

Placer County Law Enforcement Chaplaincy



QUICK REFERENCE BOOK

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TEN CODES

- 10-1 Reception Poor
- 10-2 Reception Good
- 10-3 Change Channels
- 10-4 Message Received
- 10-5 Relay Traffic
- 10-6 Busy
- 10-7 Out of Service
- 10-7a Lunch Break
- 10-7c Coffee Break
- 10-8 In Service
- 10-9 Repeat
- 10-10 Off Duty
- 10-12 Radio not clear (DO NOT USE)
- 10-13 Weather/Road Conditions
- 10-14 Convoy/Escort
- 10-15 Prisoner in Custody
- 10-16 Pick up Prisoner
- 10-17 Pick up Paperwork
- 10-19 Return to Station/ At Station

- 10-20 Location
- 10-21 Landline
- 10-22 Disregard
- 10-23 Stand By—Busy
- 10-25 Are you Clear to Copy Information?
- 10-26 Read to Copy Information
- 10-27 DDL Information
- 10-28 Registration Information
- 10-29 Check for Wanted 10-30
- 10-32 Set up Road Block
- 10-34a Assist Office—URGENT/CODE 3
- 10-35 **SEND BACK-UP**
- 10-36F Wanted for FELONY
- 10-36M Wanted for MISDEMEANOR
- 10-37 Time Check
- 10-39 Message Delivered/ Contact Made
- 10-42 Residence
- 10-97 Arrived On Call
- 10-98 Cleared Call

ELEVEN CODES

- 11-13 Injured Animal
- 11-13D Dead Animal
- 11-14 Suspicious Person/ Activity
- 11-15 Open Building/ Residence
- 11-17 Wires Down
- 11-24 Abandoned Vehicle
- 11-25 Traffic Hazard
- 11-26 Traffic Stop
- 11-40 Is Ambulance Needed?
- 11-41 Send Ambulance
- 11-42 Ambulance Not Needed
- 11-44 Coroner's Case
- 11-45 Major Disaster
- 11-46 Suicide Attempt
- 11-47 Injured Person
- 11-48 Transport
- 11-64 Sign Down
- 11-65 Signal Down
- 11-79 Injury Accident, ambulance en route

11-80 Major Injury Accident

11-81 Accident—No Injury

11-83 Accident—No Details

11-84 Direct Traffic

11-85 Send Tow Truck

11-97 Meet Citizen

11-98 Meet Officer

11-99 OFFICER DOWN—GIVE LOCATION

VEHICLE CODES

- 10851 Stolen Auto
- 10851 Vehicle Tampering
- 14601 Revoked/Suspended License
- 20001 Hit & Run/Felony
- 20002 Hit & Run/Property Damage
- 23152 Drunk Driving
- 23153 Felony Drunk Driving
- 23103 Reckless Driving
- 22350 Speeding
- 21956 Ped. in Roadway
- 23109 Speed Contest

23221 Drinking in Vehicle
23222 Open Container/ Passenger
23223 Open Container, Marijuana/Driver

CODES

Code 1 At your convenience
Code 2 ASAP-No Siren or Red Lights
Code 3 ASAP- SIREN AND LIGHTS
Code 4 Situation under Control
Code 5 Stakeout- Minimum Radio Traffic
Code 7 Meal Stop (PCSO)
Code 8 Burglary Alarm
Code 9 Robbery Alarm
Code 10 Bomb Threat
Code 20 News Releases
Code 33 Emergency Situation (emergency traffic only)

PENAL CODES

187 Murder
207 Kidnap
211 Robbery
240 Assault

242 Battery
261 Rape
245 Assault W/Deadly Weapon
288 Lewd & Lascivious W/Child
415 Dist the Peace
459 Burglary
487 Grand Theft
272 Contributing to a Minor
273a Child Neglect
594 Malicious Mischief
647 Disorderly Conduct
647F Drunk in Public
647G Prowling
314 Indecent Exposure
5150 Mental Case

FIRE CODES

904 Fire
905 Fire Out

CRITICAL INCIDENT STRESS DEBRIEFING (CISD)

