Article

Psychometric Validation of the Suicide Attempt Resilience Scale (SRSA-18) in Military Personnel and Members of the Spanish State Security Forces

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Abstract

Background: Suicide remains a major public health challenge worldwide and represents a particularly important concern among occupational groups routinely exposed to chronic psychological stress and potentially traumatic events, such as military personnel and members of law enforcement agencies. Identifying protective psychological resources associated with suicide resilience may contribute to more comprehensive suicide prevention strategies. This study examined the psychometric properties of the Suicide Attempt Resilience Scale (SRSA-18) in a sample of military personnel and members of the Spanish State Security Forces.

Methods: The study included 166 active-duty professionals (96.39% men; mean [M] = 46.37 years, standard deviation [SD] = 8.35). Internal consistency, factorial structure, and convergent and divergent validity of the SRSA-18 were examined. Confirmatory factor analysis compared the theoretically proposed three-factor model with an alternative one-factor solution. Convergent and divergent validity were assessed through associations with suicidal ideation, depression, anxiety, stress, optimism, perceived social support, cognitive reappraisal, and subjective well-being.

Results: The SRSA-18 demonstrated excellent internal consistency for the total score and satisfactory reliability across its three dimensions. The theoretically proposed three-factor model showed a better relative fit than the one-factor solution. However, overall goodness-of-fit indices remained below conventional psychometric standards and provided only limited support for the proposed factorial structure. As expected, suicide resilience was negatively associated with suicidal ideation, depression, anxiety, and stress, and positively associated with optimism, perceived social support, cognitive reappraisal, and subjective well-being, supporting the expected pattern of convergent and divergent validity.

Conclusions: The present findings provide preliminary evidence supporting the reliability and convergent and divergent validity of the SRSA-18 in military personnel and members of the Spanish State Security Forces. Although the proposed three-factor structure demonstrated better relative performance than a one-factor model, additional psychometric studies using larger and more heterogeneous samples are required to further evaluate its structural validity and determine its applicability across different occupational populations.

Keywords

resilience; suicide; military personnel; police; psychometrics

Introduction

Suicidal behaviour remains one of the leading public health challenges worldwide, exerting a substantial impact on individuals, families, healthcare systems, and society as a whole [1]. According to the World Health Organization,

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more than 720,000 people die by suicide each year, making suicide one of the leading causes of death among individuals aged 15–29 years worldwide [2]. The burden of suicidal behaviour is particularly relevant in occupational groups routinely exposed to chronic psychological stress and potentially traumatic events, including military personnel and members of law enforcement agencies, who regularly face critical incidents, operational uncertainty, high responsibility, and repeated exposure to human suffering [3,4].

Beyond these operational demands, organisational characteristics inherent to military and law enforcement institutions—including hierarchical command structures, cultural norms promoting emotional control, concerns about professional reputation, and perceived stigma surrounding psychological help-seeking—may influence how emotional distress is experienced, expressed, and managed [5–7]. Although these characteristics may enhance operational effectiveness, they may also reduce the likelihood of recognising psychological difficulties and seeking professional support, thereby increasing vulnerability among some individuals.

Historically, research on suicidal behaviour has focused predominantly on identifying risk factors such as depression, hopelessness, anxiety, previous suicidal ideation, and prior suicide attempts [8]. Although this approach has substantially improved understanding of suicide risk, it provides only a partial explanation of why many individuals exposed to severe adversity never develop suicidal behaviour and instead maintain adaptive psychological functioning [9,10]. Consequently, increasing attention has shifted toward identifying protective factors capable of buffering suicide risk and promoting resilience, thereby providing a more comprehensive understanding of suicidal behaviour [9,11].

Within this framework, resilience has emerged as a central construct in contemporary suicide research. Current theoretical models conceptualise resilience as a dynamic and multidimensional process involving successful adaptation to adversity through the interaction of personal, interpersonal, and contextual resources [12,13]. Rather than representing a fixed personality trait, resilience reflects an individual's capacity to maintain or regain psychological functioning despite exposure to stressful or potentially traumatic experiences.

