



DEPARTMENT OF DEFENSE
SEXUAL ASSAULT PREVENTION
AND RESPONSE OFFICE



Data and Research Linking Sexual Assault Victimization and Suicide Risk

August 23, 2018

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Agenda



- **Learning Objective 1:** Understand how people who experience sexual assault are vulnerable to suicide
- **Learning Objective 2:** Learn how to respond to suicide-related behaviors for safety planning
- **Learning Objective 3:** Become aware of other suicide prevention practices relevant to survivors



Learning Objective #1

Sexual Assault Victimization and Vulnerability to Suicide

Sexual Assault Victimization Importance of Suicide Risk



- **Victims of sexual assault**, whether they were children or adults at the time of the assault, **are at an increased risk for suicide** ideation, attempts, and deaths.
 - This includes sexual assault before and during military service
- Consequences of **sexual assault during military service** include higher rates of mental disorder treatment, **increased suicide attempts**, and more negative career outcomes
- We all have a role to play in suicide prevention. SAPR staff have the opportunity to help survivors get the support they need to mitigate suicide risk

Sexual Assault Victimization Experiential Evidence



- **Audience Question:** What are problems survivors experience after a sexual assault?

Health

- [Audience Input]
- [Audience Input]
- [Audience Input]

Interpersonal

- [Audience Input]
- [Audience Input]
- [Audience Input]

Work

- [Audience Input]
- [Audience Input]
- [Audience Input]

Sexual Assault Victimization Research Evidence



- Here are examples from research studies:
 - How do they compare with what you know?

Health

- Sexual dysfunction
- Serious sleep problems
- Behavioral health disorders
- Drug/alcohol misuse

Interpersonal

- Being isolated from family, friends, and peers
- Relationship/family turmoil
- Sudden withdrawal from daily activities

Work

- Stigma
- Retaliation
- Performance problems

Sexual Assault Victimization Evidence for Suicide Risk



Respondents' disclosing history of suicidal thoughts

| Instance of Sexual Assault | % Lifetime | % in Past Year |
|-------------------------------------|------------|----------------|
| None | 9.4% | 3.0% |
| Yes, <u>before</u> joining military | 26.3% | 9.5% |
| Yes, <u>since</u> joining military | 27.8% | 11.6% |

Source: 2011 DoD Active-Duty Health-Related Behaviors Survey (HRBS)

Sexual Assault Victimization Evidence for Suicide Risk



Respondents' disclosing history of suicide attempts

| Instance of Sexual Assault | % Lifetime | % in Past Year |
|-------------------------------------|------------|----------------|
| None | 2.2% | 0.3% |
| Yes, <u>before</u> joining military | 8.3% | 1.3% |
| Yes, <u>since</u> joining military | 9.1% | 2.2% |

Source: 2011 DoD Active-Duty Health-Related Behaviors Survey (HRBS)

Suicide Prevention

The Basics



- **Suicidal Ideation**
 - Thinking about, considering, or planning suicide
- **Suicide Attempt**
 - A non-fatal, self-directed, potentially injurious behavior with an **intent** to die as a result of the behavior; might not result in injury
- **Suicide**
 - Death caused by self-directed injurious behavior with an intent to die as a result of the behavior

