



Communicating to Connect

Speaker 1: You are listening to a SAFLEO Sessions podcast, a production of the National Suicide Awareness for Law Enforcement Officers Program. The SAFLEO Program is funded through grants from the Bureau of Justice Assistance, BJA, Office of Justice Programs, U.S. Department of Justice. This podcast is not meant to take the place of advice from a medical professional. If you or someone you know is experiencing a crisis, please call the Suicide and Crisis Lifeline at 988 or text the word “blue” to 741741 to reach the law enforcement officer’s personal crisis text line.

The points of view and opinions expressed in this podcast are those of the podcast authors and do not necessarily represent the official positions or policies of the U.S. Department of Justice. Here’s your host.

Brandon P.: Hello, and welcome to the SAFLEO. Today, I’m fortunate enough to be with Dr. Tia White. In addition to being a PhD and, perhaps even more important for our purposes today, Tia is also a licensed clinical social worker whose area of focus is law enforcement wellness. So, in other words, she’s a culturally competent clinician. Thank you for joining us today, Tia.

Tia W.: Thanks, Brandon. This is really exciting. I love talking about this subject and see if we can’t give some people some tips.

Brandon P.: I agree and not our first time discussing this stuff either.

Tia W.: No, it’s not. No, it’s not.

Brandon P.: So, on that note, you and I have had the opportunity to teach together in several different places around the country, and one of my favorite topics that you cover is how to have that difficult conversation with a coworker or someone you supervise. And when I say difficult conversation, I don’t mean to imply it’s always going to be difficult, but I mean, you’ve noticed some potential signs or symptoms in someone that you work with that now merits a check-in. Sound good?

Tia W.: Yeah, this is really great conversation because oftentimes, we don't talk about how to have that conversation. And what we know is that it's different talking to community members as police officers or, in my case, social workers. It's different talking to people that we don't really know, that we don't have an emotional attachment to.

So then, when it's our buddy, it's our coworker, it's something that we see every day and that we care about on some level, all of a sudden we don't know what to say. We forget how to ask these questions because we care and we're attached, so we don't want to mess it up. We get worried about messing it up.

Brandon P.: I totally agree. So, before we go into the why we're having the conversation, let's talk about signs and symptoms. What have we seen that is now making us feel like, "Hey, we should have a talk with this person?"

Tia W.: Well, what's so great about policing is that you guys have these amazing spidey senses, what I call them, but it's the sixth sense that I think humans have in general. But police it's really heightened where you can sense when something is off. And as humans, we exchange energy all the time, but you guys are taught this to really hone it in for safety reasons.

So, do you pay attention to it when it's your buddy? And all of a sudden, your little spidey senses, that sixth sense, says something's off. That's the starting point. But maybe it's their body language, maybe it's just off a little bit, maybe their attitude is a little different, and it's ongoing. It's not like, "I'm just having one bad day." We all have bad days, but it's going on for a week or longer, or it's just very drastic.

But sometimes, it's subtle. Maybe they're taking pictures off of their locker doors that they've had up there forever, and it's of things they love. It's those kinds of things. But then there's some other obvious ones that we don't always associate with—maybe there's something going on in their mental health wellness, and that's like hygiene. I don't know if you ever ran into that as a police officer.

Brandon P.: Yeah. And when I've heard you talk about this, it was a light bulb moment for me. So, why don't you explain that? If you don't mind.

Tia W.: Well, so—in crisis, in the crisis world, which is where I come from, hygiene was a big cue that somebody was not doing so well with their

mental health. Because in survival mode, when our brain is just focusing on surviving, meaning keeping our body alive, hygiene is not something that is that important.

So, they stop showering, they stop brushing their teeth. They stop taking care of themselves the way that most people do. Now, there's a little piece of that that's a little different if some cultures don't value or don't think that showering is important. So, this is the key here is, "What's out of the norm for them?"

Brandon P.: Good point.

Tia W.: Most of us in America value showering and good hygiene, and in police departments, especially, there's a hygiene rule. Your uniform needs to be clean and crisp, and you need to be clean shaven, or your beard needs to be trimmed up, like the rules. Unless you're undercover, then that's a whole different thing.

But generally speaking, when those cues—so, the cue of people taking care of themselves on this level are not happening, when they're not doing those things, then we need to raise an eyebrow and maybe say, "Something's up. Something's not right." Because their brain is not caring about that right now.

