**[www.psf.org](http://www.psf.org)**

Samaritans of New York City  
24-Hour Suicide Prevention Hotline  
**212-673-3000**  
Prevention Info Line:  
**877-SUICIDE (784-2433)**  
**[www.samaritansnyc.org](http://www.samaritansnyc.org)**

National toll-free hotlines operating 24 hours a day, 7 days a week:

**1-800-SUICIDE (784-2433)**  
**1-800-273-TALK (8255)**

## REFERENCES

American Foundation of Suicide Prevention. (2010). *What's new at AFSP?* Retrieved January 26, 2010, from <http://www.afsp.org>.

Anderson, B. (2002). An international organization for survivors of trauma and victimization. *Confidentiality in counseling: what police officers need to know*.

Moore, D.C. (2004). *The impact of occupational stress and the effectiveness of stress coping strategies on marital relationships of police officers*. Dissertation, Capella University.

Violanti, J. (2002). Personal Communication.

## WEBSITE RESOURCES

The Badge Of Life: Psychological Survival for Police Officers  
<http://www.badgeoflife.com>.

Suicide . Org: Suicide Prevention, Awareness, and Support  
<http://www.suicide.org/police-suicide-prevention-and-awareness.html>

Law Enforcement Wellness Association, Inc,  
<http://www.cophealth.com>



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