

Subject: Promoting Resilience Following Suicide Exposure in Military Populations

1. Statement of the Problem. Exposure to death is inherent in military service. Service members are exposed to death in combat, during training accidents and/or by suicide. This white paper explores the effects of being exposed to death by suicide to determine health consequences of such exposure, and to identify possible interventions if needed.

2. Summary of the Key Scientific Literature

a. There is a growing understanding that not just immediate relatives are bereaved following a suicide but that people in a broad social circle can be exposed, affected and bereaved (Cerel, McIntosh, Neimeyer, Maple, & Marshall, 2014). In a random survey of 300 civilians, 40% reported that they knew someone who died by suicide, with nearly 20% indicating they were significantly affected by the death (Cerel, Maple, Aldrich, & van de Venne, 2013). The closer the respondent reported being to the deceased, the greater the impact of the death.

b. In a recently concluded study, Cerel and colleagues assessed the health effects of being exposed to death by suicide between veterans (N = 931) and civilians (N = 805). Just under half the surveyed sample (47%) reported knowing someone who died by suicide. For both veterans and non-veterans, those who reported exposure to death by suicide also reported increased symptoms of depression, suicidal ideation, and anxiety than those unexposed. For veterans, exposure to suicide was associated with almost double the odds of depression (OR= 1.92 (1.31-2.81)) and over double the odds of anxiety (OR=2.37 (1.55-3.61)). Veterans who reported suicide exposure also reported more than twice the frequency of suicidal ideation in the last two weeks (9.9% vs 4.3%, $\chi^2(1) = 11.01, p \leq .001$). These increases in risks were observed regardless of when the suicide occurred, or the number of exposures to death by suicide, or other forms of sudden, traumatic death. Importantly, a person's perception of the closeness of their relationship to the person who died by suicide was related to an increase in mental health symptoms.

3. Recommendations. There is a compelling need to develop preventative interventions to military personnel who are exposed to suicides but who might not seek traditional mental health services as they do not consider themselves bereaved by the loss. Leaders should not assume that the only personnel who are impacted by the suicide are those who witness the actual act of suicide or those related to the decedent. Personnel who felt strong cohesion to the decedent are the most at risk for developing psychological symptoms, including suicidal ideation.

a. Train leaders at all levels to understand that personnel can be impacted by a suicide death who do not see the event.

b. Better understand who in social networks might be impacted by a suicide so that preventative interventions can be developed and focused on those who feel closest to the decedent.

c. Modify existing suicide screening efforts within the military to ask specific questions about exposure to traumatic deaths, especially suicides, assessing the closeness of the relationship between the deceased and the people left behind.

4. References.

- Cerel, J., Maple, M., Aldrich, R., & van de Venne, J. (2013). Exposure to suicide and identification as survivor. Results from a random-digit dial survey. *Crisis, 34*(6), 413-419. doi: 10.1027/0227-5910/a000220
- Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The Continuum of "Survivorship": Definitional Issues in the Aftermath of Suicide. *Suicide Life Threat Behav.* doi: 10.1111/sltb.12093