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# Impacts of exposure to suicide of a military colleague from the lived experience of veterans: Informing postvention responses from a military cultural perspective

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**ABSTRACT**

Although exposure to the suicide death of a military colleague has been shown quantitatively to increase suicide risk factors among veterans, there are very few studies where veterans have been asked about this experience. This article presents a qualitative analysis of 38 interviews with U.S. veterans with exposure to the suicide death of a military colleague in past war operations. Participants described the impact of exposure in relation to the military context and official response to the death, which had long-term ramifications. Our findings suggest suicide prevention and postvention responses for veterans should be informed by the lived experience of veterans, including those for whom this experience occurred significantly in the past, as the impacts of different military policies and practices in response to suicide deaths over time are relevant to the impact of exposure to death of a military colleague in the short and long term.

**KEYWORDS**

Veteran; suicide; exposure; qualitative; postvention

## Introduction

The rise in veteran suicide rates over the past decade is an increasing public health concern, including for those bereaved by these deaths, for whom there is elevated suicide risk. There is a significant body of evidence that shows an increased risk of suicide amongst persons who have been exposed to the suicide death of someone close to them (Levi-Belz & Aisenberg, 2021; Maple et al., 2017; Pitman et al., 2014), particularly veterans, active-duty soldiers, and members of the national guard (Bryan et al., 2017; Cerel et al., 2015). These risks are mediated through psychosocial factors including feelings of guilt, shame, and personal responsibility, which may result in significant impacts on mental health, such as depression and prolonged grief (Andriessen et al., 2017; Jordan, 2020; Levi-Belz et al., 2023). The socio-cultural-political context of these individual impacts is relevant, as the stigma associated with suicide, a continuing legacy of the politicization of suicide death as immoral and criminal, shapes responses to persons bereaved by suicide (Corrigan et al., 2018; Cvinar, 2005). In this context, persons bereaved by suicide report experiences of lack of social support and exclusion that can lead to social withdrawal and secrecy about the death, which in turn has adverse impacts on mental health (Oexle et al., 2020). Postvention, the actions undertaken to support persons bereaved by suicide and prevent suicide amongst suicide survivors, is thus recognized as an important aspect of suicide prevention (Andriessen, 2009; Jordan, 2017). Postvention can involve peer and social support, clinical interventions, policy and advocacy work, community activism, and research (Andriessen et al., 2017).

The rising rates of suicide among military veterans must be considered in terms of how we are responding to veterans experiencing mental distress and the cumulative and compounding impact when a veteran dies by suicide. Over the last two decades, rates of suicide deaths among veterans in the Unites States (U.S.) rose from 18.5 per 100,000 in 2005 to 27.5 per 100,000 in 2018 (1.5 times the 2018 non-veteran

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suicide rate) (Office of Mental Health and Suicide Prevention, 2020). It is unknown how many veterans know another soldier who has died by suicide. Data on suicide deaths of combat troops in the Vietnam and Korean wars is limited by under-reporting of suicide death due to stigma, misclassification of suicide deaths, and lack of information about the preceding circumstances of individuals whose deaths are recorded as accidental (Adams et al., 1998; Pak et al., 2019). However, recent lifetime suicide exposure research including U.S. veterans from past war operations shows that of service members and veterans with lifetime exposure to suicide, 25.4–43.3% experienced exposure to suicide during their military career (Cerel et al., 2015, Hom et al., 2017).

With the increasing rise in suicide deaths among veterans, research to inform prevention and postvention has predominantly focused on identifying and measuring suicide risk factors. Trauma exposure, Post Traumatic Stress Disorder (PTSD) and depression are widely recognized suicide risk factors among veterans (Bryan, 2016; Bryan & Heron, 2015; Guerra & Calhoun, 2011; McCauley & Ramos, 2020; McLean et al., 2017). Research on socio-cultural risk factors for suicide among veterans shows that dominant masculinity and military values of emotional toughness and self-reliance are relevant, resulting in stigmatization of mental distress and delayed help-seeking until the distress is severe (Bryan et al., 2012; Denneson et al., 2015; Denneson et al., 2020).