Suicide Rates

Trends You Need to Know



- Recent trend in DoD suicide rates – statistically rare and stable

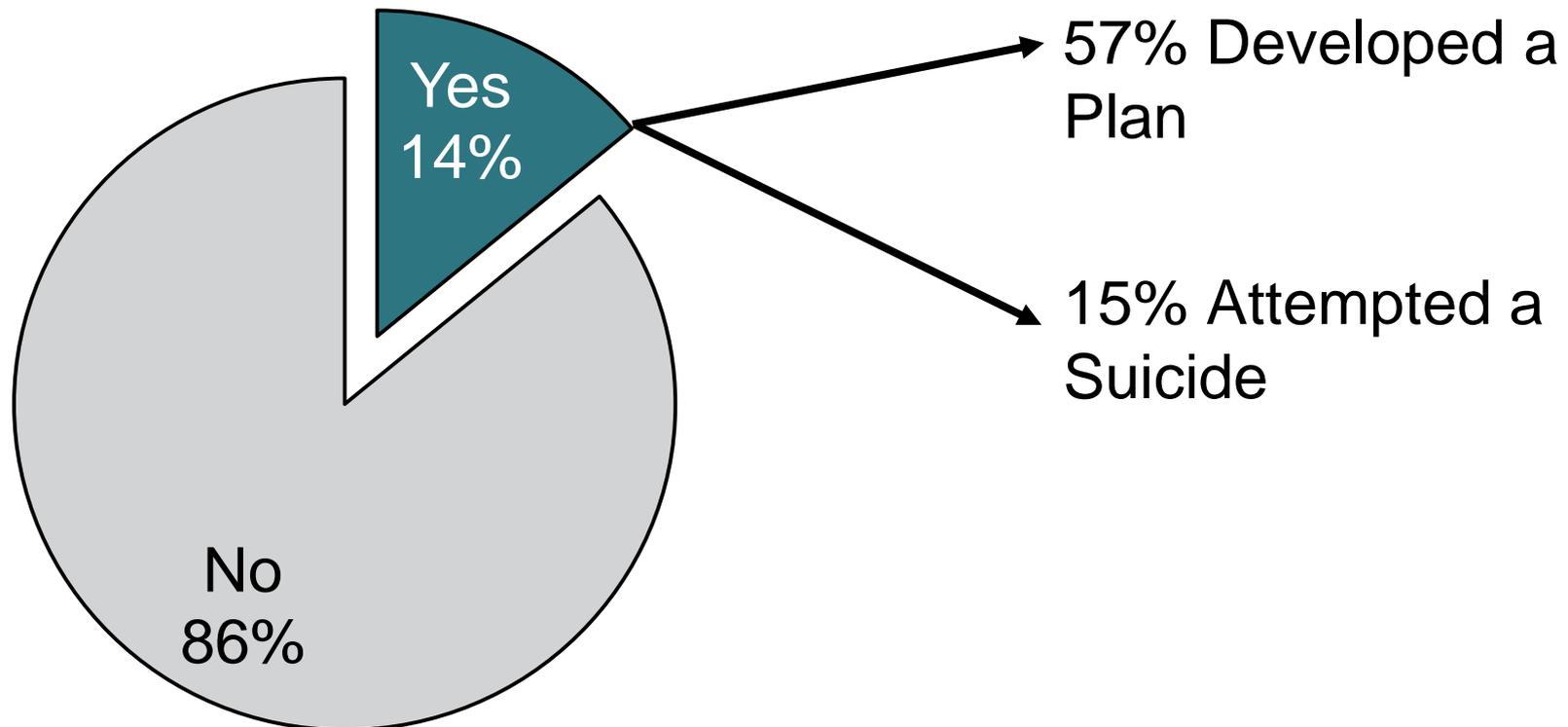
| Year | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|------------------------|------|------|------|------|------|------|------|
| Deaths per <u>100K</u> | 20.6 | 19.8 | 23.4 | 21.5 | 20.5 | 22.5 | 22.8 |

- Statistically rare means...
 - Suicide is a problem but not an epidemic in the military
 - Death is not an inevitable outcome of suicidal thoughts
- Stable means...
 - The suicide problem has not gotten worse but...
 - It has not gotten better and SAPR staff can play a role in reducing the rate