More specifically, suicide resilience refers to the ability to withstand suicidal crises by regulating emotional distress, maintaining hope, mobilising cognitive and interpersonal resources, and preventing the progression from suicidal ideation to suicidal behaviour [14]. This perspective emphasises the presence of protective capacities rather than merely the absence of psychopathology and complements traditional approaches focused exclusively on risk factors.

Several instruments have been developed to assess resilience, including the Connor–Davidson Resilience Scale (CD-RISC) [15] and the Brief Resilience Scale (BRS) [16]. However, these instruments were designed to measure general resilience and do not specifically evaluate psychological resources directly associated with protection against suicidal behaviour. Consequently, their usefulness for suicide prevention research may be limited when the objective is to assess suicide-specific protective processes.

One of the earliest instruments specifically developed for this purpose was the Suicide Resilience Inventory (SRI-25) [17]. Although this represented an important advance in the assessment of suicide-related protective factors, its original validation was conducted primarily in university populations, limiting evidence regarding its applicability to occupational groups exposed to chronic operational stress.

More recently, Sánchez-Teruel *et al.* [18] developed the Suicide Attempt Resilience Scale (SRSA-18), an 18-item instrument specifically designed to assess protective psychological resources associated with resilience against suicidal behaviour. This measure was developed and adapted for the Spanish population with previous suicide attempts. The scale comprises three theoretically derived dimensions—Internal Protection, Emotional Stability, and External Protection—which integrate both intrapersonal and interpersonal resources considered essential for coping effectively with suicidal crises.

Nevertheless, psychometric evidence obtained in one population cannot automatically be generalised to different occupational contexts. Psychological instruments require empirical validation whenever they are administered to populations characterised by distinct demographic, cultural, or occupational features. Military personnel and members of the Spanish State Security Forces constitute a particularly relevant population because operational demands, institutional culture, discipline, group cohesion, and norms governing emotional expression may influence both the manifestation of suicide resilience and response patterns to psychological assessment instruments [7,19].

Examining the relationships between suicide resilience and theoretically relevant psychological variables also contributes to evaluating the convergent and divergent validity of the SRSA-18. From a theoretical perspective, higher suicide resilience should be positively associated with protective psychological resources such as dispo-

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sitional optimism [20], perceived social support [21], cognitive reappraisal [22], and psychological well-being [23]. Conversely, suicide resilience would be expected to show negative associations with indicators of psychological vulnerability, including suicidal ideation, depression, anxiety, and stress [24].

Accordingly, the primary objective of the present study was to examine the psychometric performance of the SRSA-18 in a sample of active-duty military personnel and members of the Spanish State Security Forces. Specifically, the study aimed to evaluate the internal consistency, factorial structure, and convergent and divergent validity of the instrument and to analyse its associations with theoretically relevant indicators of psychological vulnerability and protective psychological resources (convergent and divergent validity) within a high-stress occupational context. Based on previous theoretical and empirical evidence, four hypotheses were formulated. First, the SRSA-18 was expected to demonstrate satisfactory internal consistency for both the total score and each of its three dimensions. Second, the theoretically proposed three-factor model was expected to provide a better fit than an alternative one-factor model, while recognising that the adequacy of this structure should be evaluated empirically within this specific occupational population. Third, suicide resilience was expected to correlate negatively with suicidal ideation, depression, anxiety, and stress. Finally, suicide resilience was expected to correlate positively with optimism, perceived social support, cognitive reappraisal, and subjective well-being.

Materials and Methods

Participants

Participant recruitment and data collection were conducted between 28 March 2025 and 2 February 2026. The initial sample comprised 353 active-duty military personnel and members of the Spanish State Security Forces who voluntarily agreed to participate in the study. The inclusion criteria were: (a) being an active-duty member of the Spanish Armed Forces or the Spanish State Security Forces; (b) being at least 18 years of age; and (c) providing explicit informed consent before participation.

