Commander’s Corner
RDML Rock

Domestic violence is costly, dangerous, and negatively impacts the Navy’s Fleet readiness and our warfighting capability. October is Domestic Violence Prevention Month and this year’s theme is “Know the Signs of Healthy Relationship and How to Strengthen Yours.” Unhealthy relationships and abusive behaviors can happen to anyone – regardless of gender, age or economic level. Conflicts happen even in healthy relationships but what matters most is that they are resolved in a healthy way. Domestic Violence Prevention Month is intended to inform the community about the damage caused to individuals, children, long-term health care, work productivity and community safety from domestic violence. This awareness campaign engages the Navy community in preventing domestic violence by supporting their colleagues, neighbors and friends, utilizing resources, and creating partnerships among leadership, social service agencies, schools, faith-based communities, civic organizations and law enforcement agencies. Our goal within CNRMA is to raise awareness of the signs of abuse and help our Military and Civilian Team address these problems early.

While physical marks may be the most obvious sign of domestic violence, the emotional impacts are often deeper and longer-lasting. Victims often find themselves alone in their struggle and unsure of where to go for help. Exposure to domestic violence negatively impacts children, especially infants, and carries the potential for long-term health, social, cognitive, emotional, and behavioral consequences. We as a CNRMA team, have a shared responsibility to prevent domestic violence and do our part to build a healthy, safe community. Take action if you or your team experiences domestic violence. Utilize our dedicated professionals at Fleet and Family Support Center who provide a range of services that support the safety, well-being and readiness of service members and their families. Encourage our Sailors, their families and the whole Navy community to nurture healthy relationships and to reach out to the Family Advocacy Program for help with common relationship challenges. This alone may decrease emotional escalation and prevent a domestic violence incident even from taking place. By working together and using a collaborative community response, we can make a big difference in our Region to stop domestic violence and keep our team safe.

I call upon all Navy personnel and their families within our Region to commit themselves to speak out against domestic violence, support all efforts to assist victims of this crime in finding the help and healing they need, and increase their participation in our efforts to strengthen our Navy community by preventing domestic violence.

CMC’s Remarks
CMDCM Justin Gray

Our Navy Core Values are more than just “talk.” Our core values are lived and reflected in our everyday practices and interactions. Honor, courage and commitment should be present in our family relationships as well.

Domestic violence goes against our Navy Core Values and has negative effects on our CNRMA Military, Civilian, and Family readiness. Every couple experiences relationship challenges. No matter how tough times get, domestic violence has never solved any relationship issue. At best it damages the fabric of the relationship, introducing fear and at worst leads to erosion of self-respect, damages self-esteem, leads to potential civil and military justice consequences, physical injuries or death. These are felt by both victim and the abuser.

The Navy makes it clear in word and deed that domestic violence is unacceptable and will not tolerated. Resources are available for those who need help. Every person has an obligation to prevent domestic violence. It is uncomfortable to say something to a coworker concerning how their personal relationships are going. We cannot let that stop us from asking questions if we ever hope to move from response to prevention. If you or someone you know is suffering from domestic abuse, I ask you to partner with our Fleet and Family Service team in preventing and reducing the risk of domestic abuse.

I challenge everyone to honor those you have chosen as your partner in life, have the courage to recognize when you cannot solve your relationship challenges on your own and commit to halting domestic violence.
Making Good Choices

Coping positively with difficult situations and military life’s ups and downs has been found to reduce distress and improve psychological health. Here are some key elements that experts found to help manage stress and improve resilience:

- Use positive distracting activities (games, music, books, and movies).

Do You Drink Too Much?

How do you know if you’re drinking too much? You may be drinking too often, too much at one time, or both. To determine whether you’re drinking too much alcohol, you first need to determine if you are engaging in a risky or low risk drinking pattern.

Risky vs. Low Risk Drinking: Understanding your drinking pattern is the first step to deciding whether it needs to be adjusted. Low risk drinking limits have been identified by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as no more than 4 drinks per day AND no more than 14 drinks per week for men. For women, NIAAA defines low risk drinking as no more than 3 drinks per day AND no more than 7 drinks per week. These are guidelines for men and women to keep their alcohol consumption at a level that puts them at low risk for negative health effects. This does not mean there is no risk involved even when following these guidelines.