Brandon P.: Perfect. Anything else besides hygiene? What other indicators should we be able to watch out for?

Tia W.: Well, I think attitude changes. So, for example—this one's very drastic, but if you're really positive generally, or you're goofy, and you make lots of jokes and then for a couple days, you're just not, you're very serious and kind of flat. We call it flat affected, meaning you're just blah, you're like, "Meh." You don't care. You're apathetic. That's something that we probably need to check in and see what's going on.

Brandon P.: Yeah, I think that's a really good point, because that requires us to be familiar enough to know their baseline, and now if they're deviating from the baseline. Because there can be all kinds of different signs of symptoms for all kinds of different people, but a noticeable deviation from their baseline, I think, is probably at least, I would think, one of the big ones.

Tia W.: Well, that's the best way, but that's tricky, especially in large agencies. Not everybody can know everybody, but I think, honestly, if we just pay

attention to that little voice in our head, our spidey senses: what might be off? Is it their hygiene? Is it their attitude? Is it their work performance?

You can work with somebody all the time—maybe be on the same scene and not know them necessarily, but be like, “Something’s off.” That’s happened to me as a social worker a couple of times. I had officers come in a little bit heavy-handed, and it wasn’t typical for this particular agency to be okay with that. So, I did contact the sergeant, and I said, “Hey, something’s up. This doesn’t seem right.” And I think that’s what we look for. We think what’s a little off—and it doesn’t have to be a lot. I think we make the mistake of saying it needs to be a lot off. It doesn’t.

Brandon P.: I agree. I think sometimes, the people are struggling the most—sometimes, I think we can be really good at hiding those struggles. In fact, that reminds me: a couple of years ago, I heard this—I thought it was brilliant. Because a lot of times, us in law enforcement as supervisors, we’re concerned with people who are faking being sick when actually, the more common problem might be we’ve got people at the agency [who] are faking being well. We need to be aware of the signs and symptoms to check up on them when we can to try and help them.

Tia W.: Yeah, true. And we are really good at that in policing, or we think we are, to hide what we’re doing because we want to do the job and not be bothered with that kind of stuff.

Brandon P.: We’ve got signs and symptoms. Like you said, most everyone listening to this podcast I’m sure is in law enforcement, meaning that we’ve all had conversations, we’ve been on those calls with people who are dealing with suicidal ideation. So, we’ve had that conversation, but I agree with you 100%. It is a different conversation when we’re having it with one of our own.

So, we’ve seen the signs and symptoms, now how do we break the ice? How do we start that conversation with somebody that we want to check in on now?

Tia W.: Well, I think—first and foremost, we need to check ourselves. And this goes with any time that we’re asking questions, we need to check our, “Where are we at?” Are we feeling panicky? Are we feeling scared? Are we irritated that we’re asking them these questions?

We check ourselves, because if we are not in a good headspace, then what kind of energy, what kind of vibe are we putting off? And it's hard enough for most of our peers to open up to each other or to us. So, if we're not coming in open to them and expressing a genuine authentic care for them, they're not going to want to open up.

Then I think we just start with honesty. It's a 100% honesty. And we say we can start with what we know. It's super easy. It's nothing scientific and difficult, but "How are you, and what's going on?" And a lot of it [is] always the same answer, "I'm fine. It's good, living the dream," that kind of thing. But then we need to stop, and we need to pause, and we need to look at them.

We need to make sure that they know that we're with them and we need to say, "How are you really? How are you doing really?" This actually came from an individual that struggled with suicide ideations and even attempted, and it failed. Now he goes, and he teaches about this, and he said what changed his desire to talk to people was when they would take a minute, and they would say, "How are you really?" Because then he knew that they really wanted to know, and it wasn't just an in-passing conversation.

Brandon P.: I love that because it's simple.

Tia W.: It is.

Brandon P.: And really, if there's one major takeaway from this whole thing: we remember things that are simple. We know cops are going to say, "How are you doing?" "I'm fine." That's exactly how we're going to respond. But if we, "No, seriously, how are you really?" That's a great takeaway for this, so they know that you genuinely care, that you're willing to listen.

Tia W.: Then, I think then we can follow it up with maybe you've noticed an attitude change. Maybe you've noticed that their uniform isn't as pressed as it normally is. What is it that you've noticed about them? They seem sad or they're not—whatever it is, and maybe it's just that they've been on your mind.