Prior to statistical analyses, a rigorous data-screening procedure was performed to ensure data quality. Cases were excluded when they met one or more of the following predefined criteria: (a) incomplete questionnaires with substantial missing data; (b) response patterns indicating insufficient engagement (e.g., invariant or clearly inconsistent responses across instruments). Of the 353 individuals initially assessed for eligibility, 187 (53.00%) were excluded from the analytical sample, resulting in a final sample of 166 participants. The reasons for exclusion were distributed as follows: incomplete completion of the study instruments (64 participants, 34.22%), failure to meet the predefined professional eligibility criteria (48, 25.67%), insufficient sociodemographic or professional information (31, 16.58%), invalid or inconsistent response patterns (24, 12.83%), and failure to meet the predefined temporal requirements for participation (20, 10.70%). These criteria were established to ensure that the analytical sample was restricted to participants belonging to the target population who provided sufficiently complete, valid, and analyzable data. Specifically, incomplete protocols were excluded because they did not provide sufficient information for the calculation of the scale scores and subsequent psychometric analyses, whereas invalid or inconsistent response patterns were excluded to minimize the potential influence of non-informative or unreliable responses on the psychometric properties of the instrument. Participants who did not meet the professional or temporal eligibility requirements were excluded to preserve the predefined characteristics of the target population and study design. Following application of these criteria, 166 participants were retained for the final psychometric analyses.

Participants were recruited using a non-probability convenience sampling strategy, reflecting the practical difficulties associated with accessing military and law enforcement personnel for psychological research. Consequently, no *a priori* sample size calculation was conducted before recruitment.

To evaluate the statistical sensitivity of the available sample for the convergent and divergent validity analyses, a post hoc sensitivity analysis was conducted using G*Power 3.1 (Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany) [25]. For a two-tailed test of a Pearson correlation against zero, with $\alpha = 0.05$, statistical power $(1 - \beta) = 0.80$, and a sample size of n = 166, the minimum detectable correlation was approximately $|r| = 0.22$. Thus, the available sample provided 80% power to detect absolute correlations of approximately 0.22 or larger. Because this sensitivity analysis concerned a bivariate correlation rather than a regression model, no dependent variable, predictors, or covariates were specified.

Participants represented a broad range of operational and support assignments within their respective organisations, providing information from diverse occupational environments characterised by sustained psychological demands and potential exposure to critical incidents. Although the sample included both military personnel and

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members of the Spanish State Security Forces, the study was not designed to compare occupational subgroups because statistical power was insufficient for reliable subgroup analyses.

The sample was predominantly male (96.39%), reflecting the demographic composition of these occupational sectors in Spain. Participants ranged in age from 24 to 63 years (mean [M] = 46.37, standard deviation [SD] = 8.35).

Measures

Sociodemographic Questionnaire

An ad hoc questionnaire was used to collect the demographic characteristics available for the present analysis, including participants' age, sex, and professional status.

Paykel Suicide Ideation Scale

This five-item self-report scale assesses different manifestations of suicidal ideation and behaviour during the previous year. Items are answered using a dichotomous Yes/No response format and are scored 1 and 0, respectively. Item scores are summed to obtain a total score ranging from 0 to 5, with higher scores indicating greater frequency and severity of suicidal ideation [26].

Depression Anxiety Stress Scales (DASS-21)

This 21-item self-report measure assesses symptoms of depression, anxiety, and stress experienced during the previous week. It comprises three subscales of seven items each: depression, anxiety, and stress. Items are rated on a four-point Likert scale ranging from 0 ("did not apply to me at all") to 3 ("applied to me very much, or most of the time"). Item scores are summed separately within each subscale, yielding scores ranging from 0 to 21 for depression, anxiety, and stress, with higher scores indicating greater symptom severity [27,28].

Life Orientation Test-Revised (LOT-R)

This scale comprises 10 items, of which six contribute to the total score. Items 1, 4, and 10 are positively worded and are scored directly, whereas Items 3, 7, and 9 are negatively worded and are reverse scored. Items 2, 5, 6, and 8 are filler items and are not included in the scoring. Responses are rated on a five-point Likert scale ranging from 0 to 4, yielding a total score ranging from 0 to 24, with higher scores indicating greater dispositional optimism. Internal consistency estimates for the present sample are reported in the section "Results" [29].

