

Postvention as Prevention: Understanding the Impact of Suicide



From Science to Practice

Using Research to Promote Safety
and Prevent Suicide

Issue

Among the general population, 51% of people during their lifetime have been exposed to at least one suicide of someone they knew, and 28% have been exposed to two or more suicide deaths.¹ Rates of exposure in current and former military members range from 57% to 65%.^{2,3} Research suggests that 135 people are exposed to each death by suicide.⁴ Those bereaved by suicide have a greater probability of attempting suicide than those bereaved by other causes⁵ and are at increased risk for several physical⁶ and mental health conditions.^{7,8} Clinicians can refer bereaved patients to local support services and offer their support early and often.

Key Findings

Characteristics and Effects of Bereavement

- Though several studies have found no difference in the levels of depression, anxiety, or stress experienced by the suicide bereaved,⁹ some studies suggest that certain kinship groups experience elevated risk of mental disorders, particularly those bereaved by the suicide of their spouse,⁷ their child, or their mother.⁸
- Compared with those bereaved by other sudden causes of death, those bereaved by suicide have higher scores for somatic reactions and feelings of rejection, stigmatization, responsibility, and shame.⁹
- Bereavement by suicide is a specific risk factor for suicide attempts when compared with bereavement due to deaths from sudden natural causes. However, a study did not find an association between bereavement by suicide and suicidal ideation, which may be explained by high baseline rates of prebereavement suicidal ideation.⁵

- Several factors influence the distress associated with suicide bereavement for those who lose a loved one who served in the military. Those factors include the potential crises associated with a disrupted lifestyle for dependent spouses and children, the experience of having a loved one's death reported by news outlets and shared on social media, and the uncertainty and the complexity of participating in death investigations.¹⁰
- Some evidence suggests a greater association between bereavement by suicide and poor physical health outcomes than between other forms of bereavement and poor health outcomes. However, other studies show a lowered risk of some poor physical health outcomes or find no difference in physical health outcomes.⁷

Stigma

- People bereaved by suicide may face stigma in the form of several common stereotypes, prejudices, and kinds of discrimination. Stereotypes range from the idea that the family caused the suicide to the perception that the family members are victims. Prejudices are related to blaming or pitying the family, annoyance that the suicide had disrupted the lives of others, and even fear of contagion from the suicide-affected family. Types of discrimination include shunning, avoidance in conversation, shaming through gossip, impatience with the bereaved, denial of support in the workplace, and mistrusting the family.¹¹
- Combating stigma may be further complicated for those bereaved by a military suicide by factors such as the perception of suicide deaths in the military as “dishonorable,” inconsistent recognition of military service of those who have died by suicide, and the perception that military families should protect the reputation of the deceased by carrying on rather than seeking support.¹⁰
- The perception of stigma experienced by people bereaved by suicide correlates with the intensity of depressive symptoms and the duration of mourning. The perception of stigma may lead a person to refuse to discuss the experience or an inclination to dismiss or minimize its impact.¹²

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Postvention Needs

- Although people bereaved by suicide report that family and friends are the most valued form of support, many also experience a need for professional support or a sense of comfort from knowing that professional support is available. They also value the opportunity to connect with others who have been bereaved by suicide, and most who seek support access it through community bereavement support groups.¹³
- Those bereaved by suicide report needing information to counter stigma, such as rates of suicide, information on why an individual would consider suicide, and practical information about how to move forward. Hearing the stories of other people bereaved by suicide is identified as important both as a way of feeling hopeful and as a way of decreasing stigma.¹⁴

Implications

Despite evidence that bereavement by suicide has a number of negative mental and physical health consequences, more research is required to identify consistently effective interventions for suicide bereavement and its associated outcomes.^{15,16} The evidence that does exist suggests that interventions should include numerous supportive, therapeutic, and educational sessions over an extended period. Pursuing strategies to alter detrimental aspects of a patient's social environment may also increase the effectiveness of interventions.¹⁵

Ways You Can Help

- Consider referring patients bereaved by suicide to military suicide loss peer support programs such as Tragedy Assistance Program for Survivors.¹⁰
- Consider providing suicide loss survivors with the American Foundation for Suicide Prevention and the American Association of Suicidology websites, which include educational materials and search engines for local support groups: afsp.org/find-support/ive-lost-someone/resources-loss-survivors and suicidology.org/suicide-survivors/suicide-loss-survivors.
- The Office of Decedent Affairs at each VA medical center offers support to survivors of loss regarding the benefits and services available through VA. Resources for survivors are also available online from the VA Office of Survivors Assistance: VA.gov/Survivors.¹³

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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