

## ● VIOLENCE PREVENTION: THE INVESTMENT THAT SAVES LIVES

Violence has been prevented in the United States and across the world through rigorous testing of programs and ideas. Yet these programs remain little known and under-funded. Global Violence Prevention publishes case studies of programs that have been tested and shown to work. If public and private funders would support these programs and ones like them on a broader scale, many lives would be saved and people would suffer less from self-directed and interpersonal violence.

# Suicide Prevention in the U.S. Air Force

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**T**he U.S. Air Force reduced the rate of suicide among U.S. Air Force personnel by 33 percent between 1996 and 2002. The study compared two populations, one that was exposed to the intervention from 1997–2002 with one prior to the intervention from 1990–1996. The study covered 5,260,292 active duty U.S. Air Force personnel.

Suicide rates in the U.S. Air Force had increased significantly from 1990 to 1994 and peaked at 16.4 suicides per 100,000 in 1994. Senior Air Force officials recognized that many servicemen who committed suicide had given signs that they needed help. A successful intervention would require an approach that reduced the stigma associated with mental illness.

The Air Force developed a service-wide, public health intervention aimed at reducing risk factors such as mental health problems, substance abuse, relationship problems and social isolation. The intervention also enhanced factors considered protective. The program included the following components:

**Leadership Involvement** To ensure the program had the support of the entire service, squadron commanders received awareness education and training in suicide prevention. In addition, messages from the Air Force chief of staff were delivered every three to six months to all installation commanders reminding them of the importance of suicide prevention and encouraging them to actively promote protective factors, identify risk factors, and encourage personnel to seek help.

**Professional Military Education** Suicide prevention was incorporated into professional military education curricula through required training. Curricula required a basic knowledge of suicide and violence risk factors, intervention skills, and referral procedures for people potentially at risk.

**Community Education and Training** Military personnel received “buddy care” training so they could identify risk factors, provide appropriate intervention, and refer individuals who were potentially at risk of suicide. The Air Force ensured that all of its community mental health centers had at least one mental health professional on site.

**Investigative Interview Policy** The Air Force adopted a new policy to assess risk factors for suicide for individuals under investigation for legal problems.

**Critical Incident Stress Management** All Air Force installations were required to have a multi-disciplinary team consisting of mental health providers, medical providers and chaplains who could respond to traumatic events at the community level, including suicides.

**Limited Patient Privilege** To promote help seeking behavior, the Air Force established a policy of ensuring confidentiality in the psychotherapist-patient relationship for individuals at risk for suicide.

**Suicide Event Surveillance System** The Air Force established a database that enabled it to track risk factors in individuals at high risk of suicide.

The key lessons derived from this community-based intervention may be particularly adaptable in selected workplace contexts that are more tightly organized.... These could include police and fire fighters, other elements of the armed services worldwide, larger corporations, states or smaller countries, and schools and universities.

Knox K et al. Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *British Medical Journal*. 2003;327;1-5.

## EVIDENCE-BASED RESULTS

The service-wide public health intervention program adopted by the Air Force resulted in a 33 percent risk reduction for suicide. Because the study was comprehensive, it was also able to evaluate the impact of the suicide prevention program on other behaviors that share underlying risk factors including family violence, accidental death and homicide. Risk reductions for outcomes in these areas ranged from 18–54 percent.

## APPLYING THE PUBLIC HEALTH APPROACH TO PREVENT SUICIDE

Each year, 1.6 million people worldwide lose their lives to violence and one half of the victims are suicides. To prevent suicide globally, adequate funding from both public and private sources is critical. With funding, a body of evidence-based research will identify practical interventions and achieve lasting progress in violence.

For more information about this study, contact Dr. Kerry Knox at [kerry.knox@va.gov](mailto:kerry.knox@va.gov).



Fran Henry, Coordinator  
Global Violence Prevention  
P.O. Box 152  
Cummington, MA 01026  
[franceshenry@earthlink.net](mailto:franceshenry@earthlink.net)

**GLOBAL VIOLENCE PREVENTION** is a network of U.S. researchers and practitioners of violence prevention, working to bring resources to low-income and middle-income countries for evidence-based prevention of self-directed, interpersonal, and collective violence.