Multidimensional Scale of Perceived Social Support (MSPSS)

This 12-item self-report scale assesses perceived social support from three sources: family, friends, and significant others, with four items corresponding to each dimension. Items are rated on a seven-point Likert scale ranging from 1 ("very strongly disagree") to 7 ("very strongly agree"). In the present study, the 12 item scores were summed to obtain a total perceived social support score ranging from 12 to 84, with higher scores indicating greater perceived social support [30].

Emotion Regulation Questionnaire (ERQ)

The ERQ is a 10-item self-report measure comprising two emotion regulation strategies: cognitive reappraisal (6 items) and expressive suppression (4 items). In the present study, cognitive reappraisal was used as an indicator of adaptive emotion regulation. This subscale comprises items 1, 3, 5, 7, 8, and 10. Items are rated on a seven-point Likert scale ranging from 1 ("strongly disagree") to 7 ("strongly agree"), with higher scores indicating greater habitual use of cognitive reappraisal. The six cognitive reappraisal item scores were summed to obtain a subscale score ranging from 6 to 42 [31].

Reduced Subjective Well-Being Scale

This 10-item self-report scale assesses subjective well-being. Items are rated on a five-point Likert-type scale ranging from 1 ("never or almost never") to 5 ("always"). Item scores are summed to obtain a total score ranging from 10 to 50, with higher scores indicating greater subjective well-being [32].

SRSA-18

This 18-item self-report instrument was specifically designed to evaluate psychological resources associated with protection against suicidal behaviour. Responses are rated on a five-point Likert scale ranging from 0 ("Never") to 4 ("Always"). The instrument comprises three theoretically derived dimensions: Internal Protection, Emotional Stability, and External Protection. Higher scores indicate greater suicide resilience. The 18 item scores were summed

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to obtain a total score ranging from 0 to 72. Reliability analyses for the present sample are presented in section "Results" [18].

Procedure

The present study employed a cross-sectional design.

Participants were recruited through professional networks and institutional contacts within the Spanish Armed Forces and the Spanish State Security Forces. Participation was entirely voluntary, anonymous, and uncompensated. Before accessing the questionnaire, all participants received a detailed information sheet describing the aims of the study, the voluntary nature of participation, confidentiality safeguards, data protection procedures, and the exclusive scientific use of the information collected.

Explicit electronic informed consent was obtained from every participant before access to the questionnaire was permitted. Participants were required to actively indicate their agreement to participate after reading the participant information sheet. Only after providing this explicit consent were they allowed to complete the assessment battery.

To preserve anonymity, no identifying personal information was collected. Data were stored in encrypted files accessible only to the research team and analysed in aggregate form.

Data Analysis

All statistical analyses were performed using R (R Foundation for Statistical Computing, Vienna, Austria) [33]. Initially, descriptive statistics were computed for all study variables. For variables showing approximately normal distributions, results are presented as M and SD. Because several psychological variables exhibited substantial departures from normality, as indicated by skewness and kurtosis coefficients, medians (Md) and interquartile ranges (IQR) were additionally examined to verify the robustness of the descriptive results. Normality was evaluated through inspection of skewness, kurtosis, and graphical distributional characteristics. Although some variables showed non-normal distributions—particularly suicidal ideation and negative emotional symptomatology—the principal analyses relied on methods that are generally considered robust under moderate violations of normality given the sample size and the objectives of the study. Nevertheless, the non-normal distribution of several variables was taken into account when interpreting the findings.

Bivariate relationships between suicide resilience and the remaining psychological variables were examined using Pearson correlation coefficients. Because the study was primarily intended to evaluate convergent and divergent validity through the expected nomological network of associations, Pearson correlations were considered appropriate. The observed correlation pattern was also interpreted conservatively in light of the distributional characteristics of the variables.