On the contrary, those who exceed these limits are considered “risky” or “heavy” drinkers. According to NIAAA, about 1 in 4 drinkers who engage in risky drinking already have an alcohol use disorder. It’s important to remember that it is both how much you drink and how often that could result in increased risk.

In general, the more drinks you consume on a single day and the more often you drink more than the daily and weekly drinking limits as indicated, the greater risk to develop not only alcohol use disorders, but other health and personal problems.

Signs of Risky Drinking: There are signs that you or your friend may have a drinking problem and are at risk of an alcohol use disorder. If heavy drinking continues over a long period of time, the severity and quantity of potential harmful consequences increases. The signs below may help you identify risky behavior, earlier rather than later.

- Drinking more or longer than you planned
- Failed attempts to cut down or stop drinking
- Putting yourself in harmful situations while under the influence of alcohol
- Having to drink more alcohol to get the “effect” a lesser amount used to give
- Having a memory blackout
- Feeling depressed or anxious after drinking
- Fighting with family and friends while under the influence or because of drinking

Five Tips for Responsible Drinking:
The below tips provide some ways in which you can practice safe drinking behaviors.

- Alternate alcoholic and non-alcoholic beverages. Pace your drinking by alternating every alcoholic drink with a glass of water.
- Include food. Always accompany alcohol with a meal.
- Count your drinks. Decide how many drinks you want to drink and stick to it. Make sure to track how much you’re drinking and the quantity of alcohol in your drinks.
- Plan activities that don’t include alcohol. If you notice your weekends are focused around drinking, plan other activities to participate in that don’t involve alcohol.
- Have goals. Set a goal for how much money you want to spend on alcohol in a weekend; a goal for engaging in other activities that may be halted due to excessive alcohol use; and a goal for how many drinks you will have. Setting goals for your weekend will often keep you on track to have a productive and fun weekend.

Where to Find Help: If you think you or a friend may be struggling with alcohol use, there are several Navy resources available for help; contact your Alcohol and Drug Control Officer (ADCO) or your command Drug and Alcohol Program Advisor (DAPA). For confidential communication, you can speak with your chaplain or may talk with DoD medical staff. Fleet and Family Support counselors are also available to provide counseling to you and your family members.

• Realizing that life is not fair and finding a way to move forward.
• Controlling self-defeating statements.
• Identifying and concentrating on building strengths.
• Accepting circumstances that cannot be changed and focusing on circumstances that one can alter.
• Considering the stressful situation in a broader context and keeping a long term perspective.
• Looking for opportunities to learn something about oneself and finding self-growth in some way.
• Controlling self-defeating statements.
• Realizing that life is not fair and finding a place to make peace with that for yourself.
Understanding and Identifying Substance Use Disorders

Understanding and identifying a substance use problem, whether your own or that of a friend, can be the beginning of a better life. Learn how to identify the warning signs of substance use disorders and where to get help.

Alcohol use and prescription drug use: Substance use disorders occur when there is a recurrent use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance to the extent that it has an adverse effect on performance, conduct, discipline or mission effectiveness.

Risk factors for substance use disorder include using drugs or alcohol to socialize or relax, and mental health conditions, such as depression, post-traumatic stress and anxiety.

Warning signs: A person can misuse drugs or alcohol gradually or over a short period of time. Some warning signs of substance use disorder include:

- Decreased energy, loss of appetite
- Unexplained injuries and falls
- Denial of a substance use problem
- Irritability, agitation, mood swings, anxiety, depression, difficulty concentrating, memory lapses and blackouts
- Financial difficulties due to spending money on alcohol or drugs
- Trouble with the law, citations for driving under the influence, public intoxication, underage drinking, possession of drugs, assault, sexual assault, domestic violence, child abuse or child neglect
- Poor work performance, repeatedly calling in sick at work or chronic tardiness
- Relationship problems, including physical abuse and domestic violence
- Inattention to personal hygiene and dress
- Spending more time in activities involving alcohol or drugs
- Any of these warning signs may have other causes, but a combination of several signs could mean a problem. Left untreated, excessive substance use can lead to serious medical problems, family conflicts, loss of friendships and problems at work.