Suicide-related Behaviors Trends You Need to Know



% of Force Who Self-Report Suicidal Ideation in their Lifetime

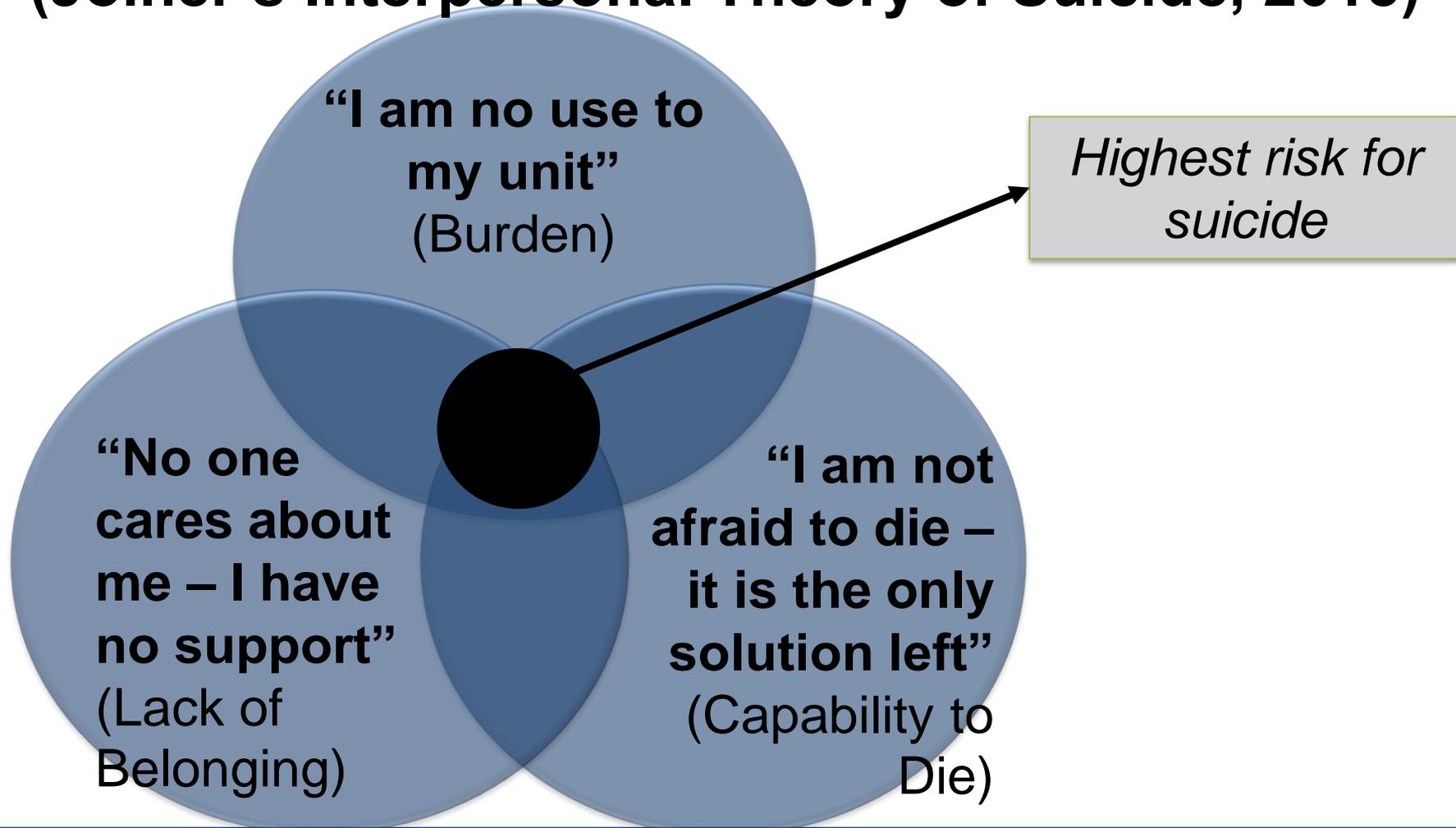


Note – Data came from 2016 Status of Forces Survey of Active-duty Service Members