Exposure to suicide is a risk factor for mental health difficulties among national guard and veterans including depression, anxiety, and suicide ideation (Bryan et al., 2017; Cerel et al., 2015). The close relationship between military colleagues, built through shared training and military experiences and values such as loyalty and comradery (Bryan, Clemans, & Hernandez, 2012), has been identified as an important factor in understanding the impact of exposure to suicide among veterans. Research exploring grief following the suicide death of a military colleague found that the closeness of the relationship intensified emotional response and guilt over not being able to prevent the death (Lubens & Silver, 2019; Pak et al., 2021). Our previous research with veterans, the precursor to this study, found that perception of closeness to the deceased substantially increased the risk of depression, anxiety, PTSD, and prolonged grief (Cerel et al., 2016, 2017; van de Venne et al., 2017). Among veterans exposed to suicide, the likelihood of depression, anxiety, PTSD, and prolonged grief diagnosis was higher for those who also had exposure to traumatic death in their military career (Cerel et al., 2015).

Suicide prevention and postvention research more broadly recognizes that qualitative, lived experience research is vital to understanding reasons for suicide, the contextual factors that produce risk and vulnerability, and how to improve support services (Andriessen & Krysinska, 2012; Miklin et al., 2019; Shaw et al., 2019; Wayland et al., 2020). However, as shown by recent systematic reviews, there is scant postvention research focused on the military context (Pak et al., 2019; Peterson et al., 2022). This limitation is significant, as research has shown that military culture uniquely shapes expectations and responses to death as well as barriers and facilitators to seeking mental health support (Bryan & Morrow, 2011; Jamieson et al., 2022; Monteith et al., 2020). This study seeks to address this gap, aiming to inform postvention approaches from the lived experience of veterans.

## Methodology

A critical interpretive phenomenological approach was applied. The defining feature of interpretive phenomenology is that it attaches epistemological value to lived experience knowledge (van Manen, 1990). Interpretive phenomenology is an approach to gaining a deeper understanding of the lived experience of a phenomenon. Applying this methodology with a critical lens, the research both investigates the meanings and structures related to experiences of the phenomena and informs action based on the perspectives of participants (Matua & Van Der Wal, 2015), which was important in terms of our aim to inform postvention. Critical theory is not a singular theoretical perspective, but rather a theoretical category encompassing multiple approaches that aim to illuminate oppression and facilitate social change (Briskman et al., 2009; Tshabangu et al., 2022). The critical approach adopted in this study aligns with broader applications of critical theory, where the focus is on the relationship between subjectivity, the social-cultural-political context, and addressing inequality by privileging the perspectives of persons who have previously been excluded from knowledge production (Thompson, 2000).

This study forms part of a larger project investigating the impacts of suicide exposure among veterans utilizing a mixed-methods study design. This article reports the findings of the second-stage qualitative study. This study was approved by the University of Kentucky Institutional Review Board and reviewed by DoD's Human Research Protection Office.

### Recruitment strategy and inclusion criteria

Veterans who participated in a random digit dial survey (full details reported in Cerel et al., 2015), and who reported the loss of someone they knew at any point in their life to suicide, or during their military career suddenly and traumatically, were invited to participate in a follow up interview. To supplement these, the study was advertised through professional networks to purposively recruit younger veterans with experiences of exposure to suicide. This article reports on the analysis of interviews with participants who reported exposure to the suicide death of a military colleague. Amongst participants reporting a loss of a military colleague by suicide, time since exposure to death varied, with some participants reporting deaths in recent conflicts including Operation Enduring Freedom and Operation Iraqi Freedom and other participants reporting deaths in the Korean and Vietnam wars. *Military colleague* was defined as a person who was in active duty at the same time as the participant, including people who were deployed together, and those who were connected through the same veteran community even if they did not know each other while in active duty.