- CISD is **not** therapy—it helps mitigate a catastrophic event
- CISD is **not** a tactical debriefing
- **The need for CISD is noticed in:** regression from normal procedures; continuing stress reaction symptoms; others with the same sort of symptoms
- **CISD is designed to:** give ventilation, catharsis and reassurances that they're OK; develop cohesiveness by letting them know that everyone is having similar thoughts; avert a misrepresentation of the event

1. INTRODUCTION PHASE

- a. Find and use a **quiet, non-distracting room**
- b. **TWO RULES:**
 - **Confidentiality is absolute** for and among all present (**no note taking** of any kind)
 - **No one leaves or enters; no rank** in the room

2. FACTS PHASE

- a. **One person talks at a time** going around room in circular pattern [repeating same pattern at each phase]; no one else talks or interrupts

b. State name, job/assignment; ask "What happened in your estimation?"

3. THOUGHTS PHASE

a. "What were you thinking when this was going on?"

b. "What were you thinking when your autopilot turned off?"

4. REACTIONS PHASE

a. "What was the worst part for you?"

b. "If you could erase anything that happened, what would it be?"

5. SYMPTOMS PHASE ("What did you experience?")

a. "What symptoms did you notice on scene?"

b. "What symptoms did you notice a few days later?"

6. TEACHING PHASE ("What do I do about all this?")

a. Give health promoting information: what to avoid, what to do [stress abatement process]

7. RE-ENTRY PHASE (Normalization)

a. Last opportunity for them to speak

b. Reiterate health promoting information and absolute confidentiality

► Give business cards and CISD flyers; give them permission to feel "that way" and contact you

CRITICAL INCIDENT STRESS DEFUSING

- Defusing assists those involved in a critical incident to begin talking about their feelings and reactions to the incident
- Defusing allows ventilation of feelings; provides support and reassurance from the facilitator.
- LEARNING WINDOW: 1-3 hrs. max.
- **ATMOSPHERE**: Positive, supportive, spontaneous, unstructured, non-critical, accepting, understanding, non-evaluative

1. **ASK**: "How do you feel?", "What are you feeling?", "Tell me what happened..." (what they feel is OK—emotions are processing)
2. **LET THEM KNOW** that abnormal feelings are normal; normal feels abnormal
3. **POSSIBLE CRISIS REACTIONS**:
 - a. Numbness, crying, fatigue, sleep disturbances, appetite change and weight, low resistance to illness, frustration, helplessness, depression, despair, guilt, grief, anger, outrage, fear, insecurity, anxiety, irritability, feeling overwhelmed or inadequate, confusion, concentration or memory problems, religious confusion, loss of trust, flashbacks, anniversary difficulties, regression, alcohol/drug abuse, excessive use of sick leave, work/school/family problems, withdrawal,

suicidal thoughts, difficulty returning to normal activity level, etc.; "A NORMAL RESPONSE TO AN ABNORMAL SITUATION"

4. **INCORPORATE SOFT WORDS:** comfort, peace, etc.
5. **ENCOURAGE THEM TO TALK** about what happened and about their feelings.
 - a. In the event of a failed life saving attempt, help them understand the effort is much more important than results
6. **ENCOURAGE THEM TO AVOID** dwelling on what they or others could/should have done differently (NO Monday morning quaterbacking)
7. **ENCOURAGE THEM TO TAKE CARE** of themselves physically:
 - a. Balanced diet
 - b. Rest
 - c. Exercise
 - d. Maintain a routine
 - e. Avoid use of drugs, alcohol—it can interfere with the healing process
 - f. **Medication** should be taken sparingly and only under the supervision of a physician