Reasons for Suicide Risk in DoD



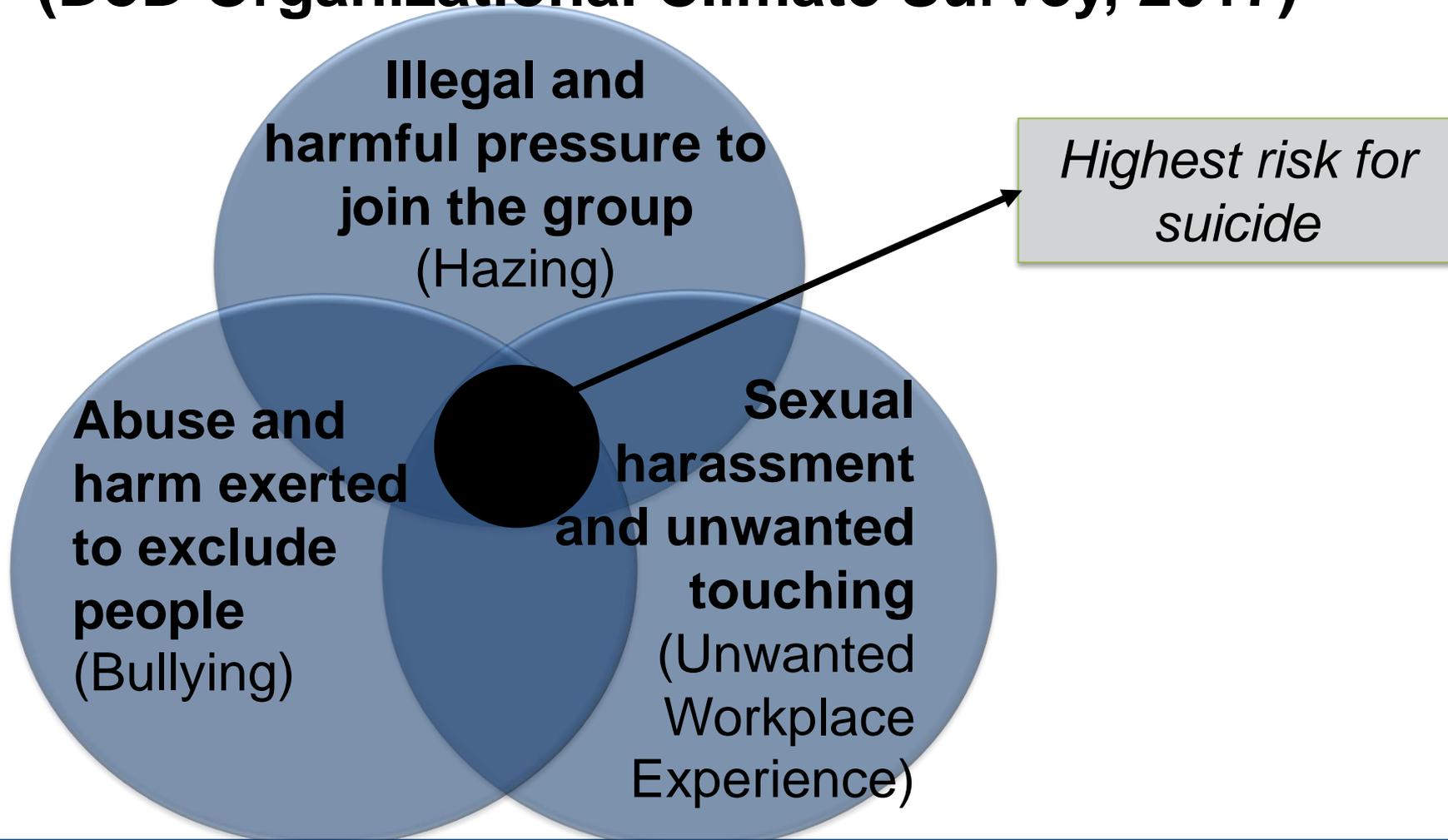
Toxic Thinking at the Individual Level (Joiner's Interpersonal Theory of Suicide, 2015)



Reasons for Suicide Risk in DoD (cont.)



Toxic Behaviors at the Unit Level (DoD Organizational Climate Survey, 2017)



Audience Reflection



- Based on your knowledge or experience, do some sexual assault survivors...
 - Believe they are a burden to others?
 - Feel they do not have the support they need?
 - Become fearless about death or their personal safety?
- Based on what you just learned, what are other ways sexual assault survivors resemble those vulnerable to suicide?



Learning Objective #2

Responding to Suicide-related Behaviors for Safety Planning

Talking about Suicide to Survivors Is Helpful



- Suicide **can** be prevented
 - Most people who are suicidal do not want to die
 - They want to stop their pain
- Asking someone in distress if they want to die will **not** give them the idea for suicide
- Someone thinking about or attempting suicide is suffering severe pain and distress
 - Take every ideation seriously
 - Someone who talks about wanting to die often times attempts, and may die by, suicide

Disrupting Suicide Attempts Helps Survivors



- When a method for suicide is removed, someone at risk is unlikely to substitute with a different method
- The most effective way to prevent suicide is putting time and space between a distressed person and a lethal means

Helpfulness of Gatekeepers



- Definition of gatekeepers
 - Anyone who is strategically positioned to talk about suicide to someone who is vulnerable to suicide, and disrupt a suicide attempt
 - Can be a friend, peer, supervisor, chaplain, sexual assault response coordinator, or victim advocate
- SAPR staff are gatekeepers when they are able to...
 - Question a survivor's desire or intent regarding suicide
 - Persuade a survivor to seek and accept help
 - Refer the person to appropriate resource as needed

Post-assault, Negative Experiences and Stressors



- Multiple civilian and research studies demonstrate that survivors face many negative experiences and stressors, which elevate their risk for suicide

| Situational | Emotional | Interpersonal | Behavioral |
|---------------------------------------|-------------------|-----------------------|----------------|
| Legal problems | Feeling anxious | Relationship problems | Self-cutting |
| Job insecurity | Feeling depressed | Feelings of isolation | Self-bruising |
| Difficulty in coping with adjustments | | | Sleep problems |

