



## Officer Suicide: Law Enforcement's Kryptonite:

Bulletproofing your Agency and Officers from Self-Destruction through the use of  
a Development and Wellness Program©

By Captain Brian R. Nanavaty

Professional Performance Manager

Indianapolis Metropolitan Police Department

With Sean Riley, Founder and President of *Safe Call Now*, Barry Thomas, 2<sup>nd</sup> VP FBI NA Associates,  
William Owensby, President of the FOP Lodge 86 Indianapolis and SSA Brendan Hansen, Center for  
Police Leadership and Ethics, FBI NA

**Our Leadership values require us to believe that until a department member leaves our service, he or she will always be our responsibility.**

**Sheriff Leroy Baca (Retired)**

**Los Angeles County Sheriff's Department**

Public Safety is a stressful and demanding career. For many in law enforcement asking for help is a sign of weakness and could jeopardize the officer's career. There are usually early warning signs to show when an officer is in distress.<sup>1</sup> Without proper remedy the effects of officer distress could be catastrophic.

For over a century police officers have protected society from those who wish to do others harm. Who stands ready to protect the police officer from the stress and trauma of the journey through the law enforcement career? Does the law enforcement organization bear some responsibility to help officers to remain healthy during the course of their careers? Who are other stakeholders in the challenge to keep our protectors healthy?

### **Safe Call Now**

Since 2012 the FBI National Academy Associates have supported *Safe Call Now*, a non-profit organization dedicated to providing 24 hour resources for public safety employees experiencing crisis. *Safe Call Now* ([www.safecallnow.org](http://www.safecallnow.org) or 1-206-459-3020), is a free, confidential service available on a nationwide basis to all public safety employees including law enforcement, first responders, fire, corrections, civilian support staff and their families.

The *Safe Call Now* call team is staffed with active officers, former law enforcement officers, fire and public safety professionals and mental healthcare providers who are familiar with the demands and stressors of the public safety experience. *Safe Call Now* is not only well versed in responding to immediate distress but also has a myriad of resources available for referral to treatment for a variety of mental health, behavioral and addiction issues.

## **Suicide**

Why is it important to have an around the clock provider for public safety officers who experience symptoms of distress? According to a 2008 *Badge of Life* study on suicide <sup>2</sup> and research provided by noted police researcher John Violanti <sup>3</sup> the number of officers taking their own lives is twice that of those officers killed by felons. Further information from the *Badge of Life* study presents a demographic profile of officers who take their own lives. The predominant profile is:

- Male,
- Age 40-44,
- 15-19 years of service,
- Single,
- Approximately 11% are military veterans.

This officer profile represents a large percentage of officers currently populating law enforcement agencies. Many of these officers are experiencing mid- career burnout and malaise; too many years invested to start a different career and too close to retirement to pull the pin. While all hope is not lost (*Badge of Life* did note suicides dropped notably from 143 in

2008 to 126 in 2012, believed in part due to the increase in peer support programs, the lessening of resistance of generation Y to clinical treatment, and annual wellness checks, to name a few influences) the numbers are still too high to believe law enforcement has turned a healthy corner.

### **Emotional Survival**

In 2002 Kevin Gilmartin published *Emotional Survival for Law Enforcement*. The arrival of Gilmartin's book was a watershed moment for law enforcement in that it opened many eyes to the stressors and traumas the law enforcement officer experiences. *Emotional Survival* offered many clues into the police personality and addressed why many officers fail during the course of their career by identifying some of the common police personality traits and habits of many veteran officers.<sup>4</sup>

Those who have read *Emotional Survival* are familiar with some of the patterns identified by Gilmartin; the "Hypervigilance Rollercoaster<sup>®</sup>," the comfort and escape of the "magic chair," the "victim and survivor" dynamic, "iusta,"<sup>5</sup> and other behaviors that caused the reader to experience an immediate and familiar awakening. Officers and organizations should be indebted to Gilmartin for defining aspects of the police personality and officer behaviors, but owe him a greater debt for demystifying the challenges officers face as not unique to an individual officer but prevalent among the many in the profession.