DEATH NOTIFICATION PROCEDURES

1. **REPORT** to sergeant at the agency
2. **MEET** officer who is handling the case
3. **ACQUIRE** all the facts: Who, What, When, Where, How
 - a. Marital status, age, # of children and ages, occupation
 - b. For an out-of-county death, ask dispatch for a hard copy (have it in hand)
 - c. **CONFIRM who is 1144** and who you will be telling, ie., wife, husband, son, daughter, father, mother; **DO THEY HAVE A HEALTH CONDITION?**
4. **FOLLOW** officer in separate car (if possible) to next-of-kin's address or meet at a designated spot before going to address
 - a. **Go** to neighbor's first to find out: who friends are, health status, other info. Ask neighbor to help
 - b. **If person is unhealthy**, ask Deputy to have medical aid close by
5. At the door, **INTRODUCE** the officer and yourself and ask/tell them you need to come in
6. **ASK IF ANYONE ELSE IS HOME**. If yes, ask them to get them [except for small children]
7. **VERIFY** who you are talking to; ask all concerned to sit down (low, soft furniture in a "soft room")
 - a. **STAY** as close as you can to next of kin

- b. **ASK:** "Do you have a [son] named [John]? [Name deceased]
- 8. **RELATE** the message **USING DIRECT LANGUAGE**
 - a. Your [son], [name], has been involved in an accident. He has been killed
 - b. We are here to tell you that your [son], [name], is dead
 - c. Your [son], [name], was found dead
 - d. **(IF AT HOSPITAL)** The hospital staff did all they could, but your [son] did not survive
- 9. **BE PREPARED** for a variety of reactions but try to keep them seated. Some may pass out, become hysterical, violent or do nothing.
- 10. **PLAN** to stay a while. After initial shock has subsided, tell the officer he may return to duty. Meet with officer when you 1098, as necessary
- 11. **BE HONEST** but discreet with the facts. When asked "Why?", it is OK to say, "I don't know"
- 12. **EXPLAIN** that with all unattended deaths, (deaths with no physician present), an autopsy will be performed by the County Coroner
- 13. **STAY** until closure is reached (deceased is referred to in past tense)
 - a. **LEAVE THEM** in the care of a relative, neighbor or friend at the residence
- 14. **HELP THEM** make necessary phone calls (for out of area notifications, call local S.O.)

15. **ALLOW THEM** to grieve
16. **CALL** Chaplain Dispatcher for event # and write a short summary report

INFANT OR CHILD DEATHS

1. **GIVE A SENSE OF ORDER/CONTROL:** Take charge and explain what is happening during the investigation [especially with SIDS death]
2. **HELP THE FAMILY** face reality: The child is dead—because of deep emotional attachments, the parents desperately need to respond to and cope with their loss
3. **HELP THE FAMILY** make the loss of their child more real with something tangible to hold on to: a hospital bracelet, lock of hair, photograph, blanket, birth/death notices, etc.
4. **LET THEM** view, touch, hold the child if they desire (NOT recommended in cases with extreme damage)—this affords the opportunity to say goodby. As options are offered to the family, describe **IN ADVANCE** the child's appearance, that the body is cold, etc.
5. **INFORM PARENTS** there will be an autopsy if death is unattended or SIDS
6. **INFORM PARENTS** the officer will ask them questions about their child (especially if SIDS is suspected); that their questions are not meant to be insensitive but are required procedure
7. **ASK PARENTS TO CONSIDER ORGAN DONATION** (gives their child a living legacy; in his/her death another will have life; a part of their child will go on living)

ORGAN DONATIONS

Before discussing donation with the family, **BE SURE they were informed of the death** and that the victim is an appropriate candidate (for vital organs, age 60 and under)

1. **ASSESS** if the family members are calm enough to discuss donations
 - a. Have they accepted the death?
 - b. In case of brain death, **do they understand** that their loved one is really dead?
2. **FIND OUT** if the victim had a donor card or if family member has mentioned donation (this knowledge helps things go smoother)
3. To obtain consent, **you MUST identify the legal next of kin** and their relationship to the victim
 - a. **IMPORTANT:** A family member or a close friend will assume the role of the primary decision maker. Failure to include them in the consent process may impede the family's permission.
4. **REMEMBER:** you're there to comfort, help and support them—and offer an important option
 - a. They may react severely to your request—this is part of grieving
 - b. Organ donation is a way for their loved one to "live on"

5. **VITAL ORGANS THAT CAN BE TRANSPLANTED:** Heart, lungs, liver, pancreas, kidneys. Donor tissues: long bones of arms and legs, the iliac crests, vertebrae, ribs, corneas, facial lata, dura mater, arteries, heart valves, cartilage & ligaments, skin