### Data collection

Semi-structured interviews with 38 veterans with exposure to the suicide death of a military colleague were undertaken in 2013–2014. Amongst these participants, 32 additionally reported exposure to the traumatic death of a military colleague, however, our analysis focuses solely on responses to suicide death. The interview questions focused on their relationship to the deceased person(s), what happened at the time of death, what happened in the period immediately after the death, the military/Veterans Affairs (VA) response, the effects of this experience, and what was helpful (see Table 1). Interviews were transcribed verbatim.

### Demographics

Participants primarily identified as male (95% compared to female 5%) and white/Caucasian (98%, compared to African American/Black 2%). The mean participant age was 56 years (range 25–78 years). Many participants reported exposure to more than one death of a military colleague, with a total of 44 deaths described in the interviews.

### Data analysis

Interviews were analyzed applying a reflexive thematic approach (Braun & Clarke, 2019). This approach to analysis takes the perspective that themes are developed through the interpretive lens of the researcher(s), shaped by their theoretical perspective and worldview. Taking this approach, themes represent patterns of meaning interpreted from the data set, organized around centralizing concepts. In this study, themes were developed inductively through the analysis process; however, as per reflexive thematic analysis, it is important to acknowledge that this process is not atheoretical or value-neutral. Rigor was managed via iterative, critically reflective, dialogical processes (Braun & Clarke, 2021). In this study, Author 1 and Author 3

**Table 1.** Interview guide.

| Topics | Questions |
|---|---|
| Exploring the relationship to the deceased person | Tell me about how you first met? |
| | How did the relationship develop? |
| | How close would you describe your relationship? |
| | Tell me about the last time you had contact? |
| Exploring what happened at the time of death | Tell me about the day they died (or when you found out they had died)? |
| Exploring what happened in the period immediately after the death | Can you tell me about the next few days? |
| | Who was important and who else made contact? |
| | Was it welcome or unwelcome? |
| | Was it what you needed? |
| Exploring the response to the military/Veterans Affairs (VA) response | What was the military/VA response to the event? |
| | How was this helpful/unhelpful? In what ways? |
| | What would you have wanted differently from the military/VA to help you through this? |
| Exploring the effects of this experience | How has life changed for you as a result of the death? In what ways? |
| | What things have been difficult for you due to the death? |
| Exploring what was helpful | What have been the best sources of support? |
| | What would you like other people to know about going through this experience? |
| | What would you change about it if you had to live through it again? |

**Table 2.** Coding/category/theme examples.

| Category | Semantic Codes | Sub-themes | Primary Themes |
|---|---|---|---|
| Military Context | Acceptance of death, Acculturation, Comradery, Duty, Expectation of coping, Grief as personal weakness, Honoring the deceased, Lack of official response, Normalization of death, Secrecy, Self-preservation, Stigma, Suicide as personal weakness, Trained to be tough | Military cultural norms and values mediate responses to suicide death.<br>Honoring the deceased. | Military acknowledgment matters. |
| Individual response | Disbelief, Distraction, Experiences of separation from the military, Increased awareness, Lack of broader community awareness of the experiences of veterans, Long-term impact, Regret, Repressed emotions, Shock, Trying to make sense | No time for grief.<br>Repressing emotions as necessary in the military context.<br>Repressing emotions has long term impacts. | Emotional repression as an unsustainable coping strategy. |
| Bereavement Support | Captain, Chaplain, Community, Family, Fellow servicemen, Friend, Health professional, Lack of Military Response, Lack of support for family, Military, Military financial support, Ministerial or church, Non-judgmental, Ongoing, Someone with lived experience, Workforce Peers | Bereavement support as non-judgmental.<br>Bereavement support as support from peers/persons within the community.<br>Bereavement support should reflect understanding of military culture. | Bereavement support as non-judgmental, and informed by lived experience of military culture. |

discussed and compared interpretations of the data in each stage of the analysis (outlined below) and collaboratively developed the themes. Determining the final set of themes was a process of consensus between all three authors.