There's a lot of power in connecting with a person, when they just know that you've been thinking about them. And so, you can say, "Hey, I've noticed, I've observed. I've seen that you're not as happy as you

normally are. I've noticed that you're not going to the gym as much as you used to. I've noticed some things." And that's making it about your observation. You're not—

Brandon P.: If you wouldn't mind talking a little bit about that, because I know you're using "I" a lot. When we're having this conversation, why should we use I versus you?

Tia W.: Well, because the minute you start saying, "You're doing this," people feel attacked. If I said, "Brandon, you are not doing a good job right now. You are attacking people, and you're letting your physique go." And you're like, "Well, geez, that hurts my feelings." You're sad, but it feels very attack-y, so you're accusing them even if you're not.

But the minute you start saying, "You, you, you," it's like you're pointing the finger at them, and so they get defensive. They can get very defensive. So, the minute you make it about yourself, "I've noticed this. I care about you. I have seen this difference in you. I'm thinking about you." Then it's really about you expressing your experience with them.

Brandon P.: Perfect. So, we've broken the ice. We've talked about maybe why we're talking to them now. What question do you ask them?

Tia W.: Well, "How are you really? How are you really doing?" And if they say, "Oh, I'm really struggling," or they might say, "I don't know, whatever." Then you can start with what you know—just really basic questions. I want to be really careful here. This is not an interrogation.

We tend to do that in policing because that's our training. And when we're not sure how to connect with somebody, then we go back to our training. This isn't the time to throw a billion questions at somebody, This is just about, "Tell me what's going on in your world." If you know that there was a rough call that they were on a while ago, "Tell me about that call. How are you handling that call?"

Just ask them these open-ended questions that allow them to tell you about their experience. And so, if you ask them yes or no questions, then that's exactly what you're going to get. "Are you doing okay?" "Yes." "Do you want to talk about it?" "No." (pen click here) Versus, "Hey, tell me how you're handling this thing."

Brandon P.: I like it. So, let's say we've seen enough signs or symptoms where suicide is a potential or at least a concern on our radar. How do you

ask them a direct question about—are they thinking of ending their own life?

Tia W.: Well, it's really important to understand where their head is at. If you're really concerned—let's say you're seeing the signs and symptoms, to your point, their hygiene, for example, which is pretty significant. Their brain is probably in a very strong state of survival only.

So, when you feel that overwhelmed—the way I look at a brain that is very overwhelmed and to the point of suicidal ideations is a flooded brain that doesn't know what to do. The minute I start throwing questions at, it gets even more overwhelmed, and it gets very frustrated and angry or depressed. So, we want to be very direct, and we want to be, again, very genuine, and just be straight to the point.

If you are so worried about somebody that you think that they might be considering ending their life, that you ask them directly, "Are you going to kill yourself? Are you going to take your life? Are you going to complete suicide?" And be very clear. And most of the time, if they are not thinking about that, they're going to tell you no. And then it opens it up for conversation really.

Brandon P.: Any concerns of placing the idea in their head if it's not already there?

Tia W.: Oh, no. It's a myth. It's an old-fashioned myth. If somebody is contemplating suicide, they don't need anybody's help with that. They have already been considering it. Because again, and this is me—this is how I viewed it after working with probably thousands of people over the years in suicide prevention and intervention, is they've already been thinking about it because their brain is overwhelmed, flooded, doesn't know what to do, and is desperate for relief. So, they're already thinking about it.

Brandon P.: In fact, I like the part you talked about, the overwhelmed brains, because it helps us understand who we may be talking to and the state they may be in. And this may be a poor analogy, but it reminds me of times where I was on scene, and I was incident commander over a rapidly evolving critical incident, and you've got a boss who's calling on the phone wanting an update of what's going on.

And you just cannot—I'm managing the scene immediately. I do not have the capacity to talk to someone on the phone right now. I don't

know if that's appropriate or not. That's where I go to that, when you talk about that overwhelmed brain.

Tia W.: It's still totally appropriate and very relatable because I think sometimes, if maybe we've never been suicidal, we've never had those suicidal thoughts, we don't realize that we can still relate to the overwhelmed part, so your experience is exactly spot-on. I often think of—because what's happening is your brain is in this fight-or-flight or freeze state, where it's just trying to survive. It's just so overwhelmed, it just doesn't know what to do.