SCHOOL TRAGEDIES

DEATH AND CRISIS EVENTS TRAUMATIZE AN ENTIRE SCHOOL. Helping a school begin to process the tragedy **takes time to organize**, yet must be done *with all expediency*

1. **CHAPLAINS MUST HAVE PERMISSION** from the district administrator or principal **before** any involvement with students or school staff. You **MUST** be invited or you can **NOT** help.
2. **THE PRINCIPAL** has been traumatized
 - a. He/she must be **assured** of exactly what the chaplains are going to do to help their students deal with the tragedy (ie., no preaching; will not embarrass him/her)
 - b. Meet the principal **before school** if possible
3. **PARENTS** are always invited to participate in assemblies and briefings
 - a. Most parents **don't know how to tell children** a schoolmate (teacher, friend, etc.) has **died**
 - b. If possible, **send a note home to all parents the night before** the Chaplain comes, inviting them to attend any assembly or campus briefing
4. **TEACHERS** have been traumatized
 - a. They are professionals and must continue to function even when their class is grieving
 - b. **Try to make teachers comfortable** w/the Chaplain's role: *to help them and their students*

- c. **Meet** with teachers and staff *before* school to explain what the Chaplains will do
- d. **Give the facts** and ***ONLY the facts***
- e. **Describe** specifically what the Chaplains will be doing
- f. **Talk about** expected reactions: verbal and non-verbal based on the student's age
- g. **Talk about** the day's schedule: remind them to keep busy, with low expectations of accomplishing much
- h. Make the grieving process a **learning experience**
- i. Schedule a **teacher's meeting** right after school to debrief and inform
- j. **Meet with the students**: try to be in the deceased student's classroom along with the teacher before the class arrives

5. **GRADES K-6TH:**

- a. **Meet** in "their" classroom (they are safe and comfortable in their own room)
- b. Make yourself useful and friendly
- c. **Sit on their level or on the floor**
- d. Before school, **remove the empty desk**
- e. **Remove any seating chart**: put desks in a **circle** or have all students sit on the floor around the Chaplain
- f. **Explain the facts**, use the word "dead"

- g. **Watch** for non-verbal reactions
- h. Listen, **LISTEN**, **LISTEN**
- i. **Guide** the grieving process. Crying is OK
- j. **Talk** about feelings ("What color do you feel right now?", etc.)
- k. **Explain** what is going to happen next (funeral, memorial service, etc.)
- l. Suggested activities (discuss options with teacher beforehand): have them send cards to the parents; make a memorial bulletin board; plant a tree; balloon release, etc.

6. **GRADES 7-12**

- a. **Ask the Principal** that the students be allowed to visit the Chaplain as needed
- b. Set up in the **Library** (preferable) or other large empty room
- c. **Explain the facts** each period to each new group
- d. **Assign Chaplains** (in shifts) to various areas in the room for students to meet and talk with throughout the day
- e. **Dismiss students** at the end of the period to go to their next class
- f. **Watch for danger signs** in the students; identify those who need follow-up and inform the appropriate administrator

SUICIDE INTERVENTION

Suicide interventions are spontaneous—there are no formulas, only safe guidelines.

- **ASK THEM:** "Are you thinking of killing yourself?" (This can be very releasing to the person)
- **ASK THEM:** "Have you thought about how you want to do it?" (Do they have the means; is it available NOW?), "When was the last time you slept?" (Sleep deprivation can amplify despair)
- **LOOK FOR INFO** that shows a desire to live ("I don't know what's happening—I'm confused.", etc.)
- **KEEP THEM IN THE HERE AND NOW:** It's between you and them, not them and their past
- **BE AWARE** of where you are; be warm and direct
- **ASSESS SUICIDE POTENTIAL** (lethality): How likely are they to be dead in 2 hrs.? (1 = no chance of suicide, 10 = no chance of survival)
 - **HIGH LETHALITY:** involve mental health services
 - **MODERATE LETHALITY:** work on mixed or conflicting feelings
 - **LOWER LETHALITY:** basic assessment, but can be worked with