The factorial structure of the SRSA-18 was evaluated using confirmatory factor analysis (CFA) within the framework of structural equation modelling (SEM). Two competing models were specified and compared: (a) a single-factor model, assuming a general suicide resilience construct; and (b) the theoretically proposed three-factor model, comprising Internal Protection, Emotional Stability, and External Protection. Model fit was evaluated using multiple complementary goodness-of-fit indices, including chi-square (χ^2), comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR). Following current psychometric recommendations, model adequacy was evaluated using the overall pattern of fit indices rather than relying on any single statistic. Particular caution was exercised when interpreting the CFA results because confirmatory factor analysis constitutes a stringent test of latent measurement models, especially in relatively homogeneous occupational samples. To ensure reproducibility of the CFA, the three-factor model was independently reproduced during the revision process using R version 4.6.1 and the lavaan package (version 0.7-2; Yves Rosseel, Ghent, Belgium), with maximum likelihood (ML) estimation.

Internal consistency was evaluated using both Cronbach's alpha (α) and McDonald's omega (ω) for the total SRSA-18 score and each of its three dimensions.

Convergent and divergent validity was examined by analysing the relationships between SRSA-18 scores and theoretically relevant indicators of psychological vulnerability (suicidal ideation, depression, anxiety, and stress) and psychological protection (optimism, perceived social support, cognitive reappraisal, and subjective well-being). All statistical tests were two-tailed, and statistical significance was established at $p < 0.05$.

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Results

Participant Characteristics

The final sample comprised 166 active-duty participants, of whom 160 (96.39%) were men and 6 (3.61%) were women. Participants had a mean age of 46.37 years (SD = 8.35), with ages ranging from 24 to 63 years. All participants were in active professional service at the time of assessment (Table 1).

Descriptive Statistics

Inspection of skewness and kurtosis revealed that several variables, particularly suicidal ideation, depression, anxiety, and stress, showed substantial positive skewness and floor effects (Table 2). Conversely, resilience and protective psychological variables presented distributions closer to normality, although some moderate deviations were observed.

Because of these distributional characteristics, means and standard deviations are presented to facilitate comparison with previous psychometric studies, while interpretation of variables exhibiting marked non-normality was undertaken cautiously.

Internal Consistency

The SRSA-18 demonstrated excellent internal consistency for the total score and good reliability across its three theoretical dimensions. Cronbach's alpha for the overall scale was $\alpha = 0.92$, while McDonald's omega reached $\omega = 0.92$, indicating a high degree of internal consistency. Reliability estimates for the three dimensions were also satisfactory: Internal Protection ($\alpha = 0.77$), Emotional Stability ($\alpha = 0.84$) and External Protection ($\alpha = 0.88$).

Regarding the external validation instruments, excellent reliability coefficients were observed for the DASS-21, MSPSS, ERQ, and Subjective Well-Being Scale. The LOT-R showed moderate internal consistency in the present sample (Cronbach's $\alpha = 0.64$). This reliability estimate was obtained after verification of the LOT-R scoring procedure, in which only the six scored items were included, responses were recoded from 1–5 to 0–4, and the three negatively worded items (3, 7, and 9) were reverse scored. Complete reliability coefficients are presented in Table 3.

CFA

Confirmatory factor analysis was conducted to evaluate the factorial structure of the SRSA-18.

Two competing measurement models were examined: (a) a single-factor solution; and (b) the theoretically pro-

Table 1. Sociodemographic characteristics of the sample (n = 166).

Variable	n	%	M	SD	Min	Max
Sex						
Male	160	96.39	-	-	-	-
Female	6	3.61	-	-	-	-
Age	-	-	46.37	8.35	24	63
Professional active status duty	166	100	-	-	-	-

n, frequency; M, mean; SD, standard deviation; Min, minimum; Max, maximum.

Table 2. Descriptive statistics of the study variables.

Variable	M	SD	Min	Max	Skewness	Kurtosis
SRSA-18 total	53.17	12.08	18	72	−0.95	1.60
Suicidal ideation	0.23	0.83	0	5	4.03	16.84
Depression	1.94	3.72	0	18	2.90	9.74
Anxiety	1.59	2.74	0	15	2.44	6.22
Stress	3.60	3.98	0	18	1.22	0.80
Optimism	17.48	3.71	9	24	−0.02	−0.88
Perceived social support	66.12	12.33	12	84	−1.69	2.25
Cognitive reappraisal	32.38	7.07	6	42	−0.55	1.07
Subjective well-being	37.21	5.81	18	48	−0.48	−0.20

M, mean; SD, standard deviation; SRSA-18, Suicide Attempt Resilience Scale.