### **The Challenge to Organizations**

It is interesting to note Gilmartin acknowledged *Emotional Survival* has sold over one million copies.<sup>6</sup> It is one of the most widely read publications on police officer health that has been written. Even officers who have not read *Emotional Survival* are familiar with some of Gilmartin's concepts and the distress issues he addressed in his book. The same holds true for many agency executives and police leaders who have come up through the ranks. Even if they have not read *Emotional Survival* they understand the impact of the book and are authorizing purchase and distribution of *Emotional Survival* for officers and academies throughout the United States.

So, with one million readers and many agency leaders having a familiarity with *Emotional Survival* how could so many in the profession have missed or ignored the challenge to law enforcement issued by Gilmartin in the very first chapter of *Emotional Survival*? In chapter 1 Gilmartin questions the long-term commitment of organizations to officer survival when he concludes,

Recruits are told 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. Helping officers keep their personal lives intact is not a priority for many law enforcement agencies. Typically agencies give no strategies or preventive game plans to the recruit.<sup>7</sup>

Gilmartin continues this theme in chapter 2 when he offers an analysis of organizational response and resources dedicated to officer health,

Why are the predictable emotional changes and difficulties in an officer's life not prevented? Why aren't law enforcement organizations at least attempting to prevent

the destructive effects on employees brought on by years spent as officers? Although many agencies do have dedicated police psychologists and employee assistance programs available, these traditionally have been focused on resolving issues once they develop, not on preventing them.<sup>8</sup>

At the beginning of chapter 3 Gilmartin seemingly throws down the gauntlet and admonishes stakeholders; governmental bureaucracies, agency leaders, union officials and officers, to address a more holistic approach to officer health, when he asks,

Can the journey through a law enforcement career be made easier, safer, and less emotionally damaging to the police officer?<sup>9</sup>

### **The Definition of Wellness**

Unfortunately for officers and for the profession, few in leadership have understood or accepted Gilmartin's challenge to organizations or his call for a focus on a *preventative* health methodology. A quick check of any internet search engine or law enforcement publication into current inoculation programs or health offerings using the words "resilience," "wellness," or "officer assistance," would result in programs focusing primarily on physical health or fitness, i.e., annual physical exam, and not on what are considered the other pillars of a holistic officer wellness program; mental health, emotional health, spirituality or financial health.<sup>10</sup> Even though financial stress is commonly cited as one of the leading causes of divorce, financial wellness, proactive retirement planning during an officer's career, and the financial and emotional issues of retirement are areas where information and education is sorely lacking causing officers and their families to navigate such topics on their own.

Questions posed to agencies about their level of commitment to *reactive* employee health or stress programs would meet with a similar result as for preventative programs. An internet search of peer support, Critical Incident Stress Management (CISM) and EAP, programs also considered “wellness” by agencies, would show that emotional and mental health support programs (including dedicated Chaplain’s programs) are available at some agencies, but the programs are usually voluntary, lack adequate funding and support, or have little or no participation requirement or agency follow-up.

As previously addressed, some agencies entire focus on wellness is limited to physical health and many times consists of nothing more than an annual physical exam. Like physical health, participation in behavioral health programs, if available, is also usually left up to the individual officer with little or no involvement from the organization. Many officers decline to investigate or take advantage of assistance believing they risk encouraging possible organizational sanction or ridicule for appearing to be “weak.”

### **Peer Support, CISM and EAP**

While peer support officers are dedicated, caring and giving people, many peer support and CISM programs are voluntary and not fully recognized or supported by agencies (i.e., budget, training, officer detail and time back issues). Many peer support programs offer peer counselors limited training and education on levels and types of distress and available referral resources (clinical, financial, family-relationship, legal, sleep, depression-anxiety, suicide, etc.). This lack of formal commitment on the part of the agency towards peer support undermines the effectiveness of the peer support program. Also, peer support is meant to be a short-term

critical incident and crisis response but sometimes results in a long-term commitment due to the lack of proper manpower, training and follow-up referral resources. The irony is some peer-support officers experience burnout themselves from attempting to help officers long-term without organizational or resource support.

EAP programs face many of the same issues. While EAP clinicians are usually skilled, licensed, caring professionals, many face an uphill battle in dealing with law enforcement officers. Officers by nature are suspicious and unlikely to trust an outsider even though EAP clinicians are bound by confidentiality. Even if a jurisdiction is lucky enough to have a contracted EAP provider, the contract is usually subject to annual bid, meaning providers could change regularly, disrupting the therapist-officer relationship. Consider the stench a poor EAP provider can leave behind, tainting years of quality work by subsequent providers or visa-versa.