The analysis was conducted in stages. Our process began with reading the transcripts line by line and coding the data. This process generated an initial set of semantic codes and categories, descriptively labeling the data (Braun & Clarke 2006). NVivo 12 QSR software was used as a data management tool in this stage. The second stage involved developing subthemes and primary themes through the interpretation of the data. A visual representation of how the themes were generated is presented in Table 2.

## Results

The data was historical and retrospective in nature, with participant experiences reported over a long time ago. Three primary themes were identified relating to the experience of the loss of a military colleague by suicide and postvention: military acknowledgment matters; emotional repression as an unsustainable coping strategy; and non-judgmental support informed by lived experience.

### *Military acknowledgment matters*

Participants described an institutional norm that exposure to death is to be expected and return to work occurs immediately following the death of a colleague. This corresponds with a degree of mutual acceptance that deaths will occur and that time to grieve the loss of a colleague may not be possible because there is a mission to complete. However, the lack of official military acknowledgment of the loss was described as unhelpful for survivors. Participants described this as isolating, leaving them with no support or someone to talk to:

> You know, all I got was questions to see if I had any involvement or knew anything. And, you know, once that was over that was it. Nothing. There was no support system whatsoever. It wasn't helpful to anybody that was left, you know, surviving it. There was nothing … Nobody came around and said, "Are you okay?" (STDE444)

The lack of military acknowledgement of the loss was also described as unhelpful because it left survivors alone in figuring out how to cope. Talking with peers was the main strategy utilized by participants; however, this was restricted by the demands of work or the presence of those who were not close to the deceased. This is demonstrated by the quote below, where the participant describes peers who didn't want to talk about the suicide of their colleague. In these circumstances, the death wasn't spoken about, or levity was used to make light of it. This participant reflects that whilst he was accepting of this at the time, in hindsight it was unhelpful:

> Interviewer: What was helpful versus unhelpful about the military's response to this event?
>
> Participant: I would say at the time, it was unhelpful. You had to figure out how to cope with it yourself. And that's something where we make … the guys whose down there … especially when they really didn't know him or didn't ever even talk to him … you know … that gives a lot more, I guess, levity to the situation. We just got over it … they didn't

> want to talk about it so … we didn't talk about it. But in hindsight, I think it'd been helpful to talk about it with somebody. Just to grieve a little bit. (SE447)

Participants were unanimous that official acknowledgement is the least that should occur in the event of a death. This was reflected in terms of the importance of officially recognizing the deceased for their service and recognizing the loss experienced by those who were close to them. Some participants also conveyed that official acknowledgement is important because it demonstrates that the organization cares about the person who died. One participant articulated a service for people he served with "would have been a good thing because, you know, he was a member of a flight and he did have friends and um, if nothing but just a short, small memorial service" (STDE 541). Another said:

> I do think that when somebody in a military unit is lost, that at the very least, that unit should give some kind of acknowledgement that the person was lost like the Blue Angels do, they send up the one plane by itself. I think all the military branches, when they lose somebody in a unit like that, they should do a little something like that, just to show that the person would be missed, and that people there did care for him. (STDE632)

For some participants, this was particularly important because they attributed traumatic experiences from military service as the reason for their colleague's suicide.