Addictive behavior: Addiction to a self-destructive behavior can be similar to substance use disorder. It can interfere with your day-to-day life and comes with severe consequences. Some common types of addictive behavior include:

- **Codependency**: You’re unwilling or unable to leave an unhealthy relationship that’s dangerous to your well-being.
- **Internet addiction**: You spend so much time online that you neglect other responsibilities or real-life interactions.
- **Compulsive eating**: Food becomes a way to cope with emotions and feelings, and you’re unable to control what and how much you eat.
- **Compulsive gambling**: You compulsively place bets, regardless of the financial consequences.
- **Sex addiction**: Sexual activity becomes the primary focus of your life, to the detriment of your other responsibilities and relationships.
- **Workaholism**: Work takes precedence over everything else in your life, including your health and loved ones.
- **Shopaholism**: You compulsively buy things you don’t need—or even necessarily want—as a way to achieve a temporary “high,” despite the financial pressures.

Common red flags of addictive behavior include:

- You can’t think about anything else.
- You lie or become defensive when others question your behavior.
- You feel anxious or depressed when you stop the behavior.
- You become isolated or withdrawn from family relationships and friendships.
- You need to engage in the addictive behavior more often and at higher stakes.

**Strategies to avoid substance use disorder**: The best way to avoid substance use disorder is to recognize that a problem exists and address it. Be observant and proactive. Don’t wait until there is a significant problem in your life or in the life of someone you know. There are things you can do to seek help or provide it to someone:

- Seek help from a supervisor
- Talk to a mental health professional
- Keep an open dialogue with service members
- Promote healthy alternatives for coping with stress

**Treatment and recovery**: Most people who misuse alcohol or drugs need long-term support or professional help. Don’t be afraid to reach out. Depending on the type of addiction, there are different options for getting the help you need.

- **Service branch substance abuse programs**: You may also reach out to your service branch substance abuse program (Navy Alcohol and Drug Abuse Prevention program). Treatment for military family members struggling with addiction is covered under TRICARE.
- **Counseling**: Ask your health care practitioner for a referral to a therapist or counselor in your area. Seek your Chaplain to talk about the issue as well.

If a person is addicted to drugs or alcohol, treatment may include monitoring by a medical professional for signs of physical withdrawal. Most people who abuse alcohol and/or drugs need long-term support or professional help. Ask your doctor for a referral. You can also find support through:

- Twelve-step support groups, such as Alcoholics Anonymous or Narcotics Anonymous
- Detox programs, outpatient or residential programs, and halfway houses
- Al-Anon, Alateen, and other programs that offer support to the friends and families impacted by substance use disorders

No matter what you’re going through, there’s peace of mind in knowing that support is available whenever you need it. Getting help can be the beginning of returning to mission and family readiness and the launching point to a more productive and meaningful life.

![Image of pills and medication]

**Diagnosis**

**Substance Abuse**
CNIC SAPR Team

Q: Are tenant commands (detachments) with OICs required to have 2 Unit SAPR VAs just as parent commands are required to have 2 Unit SAPR VAs?
A: Yes. A detachment should meet the minimum of two Unit SAPR VA requirement if they are in a location where Civilian SAPR VAs are not available. If tenant commands have access to installation services at the time of the report, then they must use the installation victim support services and not be independent of the installation SARC. Unless, tenant and deploying commands have access to installation services at the time of report, “then they must utilize installation victim support services to the maximum extent possible and must not develop SAPR programs that operate independently from the installation SARC or deployed resiliency counselor designated to coordinate these issues for the command.” Or, “if agreed upon by the installation CO, a MOU or MOA may be established to provide SAPR services in lieu of designating unit SAPR VAs. The MOU or MOA must delineate specific instructions and reporting criteria to facilitate unique Navy requirements when the SARC, SAPR VA or unit SAPR VA utilized belongs to another Service.” (OPNAVINST 1752.1C p.2-24)

Q: Can Master at Arms (MAs) serve in the role of a Unit SAPR VA?
A: Yes. MAs may serve as Unit SAPR VAs for their command, but only when not performing duties as MAs. When they are on duty as an MA, they would not be able to conduct SAPR VA functions. Therefore, if the MA was wearing the hat of a SAPR VA at the time of disclosure, then the restricted reporting option would still be available.

Q: What should a SARC do if the Military Criminal Investigation Organization (MCIO) is investigating a sexual assault and the victim refuses to sign the DD 2910 Form (Victim reporting preference statement—UNRESTRICTED/RESTRICTED)?
A: The SARC must open a case in DSADI and should upload the DD 2910 Form stating that the victim refused to sign.