IMPORTANT CONSIDERATIONS OF SUICIDE POTENTIAL

1. **AGE & GENDER:** Males succeed most, females attempt most. Highest lethality risk: males (chiefly young males), seniors over 60. [Race is usually not a factor; **drugs and alcohol** often are]
2. **PREVIOUS ATTEMPTS:** 1st attempt = LOWER LETHALITY; multiple = HIGH LETHALITY
3. **METHOD:** How? Is it available?
 - a. **Gun, jump, hanging:** HIGH LETHALITY (violent)
 - b. **Pills:** LOWER LETHALITY (less violent)
4. **MAJOR LOSSES:** From their perspective: LOWER LETHALITY
5. **REJECTION:** Did they wear out people who dealt with their previous attempts?
6. **PERSONALITY STATUS:** Do they feel worth anything?
7. **FAMILY STATUS:** Estranged, loving, etc.?
8. **MEDICAL SYMPTOMS:** What is the "last straw?"
 - a. Medical and/or psychological depression: HIGH LETHALITY
9. **JUDGE DEGREE OF COMMUNICATION:** Is it quality?
 - a. **ISOLATION** (They can't communicate): HIGH LETHALITY
 - b. **HOLDING IN OF FEELINGS:** HIGH LETHALITY

c. **DISCUSSED FEELINGS:** LOWER LETHALITY

10. **RESOURCES:** Have they exhausted them? (family, home, job, etc...)

ACTION

- **CONTRACT with them** not to do anything for 24 hrs, force a decision they can meet ("When can we get together again?")
- **ASK:** "If there was a pill that would make all these problems go away, would you take it? Yes? Then you don't want to die, you just want the pain to stop. I can help with that..."
- **ASK:** "Where does God fit into all this?"

SUICIDE BEREAVEMENT—SURVIVORS

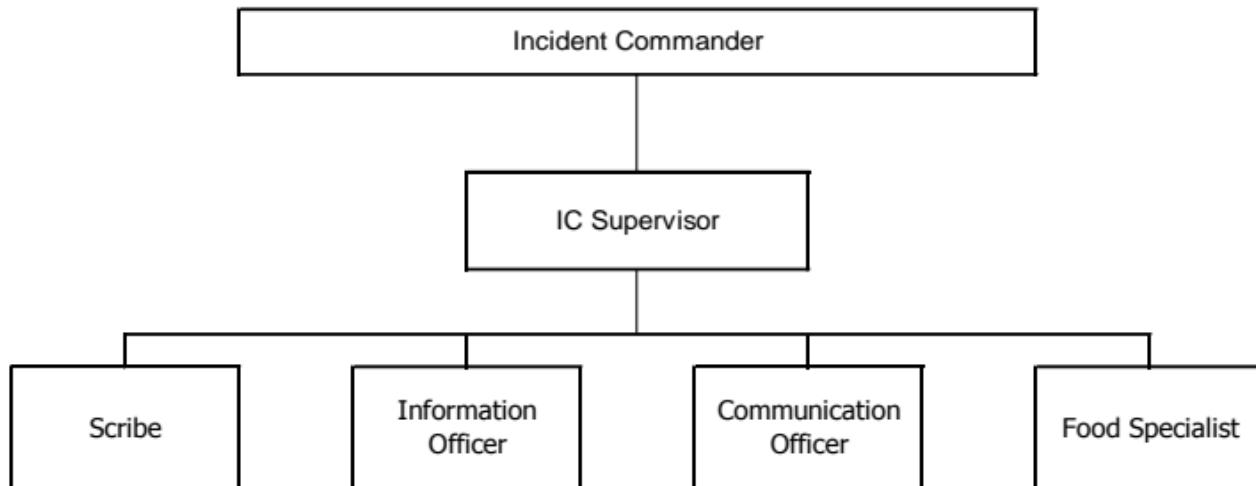
When talking to survivors, remove them to a safe area away from the scene, officers and media. If the family has no minister, be prepared to follow up with them and carry them through the funeral.

