

WG 3 (Psychological Health)

Empowerment Self-Defense Workshops for Female Service Members in the IDF

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One in three women will experience sexual violence during her lifetime. The data paint a worrying picture of Israeli and global reality.

Self-defense programs are offered as a strategy for reducing women's vulnerability to sexual violence. Self-defense programs for women are based on the premise that violence against women is a "special type" of violence, and the ways in which women respond to violence directed against them are a product of gender education about women's roles.

These programs teach the participants new methods for self-defense that take a more assertive and reactive approach. These are expressed in body language, speech, use of emotion, and patterns of thinking and action. Participants undergo a process of empowerment and self-efficacy. To date, most of the research in the field of empowering self-defense workshops has been conducted among female students on campuses in the United States.

This is the first study of its kind in Israel. The self-efficacy and mental health of female soldiers have been proven to be significant for the success of military service. Our research offers a practical tool for reducing sexual violence against women, both in a general and military context. The program is scientifically proven and is simple, effective and short.

In the long term, its results may lead to the development of an innovative systemic intervention program that will be regularly implemented to help prevent sexual violence in the IDF.

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Suicide Prevention in Routine and Emergency Situations

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Background:

Suicide is the second leading cause of death in young people nationwide and the first among soldiers in times of peace. In times of war suicide rates are usually lower in the general population. Suicide prevention is a major challenge in developed countries. Using a systematic review of evidence, we found four major evidence-based strategies for suicide prevention (Zalsman et al., Lancet Psychiatry 2016). COVID-19 didn't raise suicide rates in Israel and our data show no raise in 33 countries (Pirkis et al, Lancet 2022). Changes in suicide rates after a nationwide trauma may be different from changes in psychiatric symptoms or general distress after such events. However, very few studies have examined short-term suicide-related reactions after such an event.

Objective:

To evaluate the short-term outcome of the events in Israel on October 7, 2023, a large-scale terror attack and unfolding war, on changes in suicidality as reflected in percentages of suicide-related calls in relation to all calls to a national mental health first aid helpline, the Israeli Association for Emotional First Aid (ERAN).

Methods:

The data included all interactions via the various ERAN helpline services between January 1, 2022, and December 31, 2023.

Exposures: The October 7, 2023, terror attack on Israel.

Mean outcomes and measures: Changes in the numbers of overall calls and suicide-related calls to the ERAN helpline using an interrupted time-series analysis.

Results:

A total of 602 323 calls were received by the ERAN helpline. The number of calls reflecting psychological distress in the 3 months before October 7, 2023, was 67 555 compared with 89 445 calls in the 3 months after. Analysis indicated that overall calls increased significantly on October 7 ($\beta = 2089.16$; 95% CI, 1918.97-2259.35). In addition, the daily trajectory of all calls changed significantly after October 7 ($\beta = -22.77$; 95% CI, -33.37 to -12.16), such that there was a decrease in the number of calls per day ($\beta = -11.34$; SE = 1.213; $t = -9.35$; $P < .001$). The number of suicide-related calls in the 3 months before October 7 was 1887, whereas 1663 suicide-related calls were registered in the 3 months after. Analysis showed that there were no changes in the daily number of suicide-related calls from before October 7 ($\beta = -0.001$; 95% CI, -0.005 to 0.03) or on October 7 ($\beta = -0.22$; 95% CI, -3.69 to 3.25). Therefore, the percentage of suicide-related calls decreased significantly on October 7 ($\beta = -1.42$; 95% CI, -1.92 to -0.92) and gradually increased in the following