From a client perspective it sometimes takes time for a therapist to develop a comfort level with officers. Police are unique. Officers learn to manipulate people from their first days in the academy. Manipulation is a necessary job requirement at times to be effective or to ensure officer and partner safety and survival whether it is convincing a dangerous person to submit peacefully or when working in an undercover environment. This skill at manipulation makes officers difficult clients at times and even the most skilled therapist needs some experience understanding the culture.

### **Agency Coordination of Resources**

Even the most talented EAP programs and practitioners are ineffective when there is no organizational piece to promote and coordinate clinical and organizational referral and

response. Many agencies with programs have no policy or procedure for EAP referral (the exception being an EAP requirement as part of a departmental sanction), relying mainly on officers to voluntarily pursue assistance when the officer determines he or she needs help. Other than a brochure available in the HR office or posters at roll call there is little or no advertising of the type of services (clinical, family-relationship, financial, legal, etc.) or availability (24 hour, 1-800 hotline, etc.). If an officer is in crisis and needs further resources beyond EAP (psychiatric counseling, medication, substance abuse evaluation/treatment, EMDR, etc.), or needs organizational accommodation (leave, detail, change of assignment, etc.), is there an easily identifiable contact within the agency to accommodate the officer, the EAP provider and the referral resource?

*Emotional Survival*, as has been discussed, was first published in 2002 and has sold over one million copies according to its author. Police academies issue the book to recruits, veteran officers and families of officers. Police administrators reference the value of the book as a corrective or rehabilitative tool when they are responding to inquiries concerning an officer's mental or emotional health or to show organizational accountability. With all the attention directed by Gilmartin towards officer mental health and wellness what progress has the profession *really* made in addressing officer distress since *Emotional Survival* was published 12 years ago? Do agencies feel their commitment to officer mental and emotional health was satisfied with the *distribution* of Gilmartin's book to officers? Even crediting agencies with peer support programs and clinical services, are current "wellness" programs satisfactory? Is the profession claiming victory based on a slight dip in officer suicides?

Sean Riley, president and founder of *Safe Call Now* is never satisfied. While Riley acknowledges and appreciates the dedication of volunteers and clinicians he knows public safety has a long way to go to ensure the law enforcement officer arrives at the end of his career and into retirement a “survivor” and not a “victim.” Riley would like to see public safety organizations hire healthy people and keep them healthy throughout their career. He would gladly put the organization he has dedicated himself to out of business if the trade off was healthy officers.<sup>11</sup>

### **The Bulletproof Administrator**

In an effort to continue to educate law enforcement on the issue of public safety employee distress, Riley and Barry Thomas, 2<sup>nd</sup> VP of the FBI National Academy Associates and Executive Board Chair of *Safe Call Now*, addressed the *Safe Call Now* Board of Directors with the need to identify a mechanism for educating agency leaders on how identify healthy applicants and how to partner with veteran officers to keep them healthy from the academy through and into retirement. *Safe Call Now* recently committed to formulating a training course aimed at educating agency leaders, middle managers, HR executives, union officials and clinicians, etc., on how to hire, sustain and retire healthy officers. *Safe Call Now* has taken a page from Lieutenant Colonel David Grossman’s survival terminology and has entitled the program “The Bulletproof Administrator.”

“The Bulletproof Administrator” training offered by *Safe Call Now* is tentatively scheduled to start in the fall of 2014, and will focus on the dual messages of available crisis and treatment services offered by *Safe Call Now* and how to bulletproof officers and organizations

through improved hiring practices and the development of a comprehensive organizational resiliency and wellness model.