1. **BE HONEST** No one is comfortable with the facts surrounding a suicide, but it's dishonest to avoid facing these facts and accompanying feelings
2. **BE WILLING** to hear and accept feelings. Survivors need to know their conflicting feelings are normal (see "DEFUSING").
3. **DON'T JUDGE** Even if the bereaved asks, it's not our place to judge the deceased or bereaved
4. **RECOGNIZE** their need for acceptance. One who has lost another to suicide has experienced the ultimate rejection—their loved one chose death over life with them. Your willingness to love and accept them as Christ did us carries great weight and meaning.
5. **DISREGARD "taboos."** Even if the bereaved has "taboos" about suicide ("Don't talk about it", etc.) if it hinders their healing it should be disregarded. The survivor should be treated like their loved one died of an accident or a fatal disease, regardless of the circumstances.

6. **LEAD** the bereaved to forgiveness. They may have legitimate reasons for feeling guilty or blaming others. Identify those reasons and help them find forgiveness. No one is to blame—the victim made that decision for him/herself.
7. **REMEMBER** who you are—you represent God, humanity and genuine compassion. If you tell them God forgives and they sense that you do not, they won't believe either of you.
8. **MAKE APPROPRIATE REFERRALS.** You may only be able to help with the immediate crisis. Recovery takes a long time. Offer them resource people who can help them in the long term.

MAJOR INCIDENT FLOWCHART

Chaplaincy Structure



HELPING PEOPLE OF OTHER FAITHS

ANY of the following should be done with **caution, respect** and only as is appropriate

1. **ALL FAITHS:** At survivors request only, attempt to contact and involve their personal clergy
2. **CATHOLIC:** Prayers for the dead can be given by any Chaplain, male or female.
 - a. **Touch the decedent's head** while praying; no special wording is required, just pray
3. **JEWISH:** Holiest prayer: "**Hear O Israel: the LORD our God, the LORD is One.**" Only if invited, the prayer can be recited for the dead and/or with victim's families and friends; men must cover their heads when praying with Jewish people.
4. **INFANT BAPTISM:** Appropriate for a deceased child when requested by family. Perform as you think would best represent and honor their faith.
5. **BUDDHIST, SIKH, HINDU:** Contact their clergy/temple. Note: Buddhists believe death is just another stage of life, thus the means of death, including suicide, may be irrelevant.
6. **ISLAMIC:** Begin death notification with: "**We came from God, we all return to God.**"

QUICK ANSWERS TO EVIL

THERE ARE NO QUICK, EASY ANSWERS for evil, suffering and death.

1. **Victims of tragedy may be venting** and not asking for real answers
2. **Use wisdom** as to *when* to address any questions, or whether to address them at all
3. **These ideas are starting points** and are Judeo-Christian in nature; Eastern and Secular ideologies lack closure and promise of compassionate supernatural intervention.

VICTIM'S REACTIONS

1. TYPICAL ANGRY STATEMENTS of the grief-stricken:

- “Don’t give me any of your ‘God’ ****!!”
- “Where is your God of love now??”
- “God is ****!!”
- “There is no God!!”
- “I HATE God!!”

► THIS PERSON IS VENTING

- **Do not be offended and do not stop them** unless they present a significant destabilizing element to the immediate situation

- Any attempt to address their statements may escalate their outrage. They need someone compassionate and strong to just listen.

2. TYPICAL QUESTIONS OF THE GRIEF-STRICKEN

- "Why did this happen?"
- "Why did God do this?"
- "Why did God let this happen?"
- "Why didn't God stop this from happening?"
- "Why is God punishing me?"
- "Why does God hate me?"
- "Why did God kill my loved one?"

► *This person COULD be venting or sincere or both*

- **It is vital to discern the difference.**
- **If sincere, say something like**, "I would like to talk to you about that, and I think I have something that will help. Let's take care of [the immediate situation] and we can sit down and talk about it another time."
- Don't forget to follow up

MINISTER'S RESPONSE

1. UNHELPFUL STATEMENTS (no matter how true):

- "You shouldn't say that!"
- "It's just God's will, and we will learn to accept it over time."
- "We don't know why bad things happen, but we can trust God."
- "God is in control."
- "All things work together for good..."