When you've been on scene with somebody that's just experienced a big critical event, then sometimes they just stare at their phone and can't even use their phone. They don't know their name. And when you're not in that mode, you think that's really silly, and you laugh and wonder what's wrong with them. But I've been in those situations, me, personally. Crisis isn't always easy, working in crisis.

Sometimes, you end up in a little bit of your own crisis as you're dealing with other people's big critical incidences. I've had those moments where I couldn't remember the city I was in, and it's so bizarre. It feels so bizarre. But I think that your analogy is spot-on. We've all felt overwhelmed, and that's what's happening. Do you like to be asked lots of questions when you're overwhelmed?

And furthermore, do you like to have to filter through people's sugar-coatedness, trying to dance around a subject when you're feeling overwhelmed and frustrated? Nobody does. Nobody likes that. Just be honest. Just be direct.

Brandon P.: So, we've talked to them. Let's say they say yes. Yes, they need help. Yes, they're struggling, or even, "Yes, I'm thinking of ending my own life." Now, what do you do?

Tia W.: Well, hopefully you've checked yourself, otherwise you will panic. Because again, it's very different when it's your buddy that is saying, "Yes, I need help." And you're like, "Oh, crap. I did not think that you were going to say that." So, let's say you're not in a panic state.

Brandon P.: Ideally.

Tia W.: Hopefully, you might—and I'm going to rewind a little bit. Hopefully, you'll know some professional resources. Maybe your agency has an

EAP or an employee assistant program. Maybe you know the national hotline numbers, maybe you know a therapist. There's 988. That's national suicide prevention number with crisis workers on it.

Hopefully, you'll know some of those resources, but if you don't, then you can start with honesty. I don't know anybody right now, but let's do this together, and then you can start working with them. It's more important to be with them in the process than it is to know all the right answers. I think we get so caught up on trying to fix it and know all the right things.

Brandon P.: Yes. That is in our nature. We are fixers.

Tia W.: So, then we get frustrated because we want to know all the right things to say or where to send them. "So, yes, I do need help." "Well, I don't know the numbers, but I think that this guy on peer support does. So, hey, let's call him together. Are you okay with that?" Let's do this together or take—

Brandon P.: "I'll be here with you."

Tia W.: Yeah, "I'm with you." That is the biggest thing. One of my other buddies, his whole mission is to help people realize they are not alone. So, even just trying to help get them to the next step, even if you don't know the answers, it's helping them realize they are not alone in this and that somebody is with them.

Brandon P.: And that's a silky segue because that was something I wanted to hit on while we were talking. Let's say that their needs are well outside of our scope or our capabilities. Any other pointers you want to add on that to realize? It's important that we realize we're not mental health professionals. We're friends, we're coworkers, brothers, sisters—let's stay in your lane. How are you going to help them to the best of your ability and acknowledge that you may not have the capacity to help them, but be better with them to get resources?

Tia W.: We need—to your point, stay in your lane. This is me protecting you. You guys are great at protecting me out in the community. Now, let me protect you from yourselves. If you try to fix it, if you try to know all the answers, you're going to give them bad information. You might cause more harm than good. So, just own it. Just say, "I don't know." The minute your brain is stuck and doesn't know where to go with it, then

just say, "I don't know, but I'm here with you. Let's work on it together."
That's it, just—take that burden off.

Brandon P.: Simple takeaway.

Tia W.: That's right, simple. It doesn't have to be complicated. Sometimes we make it that way, but it doesn't have to be. "I don't know the answer. I don't know who to call, but let's think about this together, and I bet we can figure it out."

Brandon P.: Let's say they have disclosed something to us or, obviously, that's a big struggle. In our culture, it is not easy to engage in that courageous vulnerability and say we're struggling with something. What would be some example of some comforting things we could say to that? Just—if we just want to offer them some kindness in that moment, something good to say.

Tia W.: Well—and you know what, Brandon, I love that you're saying it offers some kindness, because that's really what we want to do. I think police—actually, I know, police are kind people. They might be tired of the shenanigans, but they are kind. That's why most of them became officers is to serve. And there's a kindness there.

So, we want to be there and be a support, so the best way to do that is to validate. Now, this requires a little practice, but it's not hard. So, if—for example, somebody does open up, you can tell them thank you. "Thank you for telling me. Thank you for trusting me, because it was a big deal. That took so much courage for you to open up to me and tell me what you're experiencing right now. Thank you."