Q: Can I make a Restricted Report to the DoD Safe Helpline staff, Chaplain, Victims Legal Counsel, or Legal Assistance Attorney?
A: No. Safe Helpline Staff, Chaplains, Victims Legal Counsel, and Legal Assistance Attorneys cannot accept a restricted report, but may maintain privileged communications. Only SARCs, deployed resiliency counselors, SAPR VAs, unit SAPR VAs, and healthcare personnel can accept a restricted report (OPNAVINST 1752.1C p. 3-2).

Q: If while on watch I receive a phone call from a victim of sexual assault, am I allowed to ask for their identity and information about the assault?
A: No. Immediately advise the caller, “If you divulge your identity and any information about the assault, your reporting options will be limited to filing only an UNRESTRICTED REPORT which would initiate an investigation into the allegation. Advise the caller to contact the DoD Safe Helpline, local SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or victims’ legal counsel if he or she desires to make a restricted report (OPNAVINST 1752.1C p. 2C-1).

Q: I see that my Command is looking for Unit SAPR VAs; is it true that you must be a “senior” Petty Officer or Khaki to be a Unit SAPR VA?
A: No. To promote reporting, unit SAPR VAs should generally reflect the demographics of the unit to include Officers, Chief Petty Officers, and Junior Personnel. (OPNAVINST 1752.1C p. 2-24). Additionally, they must be able to complete the following training (OPNAVINST 1752.1C p. 2-36):

• 40 hours of DoD-approved SAPR VA training conducted by a Navy SARC or SAPRVA within 90 days of being designated
• Annual National Advocate Credentialing Program-approved refresher training for each 12-month period following the initial D-SAACP certification
• Training on confidentiality requirements and exceptions of restricted reporting and Military Rule of Evidence 514

DoD Releases Annual Report on Sexual Assault in Military

On April 30, 2018, The Defense Department released its annual report on sexual assault in the military. According to the report, service member reporting of sexual assault increased by about 10 percent in fiscal year 2017.

The FY 2017 report states that DoD received 6,769 reports of sexual assault involving service members as either victims or subjects of criminal investigation, a 9.7 percent increase over the 6,172 reports made in fiscal year 2016. Of the 6,769 reports of sexual assault in FY 2017, 5,864 involved service member victims. The department encourages reporting of sexual assaults so that service members can be connected with restorative care and that perpetrators can be held appropriately responsible, Navy Rear Adm. Ann M. Burkhardt, the director of the DoD’s Sexual Assault Prevention and Response Office (SAPRO), told reporters.

This increased reporting occurs despite the fact that scientific surveys of the military population show fewer service members experiencing sexual assault in recent years. Annual rates of sexual assault have decreased by half for active duty women and by two-thirds for military men over the past 10 years.

More Victims Coming Forward: According to Dr. Nathan W. Galbreath, DON SAPRO deputy director, about 1 in 3 military members now chooses to report a sexual assault, up from about 1 in 14 in 2006. “We’re seeing a bigger slice of the problem – in other words, more people coming forward to participate in the justice system, to get the help that they need and to give us a chance to hold offenders appropriately accountable,” he said.

Holding Perpetrators Responsible: In FY 2017, 4,779 subject case dispositions were reported. Of those, 1,212 were outside DoD legal authority and involved about 100 service member subjects who were prosecuted by civilian or foreign authorities. The remaining 3,567 cases investigated for sexual assault involved service members whom DoD could consider for possible action. DoD authorities had sufficient evidence to take some kind of disciplinary action in 2,218 or 62 percent of those cases. Out of those 2,218 cases in which commanders had evidence to take action, 1,446 received action on at least one sexual assault charge. Fifty-four percent (774), of the 1,446 cases were entered into the court-martial process, while the remaining cases received adverse administrative actions or discharges (378 cases) or were administered non-judicial punishment (294 cases). In the remaining 772 cases, while no evidence of a sexual assault crime was found, disciplinary action on other misconduct was taken.
Domestic Violence

Navy leaders may encounter sailors experiencing distress as a result of domestic and child abuse. Abuse is preventable and is often treatable if addressed promptly. Through prevention, Navy leaders can promote family resilience and Sailor mission readiness. Knowing how to prevent and respond to reports of abuse is crucial to mission readiness.