### *Emotional repression as an unsustainable coping strategy*

There was a dominant narrative of using the distraction of work and emotional repression as a short-term coping strategy that increased vulnerability in the long term. There was minimal use of support at the time of the exposure to the death of a colleague. Participants devalued addressing emotions and accessing services if there was still a mission to complete because it would interfere with their focus or prolong deployment. This could lead to minimizing or dismissing adverse psychological and emotional effects of exposure and providing the "right" responses to satisfy the military that they were fit to continue. In the quote below, the participant illuminates that the institutional value placed on emotional toughness reinforces the tendency to understate the impacts of trauma on suicide risk assessment questionnaires to show that you are trained and fit to continue:

> People aren't always going to be honest with those questionnaires because of the reason of them, you know, they are trying to make you tough, you know you get over things, you have got to be tough, you have got to, so I, I don't know. (SE8004)

Participants described diverse experiences of the effects of emotional repression over time. For example, one participant said they developed a "callousness" and greater acceptance of death resulting from numerous traumatic death exposures:

> You become more callous. If you want to call it hard, harder, it can be. It isn't really hard hearted, it's being callous because you hear over the years, 22 years I would say that there was, in total around me at that time, there was probably maybe 15–20 people that I know of that died. (STDE520)

Another participant described the long-term effects of emotional repression have only recently started to affect him and that he is almost unable to function in social settings:

> You know I didn't think about it so much "til I started getting older, just the last five or six years, everything that happened in the medical hold company for some reason. I don't know why all of a sudden it started bothering me. That wasn't the only incident in there that disturbed me. As far as how it affected me, I'm not sure how to answer that, I just know it was negative … I can't hardly function in a social setting you know". (SE589)

Other participants highlighted that emotional repression has led to a lack of confidence in available services to understand and assist them:

> It would be hard for someone to sit in and tell me what I needed to feel or tell me it was okay to feel the way I was feeling … for someone that had the training to get me to understand what I'm feeling. And what I can do to live with that. And I like to say, and I don't know if this is a primary root cause or if it's a trailing factor or what, but I know that I have suppressed emotional feelings. I have suppressed anger. (STDE491)

Participants described difficulty building trust and disclosing their experiences because of a perceived lack of understanding about veteran PTSD. Participants identified that these difficulties were pronounced immediately after separation from the military and held the view that veterans recently separated from the military were a particularly vulnerable group. Transition back to the community was linked to loss of the distraction of work, processing events that occurred during deployment and managing accumulated trauma and adrenaline alone. Participants wanted to convey to newly separated veterans the limitations of the distraction of work as a long-term

coping strategy, highlighting how this has negatively affected their health over time:

> Yeah, after I quit, after I retired, all this stuff came back. That's what happens. All these unhappy memories really come back and you start remembering stuff that you never knew you'd remember. You remember all of it and, I think that's probably one of the dangers about retirement for people that have been involved in these wars. That after they've retired, it all comes back … I was a [name removed] here for seven years. Really busy. Yeah, and I had really wore myself out … Tell you the truth I have heart problems … I've got a pacemaker, all kinds of stuff. But I think a lot of new veterans, the way they deal with this, these memories, is they work themselves to death. Or they shoot themselves. Maybe both. (STDE 587)

Other participants emphasized the military's responsibility to provide transitional support to newly separated veterans, recognizing that the military environment acculturates emotional repression, but this is not a long-term coping strategy:

> For people who have been in combat. They shouldn't be turned out as soon as they get home. They should have to spend a year in the service after they get home and monitor and get in touch with the bad things, then therapy does help. If you have the right therapist. They need to talk it out, get it out. Normally, guys that have been in a combat situation have this masochism about them. That they keep everything inside. You know, and they don't want to talk about it. It will kill you. It will absolutely kill you. (STDE 435)

There was a strong message that non-judgmental support from professionals who recognize the needs of veterans and are willing to listen and validate their lived experience is required.