Show some gratitude, and then listen to what they're saying. If somebody goes on and on and on about all the things that they are really having a hard time with for 15 minutes, I bet anything, they're exhausted. So, my response to them is, "You must be so tired." And this has happened to me in the community, and as a crisis interventionist, is—we go on and on and on, and I listen, listen, listen.

Ultimately, they just needed somebody to say that they are not alone, that they are seen. And I noticed, somebody noticed, that they were really just very tired and needed some support. So, what is the emotion? Maybe they're really angry. So, you can say, "Oh, you must be so angry about this right now. You must be so sad right now."

What are some of those basic emotions that we can just recognize? And that validation can mean everything to people. I will tell you, there is story after story of people that chose not to end their life because somebody took a minute to see them, to notice that they were having a hard moment, a hard day, and it wasn't more than a hello. It wasn't more than some eye contact and a smile. It doesn't have to be hard.

Brandon P.: I like that. I like that. So, basically, we're talking about a, "Thank you for sharing that with me. I don't even know what to say at this moment, but you must be exhausted. Let's work on this together. I'm here for you. I'll help you out in everything I can."

Tia W.: And it's not the time to talk about your own thing.

Brandon P.: In fact, that's again, silky segue. You're just going right into the next section I want to talk about. We've talked about—

Tia W.: Great minds.

Brandon P.: Exactly. So, we've talked about what we should say, now give us some examples of what not to say in this moment.

Tia W.: Well, my big warning is don't get so caught up on the wrong things to say. Just be mindful. Because if all you're focusing on is not saying the wrong thing, then you're not with them. So, that's the big warning. That's the important part. But there's a few things that you could avoid. Saying things like "at least," so I'm—

Brandon P.: Any sentence that starts with "at least," avoid that.

Tia W.: "At least," it minimizes what somebody's going through. And so, if their dog just died, they loved their dog, you can't say, "Well, at least you have your other dog." Well, what if they don't like their other dog? But that's the point. "At least" doesn't validate them, and it doesn't connect with people. It just is very invalidating, actually.

We also want to stay away from telling our own story and making it about us. Now, that is different, and we don't have time today to break it all down, but that's different than saying—let's say they're going through a divorce, and you have gone through a divorce. Everybody that's gone through a divorce does not have the same experience. But you can say, "I know that you're getting divorced—"

Brandon P.: That's a great example.

Tia W.: And I can say, "You know what, when I was going through my divorce, it was really hard for me to talk about it, and I really struggled until I found a therapist or until I found a good friend," or something. So, it's not about me, it's just that I'm trying to connect in this way on a very general sense, versus, "Let me—"

Brandon P.: Versus telling a specific story about how I had it bad, yes, perfect.

Tia W.: Yes, because we're not making it about us. And I think the other things that we don't want to do, just briefly, is we don't want to put our own judgment on them. You don't believe the same things that they might believe. And so, if you start shaming them and telling them that they're a bad person or that they're wrong for thinking—so, let's use the suicide example.

There are some people that believe that suicide will send them to hell, and that is their belief. I'm not judging that, but if you believe that and you tell somebody that, that's very shaming. And for a person that's already struggling with that, that does not give them hope. We want to not put our own values on other people, and we just want to be with them.

So, it's like the golden rule. If you don't have anything nice to say, just don't say anything at all. But let's throw in judgment. You don't have—just listen. I want to say shut up. Just be quiet. Just listen. There's power in silence. There's power in silence. Just listen.

Brandon P.: Speaking of power in silence, we've covered the verbal stuff or, I guess, in this case, the silence, we want to say. We know the majority of communication is nonverbal. What actions am I taking to show someone I'm present for them? What's my nonverbal communication during this conversation?

Tia W.: I love this, because body language is so powerful, and that's what we're talking about. I think I read one study, it was like 10% is facial expressions, and it's like—so, 70% or something is body language. We subconsciously read people's body language and facial expressions.

So, what are you putting off? This is as simple as what direction are your feet pointing. Your feet are the direction that your brain wants to go. So, what direction are your feet pointing? Are you constantly looking

at your watch, your smartwatch that keeps going off? Are you worried about your being late to your kid's game or play or whatever? So, your face is kind of scrunched together and not open.