**Domestic Abuse:** May include acts of violence, domestic violence, or a pattern of behavior resulting in emotional/psychological abuse and economic control, used to gain or maintain power and control over a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic abuse cuts across all age groups and social classes. It happens to Sailors as well as spouses; to men as well as women. Whenever an adult is placed in physical danger or controlled by threat or use of physical force by their spouse or intimate partner, she or he has been abused.

**Domestic Violence:** Involves the non-accidental use, attempted use, or threatened use of forces or violence against a person.

**Examples of Domestic Violence include but are not limited to:** Slapping, pushing/shoving, grabbing, scratching, hitting, using a weapon, restraining, strangling, shaking, biting, etc.

**Examples of Emotional/Psychological Abuse include but are not limited to:** berating, disparaging, degrading, or humiliating the victim; interrogating the victim; restricting the victim’s ability to come and go freely (when unwarranted); threatening the victim (including but not limited to indicating/implying future physical harm, sexual assault). Other forms of Emotional/Psychological abuse include (but not limited to):

- Restricting the victim’s access to or use of economic resources (when unwarranted) or military and civilian services (including but not limited to taking away a dependent’s ID).
- Isolating victim from family, friends, and social support.
- Stalking the victim (including but not limited to monitoring email correspondence, voicemail messages and daily activities).
- Harming or indicating/implying harm to people/things that victim cares about, such as children, self, other people, pets and property.

**Risk Factors for Domestic Abuse:** Although certain risk factors may make a person more likely to commit abuse or be a victim of abuse, risk factors alone do not cause domestic abuse. Many experts believe that domestic abuse is a learned behavior reinforced by society or culture. Many Sailors and their family members who experience risk factors cope well and are not abusive to their spouse. Some risk factors commonly associated with domestic abuse are:

- Holding attitudes that condone abusive behavior in relationships.
- Membership in a peer group that condones violence as an acceptable means to an end.
- Engaging in verbal arguments that escalate to include name-calling and ridiculing.
- Living with unresolved and chronic marital conflict.
- Social isolation or lack of social support.
- Living with unresolved and chronic stress.
- Couples with poor coping skills.
- Substance abuse.
- Depression or other mental health diagnosis.
- Financial problems.
- Unemployment of the civilian spouse.

**Barriers to Seeking Help**

- Fear of negative career consequences.
- Fear of negative or ridiculing peer group reaction.
- If victimized, fear of escalating abuse especially if outside agencies or supervisors become involved.

**Examples of Emotional/Psychological Abuse include but are not limited to:**

- If victimized, fear of not being believed or supported by supervisor or command.
- Denial of the problem or minimization of the abuse as normal or not that bad.
- Blames the victim for the abuse (he/she made me abusive).
- Fear that reporting may result in loss of children, partner, status, etc.
- Little confidence in advocacy or helping services to make a difference or to provide safety.

**Command Role in Prevention and Intervention:** The Command plays a significant role in the prevention of abuse by establishing clear standards for personal behavior, providing early detection of potential problems and intervention before abuse occurs. Leadership is critical in establishing a climate that promotes prevention by encouraging sailors and their families to take advantage of services and programs. Fleet and Family Support Centers offer classes, workshops, seminars and counseling on a wide-variety of topics relevant to sailors and their families. Another significant aspect of the command’s prevention effort is promoting victim safety and holding offenders accountable. The Family Advocacy Program is available to assist Navy leaders by providing victim advocacy, clinical counseling and case management services. Some additional ways that Navy leaders can prevent and address abuse are:

- Report all acts of abuse to the Family Advocacy Program, regardless of whether the Sailor is the alleged victim or offender in a timely manner.
- Ensure that all unit personnel are trained on domestic and child abuse recognition and response.
- Clearly model, communicate, and reinforce how Navy values apply to couples and parent-child relationships.
- Encourage and allow time for Sailors and their families to participate in prevention and intervention programs.
- Make seeking assistance before problems arise the expected organizational norm.
- Place informational/educational brochures available through FFR in common easily accessible areas.
- Publicize and promote Military OneSource as an important resource.
- Bring FFSC speakers to the unit to provide information on a variety of topics, such as maintaining healthy relationships and effective parenting tools.
- Become familiar with all FFSC resources including, New Parent Support Program (NPSP) and Family Advocacy Program (FAP) for ease of referrals.
- Create a climate that encourages Sailors to support one another and do the right thing by reporting all incidents of domestic and child abuse to FAP and chain of command.