### **Getting “Everyone on the Same Bus”**

The first hurdle in bulletproofing any organization is in the identification of stakeholders to accomplishing officer and agency wellness. Administrators as well as union officials must support any health initiative, and incentives certainly exist. A study by the FBI identified the cost to an organization to provide early intervention is approximately \$5000.00 while the cost to treat or terminate that same employee is over \$100,000.00.<sup>12</sup> Unions regularly spend hundreds of thousands, even millions of dollars defending officers from charges and actions that in part emanate from mental, emotional and behavioral health issues. According to William Owensby, President of the Indianapolis Fraternal Order of Police lodge, the challenge of defending officers charged with organizational or criminal sanction is a financial and emotional drain on all officers not just those being represented.<sup>13</sup>

Cost savings aside, organizational studies have shown that healthy employees are happy and productive employees.<sup>14</sup> Employees who are more satisfied with their organization have lower levels of absenteeism. Comprehensive wellness programs are seen by employees as representative of a caring employer. Conversely dissatisfaction has the opposite effect.<sup>15</sup>

### **An Agency Model for Development and Wellness**

Owensby and the Indianapolis FOP prioritize officer mental and emotional wellness acknowledging it as one of the most ignored aspects of the police career. In early 2010 the FOP

in Indianapolis partnered with the Indianapolis Metropolitan Police Department (IMPD) to support a unique and proactive officer development and wellness program that included improved applicant screening, recruit mental health education and mentoring, spouse and family education and support, a formal police mentoring program, a career development program and retirement planning; programs which are not available at many agencies.<sup>16</sup>

Subsequently, through the support of the union and police leadership IMPD has been able to counter the culture of shame and decades of silent suffering by creating a full time, confidential officer advocacy program that partners with officers from the day they are hired through and after retirement. The development and wellness program accomplishes development of officers through formal mentoring and regular education on distress issues.

The development and wellness unit also case manages officers requiring physical or mental health referral by utilizing a network of pre-screened resources (medical, professional, clinical, educational, etc.) to help the officer get healthy and return to work. Owensby credits the program for helping officers get healthy and in the process saving family relationships and officer careers. In 4 years the IMPD program has reduced disciplinary referrals by 40% and increased officer and peer voluntary interventions and referrals by over 300%.<sup>17</sup>

Riley and Thomas cite the Indianapolis development and wellness program as the model for the *Safe Call Now* "Bulletproof Administrator" training. According to Riley it will be programs like IMPD development and wellness that will eventually become the benchmark and the norm in employee wellness as agencies become educated on how to hire and sustain healthy officers.<sup>18</sup>

Healthy and happy officers are usually indicative of a healthy and productive organization.<sup>19</sup> Healthy law enforcement agencies could advertise pro-active and successful officer development and wellness programs to recruit and retain officers. This would be especially valuable as agencies target Generation Y applicants and the unique requirements of millennials in the workplace.

## **Conclusion**

As law enforcement looks back on the first 100 years of modern American policing and embarks on the second century will the mental, emotional and behavioral challenges identified by Kevin Gilmartin in *Emotional Survival for Law Enforcement* be considered a priority by agency leadership? As law enforcement considers whether to address officer mental and emotional health the prescient words of President John Kennedy echo from fifty years ago,

There are risks and costs to action. But they are far less than the long range risks of comfortable inaction.

It is up to the stakeholders like the leadership of the IMPD and the FOP in Indianapolis, and organizations like *Safe Call Now* to take the lead to ensure the second century of modern policing does not come and go with the same levels of officer distress as the first hundred years. It is time to protect and preserve law enforcement's greatest asset.

*Brian Nanavaty is a 30 year veteran of law enforcement. He currently serves as the professional performance manager for IMPD and founded and directs the IMPD Development and Wellness office. He is a former adjunct faculty at Indiana and Purdue universities and instructs for the Legal and Liability Risk Management Institute for the Public Agency Training Council. Nanavaty has been featured on Police One and in several law enforcement publications including Law and Order magazine. He is a member of the 255<sup>th</sup> session of the FBI National Academy. Contact Nanavaty at [brian.nanavaty@indy.gov](mailto:brian.nanavaty@indy.gov)*

For further information on IMPD development and wellness programs see:

[http://www.llrmi.com/articles/legal\\_update/2014\\_nanavaty\\_officers\\_agencies\\_fail\\_pt1.shtml](http://www.llrmi.com/articles/legal_update/2014_nanavaty_officers_agencies_fail_pt1.shtml)

<http://blutube.policeone.com/health-physical-and-mental-fitness-videos/2805777683001-police-wellness-program/>

<http://policeinternalaffairsfiles.blogspot.com/2014/02/five-core-areas-that-adversely-affect.html>

## Endnotes

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