→ **One-liners, clichés and platitudes inflict additional pain** and provide no understanding, which is what they are seeking

2. ANSWERING A PERSON'S ANGUISH (There are no rote answers)

Form your own answers using the following as a starting point:

- a. The world is a "fallen" place—for now, evil, suffering, sin and death affect everyone and everything
- b. God DID NOT say people wouldn't die or be outraged at death
- c. Everyone dies, no matter who they are or how good they have lived. God said it would be that way [Genesis 3:19].

- d. **It ought to have been otherwise.** Suffering and death are *not* natural, but are a consequence of man's rebellion against God
- e. **God DID say** He will be at the side of the brokenhearted and will personally comfort the grieving [Romans 8:31-39, 2 Corinthians 1:3-4, Psalms 23, 34:18, 147:3]
- f. **We don't know the "why"** when bad things happen to people
 - "The extreme greatness of [faith in God] lies in the fact that it does not seek a supernatural cure for suffering, but a supernatural use of it." [Simone Weil]
- g. **Evil, suffering, death are utterly inconsistent with the nature of a good, holy God**
 - Therefore, the reality of suffering does not reveal God as bad, but as good
- h. **God CAN deliver, but may choose not to**
 - Three Hebrew captives told a Babylonian king, "the God we serve is able to save us from [execution], and He will rescue us from your hand, O king. **But even if He does not**, we want you to know, O king, that we will not serve your [idols]." (Daniel 3:17-18)
 - God is not evil when He doesn't deliver—He is the Good Thing in the midst of bad circumstances, standing with sufferers in their pain. [Daniel 3:23-27; 2 Cor. 12:7-10]

ANSWERING EVIL: SPECIFIC QUESTIONS

There are no rote answers to cure grief—using them as such can confuse or embitter the hurting

1. **“Why did this tragedy have to happen?”**
 - a. I don’t know. Someday God will set all things right; until then He warned us that bad things would happen because the world is fallen.
2. **“Where was God when this evil happened?”**
 - a. Right here—He promised He would be at the side of the afflicted, closer than any person could be, with perfect understanding and love. He wears the scars to prove it.
3. **“Why is God punishing me?”**
 - a. He is not—in a fallen world, bad things happen to everyone. Today He is here to comfort.
4. **“Why has God abandoned me?”**
 - a. He hasn’t—He is here, now, closer than any loving person could ever be.
5. **“Why does God hate me?”**
 - a. He doesn’t—He is for you and He’s here right now [Romans 8:31-39].
6. **“If God is all-powerful, why didn’t He prevent this?”**
 - a. I don’t know—but He will use this bad thing for something greater than we know.
7. **“Where is your ‘God of love’ now?”**

- a. Right here, doing what He does best—comforting, helping, holding your hand.

WHEN APPROPRIATE, ANSWER QUESTIONS WITH QUESTIONS

1. In Romans 8:31-39 Paul addressed suffering and death using seven rhetorical questions rather than rote pontifications
2. Direct answers can be dismissed or avoided, like walking around a post in a room; questions, however, must be grappled with: they fill the universe of a person's thinking

OTHER WORLDVIEWS OF DEATH, SUFFERING AND EVIL

EASTERN, HINDU, BUDDHIST, etc.

- The world is incurably evil
- Karma is the dictator of all destiny, all good and all evil
- Evil is the unavoidable nature of the world
- The only escape is Nirvana. Nirvana is not heaven, but the state where one's life force continues forever devoid of thought, personality or personal being.
- Death is part of the universal way of things; the manner, including suicide, may be irrelevant

SECULAR

- Note: The level of belief of secular people varies from hopeful agnostics to militant atheists.

- Nature is all that is, ever was and ever will be
- Evil does not really exist, but bad things happen. All bad is relative to pain and/or personal value attached to another person or object.
- Generally speaking, heaven is usually hoped for, hell is a myth related to judgment—which no human is qualified render because all “bad” is relative and subjective

ISLAMIC

- Similar to the Biblical concept, except Allah can be capricious, his ways hidden from people
- Muslims have no guarantee of heaven or Allah's forgiveness of their sins