**Ways FFSC Can Assist Command Leadership:**

- Promotes mission readiness by providing prevention and intervention programs that build resilience in sailors and their families through the teaching of important tools.
- Two Fleet and Family Support Programs, the Family Advocacy Program and the New Parent Support Program are valuable resources to command leadership, Sailors and their families.
- The Family Advocacy Program assists command leadership in promoting safety to Sailors and their families through victim advocacy, case management and clinical intervention. FAP personnel are available to assist Navy leaders in appropriately responding to reported acts of abuse. Also FAP staff can connect families to resources as necessary for treatment.
- The New Parent Support Program (NPSP) is a proactive home visitation program geared toward preventing child abuse. A wide range of services, including home visitation, are provided to expectant Navy families, or those who have young children up to the age of three.
Domestic Abuse Checklist

Use this domestic abuse checklist to help determine if you are in a healthy or an abusive relationship. If you think you may be a victim of domestic abuse, contact the National Domestic Violence Hotline at 1-800-799-SAFE or visit your FFSC for information on available resources.

Am I in an Abusive Relationship?
• Am I afraid to disagree with my partner?
• Does my partner’s temper scare me?
• Does my partner cut me off from my friends and family?
• Is my partner very jealous?
• Does my partner follow and/or check up on me?
• Does my partner call me names or yell at me?
• Does my partner try to control the way I dress, and/or who I see?
• Do I hide things from him/her so as not to upset him/her?
• Am I afraid to say no to sex?
• Has my partner threatened to kill me or commit suicide if I leave? Does my partner throw and/or break objects in anger?

What is a Healthy Relationship?
• You feel safe and comfortable with each other.
• You laugh and have fun.
• Communication is open and spontaneous. You listen to each other and feel that you are heard. You decide things together.
• You can express your feelings without fear of your partner’s reactions. You can talk about conflict directly, and resolve it with win-win outcomes.

Managing Stress in the Civilian Workplace

Joining the civilian workforce following your military career can be both an exciting and stressful time. The culture and operations of a civilian workplace may differ from what you experienced during your military career. Be patient as you adjust to your new position, work environment and co-workers.

Common Workplace Stressors

1. Feeling Disconnected
When you work with people who have never been in the military, you may feel disconnected or that you don’t have anything in common with your co-workers. You may also miss the strong bond of your unit.

TIPS
• Take time to get to know your co-workers. Go to work-related events or organize a social, community service, or networking activity.
• Stay connected to the military by volunteering to support active-duty service members or other veterans. You can start with these military associations.

2. Boredom
You may have a hard time finding meaning in your work. For example, assignments in the civilian workplace can seem insignificant compared to the urgency of combat or the importance of day-to-day military operations.

TIPS
• Learn background information about your team’s mission. Find out how you contribute to the overall mission.
• Look for roles that are in line with your personal goals and will give you a sense of purpose. Use the leadership skills that you learned in the military to help shape the future direction of your team or organization.

3. Over-Use of Survival Tactics
Survival strategies such as heightened awareness and a need for constant control may have helped keep you safe during a deployment. However, these battlefield skills could negatively impact you in the work place. You may find yourself feeling on-edge or distracted by harmless noises and movements.

TIPS
• Be open to letting your guard down and recognize that you are in a safe place.
• Share your feelings with those you trust. They may be able to help you work through feelings of anxiety.

Strategies to Reduce the Effects of Stress
Learning to maintain control during stressful situations can allow you to be at your best while on the job. Here are some strategies to try on your own:
• Set measurable goals that match your personal values
• Develop a support network
• Replace negative thoughts with positive thinking
• Focus on finishing one task at a time
• Go outside and take a breath of fresh air
• Relax by doing 5-10 minutes of meditation or slow, deep breathing
• Try to get seven or eight hours of sleep each night
• Exercise regularly
Suicide Warning Signs

Definition: Suicide is the deliberate taking or ending of one’s own life. It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or committing suicide.

Warning Signs: People who are considering suicide often show signs of depression, anxiety, or some form of crisis in their overall self-esteem. Specific signs include:

- Appearing sad or depressed most of the time.
- Clinical depression - deep sadness, loss of interest, trouble sleeping and eating - that doesn't go away or that continues to get worse.
- Feeling anxious, agitated, or unable to sleep, or sleeping all the time.
- Neglecting personal welfare; deteriorating physical appearance.
- Withdrawing from friends, family, and society.
- Loss of interest in hobbies, work, school, or other things one used to care about.
- Frequent and dramatic mood changes.
- Expressing feelings of excessive guilt or shame.
- Feelings of failure or decreased performance.