### *Non-judgmental support informed by lived experience*

There was a dominant perception that only people with first-hand military experience understand the lived experience of service members/veterans and can provide bereavement support. Talking to people with military experience was described as an important part of postvention to assist people in not feeling alone:

> Other people who have been over there. People in my unit. Ah, yeah, just people who have been over there, who understand what it is like over there. Talk to people down at the, who have been through the same thing … if you are going through it, trust me there is somebody else out there that is going through the same thing. So don't feel alone, don't feel, somebody is going through it. (STDE540)

During active service, Chaplains were identified as the primary source of support outside of close colleagues. Good chaplain support was characterized by empathy and non-judgmentalism, understanding of the service member experience, permission to grieve, reassurance or affirmation that you were doing a good job, and proactive. For example, it was valued when Chaplains approached service members rather than service members needing to initiate engagement. Some participants suggested that in addition to a Chaplain, it would have been helpful to have support from someone who has lived experience of loss of a military colleague and can provide first-hand advice:

> One would have been an experienced military person that's kind of had to go through some of this and knows what it feels like. It would have to be somebody that has been able to cope themselves, and they can give insight on how to adjust and work through it. And they need the chaplain also for their spiritual help, and they can also guide them through this. (STDE 486)

The perception that only other veterans understand the lived experience of their peers was demonstrated by participants taking the research interview opportunity to provide advice to other veterans and current active-duty members about the dangers of repressing emotions and encourage help-seeking. Participants actively sought to convey that help-seeking for mental distress is not a reflection of incompetence or weakness, which can sometimes be assumed or perceived in the military context. The following quotes are illustrative.

> And for the person who gets caught off guard like I was and the other guys were, just to find somebody who they can talk with and just be honest with and be transparent with, let their genuine feelings be known. Especially in a military environment, where it's, you know, it's changed a lot since I've been in there, but at that time it was very much you know, boom, duty, duty first. Now that's changed, being a member of the military later on, I realized that there are places where they can go to talk, and vent and not be seen as being a poor soldier or a poor airman. (STDE 541)

> Just for other veterans- just that if they're contemplating suicide, please go get help 'cause I understand the VA's got all kinds of help. Just talk to somebody. Maybe talk to your priest or your clergymen, or your pastor and, you know, talk to somebody. Don't keep it inside and that's, you know, all I'd like to say. Maybe tell all the vets, you know, it's not worth it. Don't let this stuff make you take your own life. (STDE 611)

Non-judgmental support, support from persons with lived experience of loss of a military colleague, and support from persons with experience of military culture were identified as vital to effective postvention.

This was associated with de-stigmatizing help-seeking, improving outcomes for veterans, and recognizing the direct relationship between military experience and individual risk factors among veterans.

## Discussion

Participants were a heterogenous group who had experiences of suicide, some also with other traumatic death exposure over varying lengths of time, including some extensive periods. Regardless of the time, the experience of the loss of a military colleague by suicide was described in relation to the military acknowledgement of the death, the shortcomings of emotional repression as a coping strategy, and access to support from people with lived experience of military service.

There was an expectation that all service members and veterans should be honored for their service. The military's response to the death and whether it was felt that the deceased had been recognized for their service was important. Honoring the deceased demonstrated the integrity of military organizations and their members. When this did not occur, participants described disenfranchized grief (Doka, 1989), connected to their close relationship to the deceased not being recognized and not being permitted time to grieve.

Emotional repression as a coping strategy for adverse psychological and emotional effects of exposure to suicide and traumatic death was identified by participants as a military cultural norm, sometimes necessary for survival. However, emotional repression extended into civilian life, compounded over time, and was a barrier to help-seeking if it led to perceived burdensomeness and that others would not understand them (i.e., thwarted belonging) (Van Orden et al., 2010). In the long-term, ideals of emotional toughness and self-reliance can result in perceptions that help-seeking is futile (Harrington-LaMorie & Ruocco, 2011), and it is noteworthy that most American veterans who die by suicide have not initiated care from veteran health services (Office of Mental Health and Suicide Prevention, 2019).