Is your shoulders puffed or your chest puffed out and your shoulders pushed back, or is it more soft and relaxed? I mean, these are things that are very subtle, but they make a difference in how you present to somebody that may be struggling to want to talk to you. Where's your proximity?

I mean, this is the last thing. Where are you standing? Are you standing really far away, or are you standing a little closer next to them? A little angle to the side, maybe, if that's—where is your body? What is it saying to them? And you have to be aware of that.

Brandon P.: Perfect, perfect. How does the conversation end?

Tia W.: Oh, I love this question so much. I've asked it a lot in a lot of the classes that we've taught, and the answer is, "It doesn't." I mean, they're practically, of course, that moment—at some point, it does end. You get them to help, or they go home and go take a nap or whatever the case might be. But ultimately, the conversations never end. And I really want to change this word from conversation to connection.

Brandon P.: Oh, I like that.

Tia W.: Because when we're conversing with somebody, we're really connecting with them. So, when does the connection end? Well, it doesn't. It never ends. So, are you following up with them? And it doesn't have to be every day. We don't want to drain ourselves, but do you say, "Hi?" Do you check in? Do you say—if you've told them you're going to check in on them in a day or two, do you? Do you do your follow-ups? It never ends. Connection should never end.

Brandon P.: I like that. I like that. Now, obviously taking into account healthy boundaries and how to manage some of that, again, that's a whole other podcast in and of itself.

Tia W.: That's true.

Brandon P.: But the thing I really want to address—what if the conversation doesn't go well, or what if the person ultimately that we're talking to or that we reach out to, what if they end up making a difficult choice or even self-

selecting in suicide? What would you say to the person who's reached out to them?

Tia W.: This is really important, and I'm really glad you brought this up, Brandon, because—especially in a field of helping, we care. And when it's our peers, especially sometimes when people make the choice to end their lives, we want to blame ourselves, so I want to be as clear as I possibly can.

If somebody chooses to take their life, it is not because of anything that we did or didn't do. It was their choice. Somewhere down the line, they made the choice to not get help or to not engage in treatment or whatever the case might be for them. It was their decision. And we have to know that going in. People, it is their right to choose what they're going to do with their lives.

This is the challenge because, as fixers, and especially as officers, when you're supposed to be out in the community managing all the threats and all the situations, when you can't do that for yourself or other people that you care about, then it hits really hard at home. We want to blame ourselves. We can learn from it, but it is never our fault. It was always their right to choose whatever path they chose. We have to be okay with that.

Brandon P.: I think it's important. It's important to remember. Final takeaway for today, one final note you want to leave us on.

Tia W.: A while ago, I was asked if there was one big secret to suicide prevention, and I spent a lot of time thinking about it and, ultimately, it came down to one word, and it's connection. Everybody I've spoken to, everybody—it was one person, one voice, one smile, one something that they felt connected that stopped them from doing the thing or getting them to help.

Connection is everything. It doesn't cost us money to try to connect with people heart-to-heart. It doesn't take a lot of time to send a quick text message or smile at somebody in the elevator or stop looking at our phone and look up and make eye contact with somebody in crew meeting or shift briefing. It is not hard to connect. And that one little connection for us might be a big deal for somebody else.

Take the time. Listen to your sixth sense. Connect with those around you. It matters. You matter. What you offer to people matters. Help people feel like they're not alone. You can do that by connecting.

Brandon P.: Connection, I think that is the perfect mic drop or note to end on. Thank you, Tia.

Tia W.: Thanks, Brandon.

Brandon P.: Thank you for sharing your insights and thoughts with us today. I appreciate it. I mean, these are some things that I wish I would've known more about and done better on in my career. So, I genuinely believe if we put these things into practice as a culture in law enforcement, it would go a long way toward changing our culture and helping a lot of good people. So, thank you.

Tia W.: Absolutely. Thanks for having me.

Brandon P.: And for our listeners, remember: a healthy officer is a better and safer officer. So, until next time, stay safe and be well.

Speaker 1: The SAFLEO Program is dedicated to providing training, technical assistance, and resources to law enforcement agencies, staff, and families to raise awareness, smash the stigma, and reduce and prevent law enforcement suicide. For additional information regarding the SAFLEO Program, please find us on social media and visit SAFLEO.org. That's S-A-F-L-E-O.org.

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