People who are considering suicide:

- Feel hopeless, helpless, worthless.
- Feel that life is not worth living or see no reason for living.
- Have no sense of a life purpose.
- Have feelings of desperation, and say that there’s no solution to their problems.
- Talk about feeling trapped - like there is no way out of a situation.

People who are thinking about ending their lives are often preoccupied with death or suicide. They may:

- Talk of a suicide plan or making a serious attempt.
- Frequently talk or think about death, or say things like "It would be better if I wasn't here", or "I want out".
- Talk, write, or draw pictures about death, dying, or suicide when these actions are out of the ordinary for the person.
- Talk about suicide in a vague or indirect way, saying things like: "I’m going away on a real long trip"; "You don’t have to worry about me anymore"; "I just want to go to sleep and never wake up"; or "Don’t worry if you don’t see me for a while".

A person who is contemplating ending their life may show behavior that looks as though he or she is “getting ready”, and do things like:

- Give away prized possessions.
- Put affairs in order, tie up loose ends, and/or make out a will.
- Seek access to firearms, pills, or other means of harming oneself.
- Call or visit family and/or friends as if to say goodbye.

People who are considering suicide may show dramatic changes in behavior, such as:

- Performing poorly at work or school.
- Acting recklessly or engaging in risky activities - seemingly without thinking.
- Looking as though one has a “death wish” such as tempting fate by taking risks that could lead to death, or driving fast or running red lights.

Other warning signs of suicide risk may include:

- Increasing tobacco, alcohol or drug use.
- Signs of self-inflicted injuries, such as cuts, burns, or head banging.
- May be unwilling to “connect” with potential helpers, i.e., counselor, chaplain, etc.

Suicidal feelings and mental health struggles are nothing to be ashamed of or to be ignored! Always remember...when it feels like the rest of the world is unreachable, help is out there! REACH OUT. People are ready to help! If you or someone you know is thinking about suicide, contact or visit your local Fleet and Family Support Center, or call the Military Crisis Line or Military OneSource. Chaplains, Corpsmen, and healthcare professionals at your branch clinic are ready to help too.

Sexual Assault Reporting

When a victim of sexual assault decides to report, it’s important to understand the options available. Knowing the difference between restricted and unrestricted reporting will help you avoid issues down the road. Let’s take a closer look.

Confidentiality and the Restricted Reporting Option: The Navy is committed to ensuring victims of sexual assault are treated with dignity and respect, and provided support, advocacy, and care. Navy policy supports command awareness and prevention programs, and law enforcement and criminal justice activities maximize accountability and prosecution of sexual assault perpetrators. However, the military services recognize that mandating reporting may present a barrier for victims to access supportive services if the victim does not want command or law enforcement involvement.

Restricted reporting allows a victim of sexual assault to disclose the details of their assault to specifically identified individuals and to receive victim advocacy and counseling without triggering the investigative process. Victims under this policy should report the assault to the installation Sexual Assault Response Coordinator (SARC), SAPR Victim Advocate, or healthcare provider. They may also report the assault to the chaplain. This policy is in addition to the current protections afforded privileged communications with the chaplain, and does not alter or affect those protections.

This option of reporting will enable victims to report without having identifying information reported to the chain of command. The SARC or SAPR Victim Advocate will assist the victim with completing the Victim Reporting Preference Statement (DD 2910). This form states that restricted reporting may limit the ability of the government to prosecute the offender.

Unrestricted reporting: A victim who is sexually assaulted and desires an investigation and command notification should use current reporting channels, i.e. chain of command, law enforcement, or he/she may report the incident to an installation SARC or SAPR Victim Advocate. Medical treatment, counseling, and victim advocacy is available for victims who have an unrestricted report. The SAPR Victim Advocate or SARC will assist the victim with completing the DD2910. Details regarding the incident will be limited to only those personnel who have a legitimate need to know. This option will allow victims to report in an unrestricted manner so that their chain of command is aware of the incident and can react/support the victim appropriately. Unrestricted reporting allows the command more options and support the victim to include military protective orders and reassignment as appropriate.

For more information regarding reporting options, contact your Command SAPR POC or Command SARC, or SAPR Victim Advocate.