- See Handout 1 for more information

Reluctance to Seek Help from Behavioral Healthcare



- According to the 2016 Status of Forces Survey for Active-duty Service members, many do not seek help for negative experiences and stressors because of....

| Reason | % of Respondents |
|---|------------------|
| Fear of being perceived as broken | 48% |
| Breach of privacy/confidentiality | 46% |
| Negative impact to career | 43% |
| Lack of confidence in resources to solve problems | 37% |
| Lack of confidence in chain of command | 37% |
| Not knowing who to turn to | 37% |

- SAPR staff need to help survivors, especially those vulnerable to suicide, get the support they need to mitigate suicide risk

Warning Signs for Suicide Attempts



- Survivors who demonstrate sudden changes in the below moods or behaviors may be at higher risk for a suicide attempt* and need a safety assessment

D – Dissatisfied
with self

A – Alone

S – Scared

H – Hostile

+

- Sudden increase in alcohol and drug use, and

- A decline in interpersonal relationships

How do these patterns reflect what you know about or have experienced with survivors?

***Based on recent suicide warning research from Bagge, Littlefield, & Glenn (2014)**

Safety Assessment



- Per DoD policy, SAPR staff may be designated as personnel to conduct safety assessments
- DoD SAPRO developed a Safety Assessment Tool to evaluate whether a survivor is at risk of harm to themselves or from an alleged perpetrator(s)
 - DoD SAPRO developed the tool based on DoD policy and research on safety interventions for survivors of interpersonal and sexual violence
- See Handout 2 for the tool and safety plan or visit <http://sapr.mil/index.php/policy/sapro-policy-toolkit>

Columbia Suicide Severity Rating Scale



- DoD SAPRO safety assessment reflects current policy for assessing self-harm amongst survivors
- The Columbia scale reflects another approach to assess individuals for self-harm with intent to die
 - Not part of current DoD SAPR policy...
 - But may be included in future DoD guidance...and
 - Recent research indicates non-clinical (e.g., chaplains, lawyers, janitors) staff can safely and effectively use the Columbia scale for a general and clinical populations

Columbia Suicide Severity Rating Scale (cont.)



- Example of the scale (see Handout #3)

| SUICIDE IDEATION DEFINITIONS AND PROMPTS | Past month | |
|---|------------|----|
| | YES | NO |
| <i>Ask questions that are bolded and underlined.</i> | | |
| <i>Ask Questions 1 and 2</i> | | |
| 1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> | | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> | | |
| <i>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</i> | | |
| 3) <u>Have you been thinking about how you might do this?</u> E.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.” | | |
| 4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to “I have the thoughts but I definitely will not do anything about them.” | | |
| 5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u> | | |

- For more information, visit https://www.youtube.com/watch?v=Ted_gl-UXi8



Learning Objective #3

Other Suicide Prevention Practices Relevant to Sexual Assault Survivors

Relevance for SAPR Staff



- If known risk for suicide is a reason for a referral to a helping professional, SAPR staff need to be aware of other tools and techniques used to prevent suicide among survivors
 - SAPR staff can reinforce the growth and reintegration the tools and techniques intend to promote
 - SAPR staff can offer feedback to the helping professionals on how well survivors are adhering to the tool or technique
- Subsequent slides present other examples of tools and techniques used with military survivors

Crisis Response Plan



- This is a sample plan that a survivor might receive as a follow-up to a session with a behavioral healthcare provider, chaplain, or community counselor
- SAPR staff can be listed as a person who can help and reinforce use of the plan

Warning signs

Things I will do on my own

Reasons for living

People whom I can ask for help

Crisis/professional assistance

Lethal Means Counseling



- Lethal means counseling can follow up a safety assessment when survivors have a risk for self-harm and access to lethal means (e.g., firearms, poisons, medication, sharp objects)
 - If SAPR staff do not have training in lethal means counseling, they should refer to someone who does
- Counseling on Access to Lethal Means (CALM)
 - A voluntary training for helping professionals to reduce impulsive use of lethal means in suicide attempts
 - For more information, see Handout #4 and visit <https://training.sprc.org/enrol/index.php?id=3>

Hope and Reasons for Living



- Crisis support counselors and behavioral healthcare providers may introduce smartphone applications to survivors to build hope and reasons for living
- Two examples of applications that some survivors you work with may use
 - Safe Helpline Self Care (see Handout 5)
 - Virtual Hope Box (see Handout 6)

Contact Information



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