Our study also reinforces research indicating that the period immediately after separating from the military is a high-risk time for veterans due to loss of role and challenges relating to others (Denneson et al., 2015; Shen et al., 2016) and that suicide prevention strategies promoting interpersonal support of military personnel and their families at this timepoint are warranted (Martin et al., 2020). Even though it was a long time since our participants had separated from the military, they still reflected on the importance of this time. In addition, participant experiences highlight that retirement should be understood as a critical timepoint for increased support when working has been a coping strategy for trauma resulting from active service. The U.S. Department of Veterans Affairs currently offers the Transition Assistance Program providing support either one year prior to separation or two years prior to retirement, and future research should address whether such programs are effective in alleviating suicide distress in the short and long term. In acknowledgement of the elevated risk of suicide for service members and veterans, suicide postvention strategies have also been implemented by the Department of Defense, although it has been noted that these are primarily for immediate family members as opposed to fellow service members (Pak et al., 2019).

Participants highlighted the importance of survivor access to non-judgmental support from persons with lived experience of the military environment. The importance of access to non-judgmental support informed by lived experience was connected to a belief that only people with first-hand military experience could understand and provide help. These findings align with the Tragedy Assistance Program for Survivors (TAPS) Suicide Postvention Model for working with suicide in the military and veteran community (Ruocco et al., 2021). This model emphasizes that trauma assessment is vital, but often overlooked by mental health professionals. Further, alongside a focus on individual risk factors, proactive attempts to promote a sense of belonging and connectedness through peer support practices are required (Ruocco et al., 2022). Whether such a model can be applied to those who have experienced historic exposure to suicide is worthy of further investigation.

Our study found mixed experiences of support from peers at the time of death, with many participants describing access to support from close peers in the immediate aftermath, but that this could be undermined by others who were not supportive and also lack of time. Scholars have advocated that suicide prevention strategies should harness the closeness of relationships between military colleagues and the strengths of soldier identity (Bryan et al., 2012; Martin et al., 2020), however, these strategies have also been critiqued as potentially harmful if they "lead traumatized soldiers to castigate themselves for what, in reality, may be the shortcomings of the therapeutic technique" (Braswell & Kushner, 2012, p. 535). Recent

research shows that military culture continues to be characterized by the stigmatization of disclosing suicidal thoughts and insensitivity about suicide in general (Denneson et al., 2015). Support among colleagues cannot be assumed. Moreover, as shown by our study, the impacts of the loss of a military colleague by suicide can appear across the lifespan, in some instances long after separation from the military and proximity to close colleagues. Participants in our study also highlighted that active-duty members face the challenge of being seen as unfit for duty if they seek help for mental health issues. Although our participants were not recently separated from the military, this continues to be a salient issue. TAPS peer mentors have advocated that military leaders must not only support the people they lead when it comes to mental health, they must "go beyond that and create a culture where it's okay to say you're not okay" (Ganues, 2021, p. 1).

To facilitate this cultural shift, our findings suggest postvention responses based on an ethic of ongoing accountability. Military acknowledgment and honoring of the deceased at the time of death, and of the traumatic impacts of service, were described as important first steps. In addition, our study suggests postvention needs to be considered as ongoing and long-term. Further research on the lived experience of survivors of the suicide death of a military colleague is required to inform culturally relevant and non-judgmental responses that increase the acceptability of help-seeking and the accessibility of support in the long-term. Listening to active-duty members and veterans with lived experience of loss of colleague to suicide provides the opportunity for community-led development of suicide prevention and postvention policy and practices in alignment with participant values.

### *Limitations*

These interviews were conducted in 2013–2014 and most participants had been separated from the military for a long time at the time of the interview. Findings may therefore not be generalizable to current service members or new veterans. However, our findings resonated with recent advocacy from peer mentors within the TAPS Survivor Care Team (Ganues, 2021). Moreover, since the time of the interviews, suicide rates have continued to rise. The consensus of themes across the dataset despite participants with diverse military backgrounds, and our finding that the impacts of exposure to suicide and traumatic death are long-lasting and sometimes do not appear until decades later, speaks to the ongoing relevance of these narratives. Moreover, some participants had current roles within the VA and insight into current mental health service policy and practice issues for veterans.

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