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Table 3. Internal consistency estimates for the SRSA-18 and external measures.

Scale	α	ω
SRSA-18 total	0.92	0.92
Internal protection	0.77	0.78
Emotional stability	0.84	0.85
External protection	0.88	0.88
Paykel	0.84	0.87
DASS-21	0.96	0.96
LOT-R	0.64	0.77
MSPSS	0.97	0.97
ERQ	0.96	0.96
Subjective well-being	0.92	0.92

SRSA-18, Suicide Attempt Resilience Scale; DASS-21, Depression Anxiety Stress Scale; LOT-R, Life Orientation Test-Revised; MSPSS, Multidimensional Scale of Perceived Social Support; ERQ, Emotion Regulation Questionnaire.

posed three-factor model. The three-factor model demonstrated consistently better fit than the one-factor solution across all reported fit indices. However, the absolute goodness-of-fit indices remained below conventional psychometric recommendations. Consequently, the present findings should be interpreted as providing preliminary rather than definitive evidence supporting the proposed latent structure of the SRSA-18 within this occupational sample.

Several factors may have contributed to the observed model fit, including the relatively modest sample size for confirmatory factor analysis, the marked homogeneity of the occupational sample, and the restricted variability typically observed in highly selected professional populations. These considerations are further addressed in the Discussion. Standardized item-level parameters for the three-factor model are presented in Table 4.

Model fit indices for the one-factor and three-factor solutions are presented in Table 5.

Inspection of the standardized item-level parameters indicated that the three-factor solution was generally supported at the indicator level. Standardized factor loadings ranged from 0.24 to 0.92. Most items showed satisfactory loadings; however, Items 1 and 2 presented loadings below 0.50 ($\lambda = 0.24$ and $\lambda = 0.42$, respectively), indicating a comparatively weaker contribution to the Internal Protection factor in this sample. Item 1 showed the lowest loading ($R^2 = 0.06$). Nevertheless, no post hoc item deletion or model respecification was undertaken because the primary objective of the present study was to evaluate the original theoretical structure of the SRSA-18 within this occupational sample. Accordingly, these item-level findings should be interpreted in conjunction with the global model fit indices, which suggest that the proposed three-factor structure provides preliminary support and requires confirmation in larger independent samples.

Discriminant Validity

Discriminant validity among the three SRSA-18 dimensions was examined using the Fornell–Larcker criterion by comparing the square root of the average variance extracted (AVE) for each factor with the latent correlations among factors. The AVE values were 0.40 for Internal Protection, 0.50 for Emotional Stability, and 0.56 for External Protection, corresponding to square roots of approximately 0.63, 0.71, and 0.75, respectively. The latent factor correlations were 0.92 between Internal Protection and Emotional Stability, 0.81 between Internal Protection and External Protection, and 0.78 between Emotional Stability and External Protection. Because the latent correlations exceeded the square root of the AVE for the corresponding constructs, the Fornell–Larcker criterion was not satisfied. These findings indicate limited discriminant validity among the three SRSA-18 dimensions and suggest substantial overlap between the latent factors. Accordingly, the three dimensions should not be interpreted as strongly differentiated constructs in the present sample, and further examination of their discriminant validity in larger and more heterogeneous samples is warranted. The corresponding discriminant validity indices are presented in Table 6.

Correlation Analysis: Convergent and Divergent Validity

Convergent and divergent validity was examined by analysing the relationships between SRSA-18 scores and psychological variables that, according to current theoretical models, represent either protective psychological resources or indicators of psychological vulnerability associated with suicidal behaviour. As hypothesised, higher suicide resilience was associated with lower levels of suicidal ideation, depression, anxiety, and stress, whereas positive associations were observed with optimism, perceived social support, cognitive reappraisal, and subjective well-being.

The strongest positive association was found between the SRSA-18 total score and subjective well-being ($r = 0.55$, $p < 0.001$), followed by optimism ($r = 0.49$, $p < 0.001$), perceived social support ($r = 0.35$, $p < 0.001$), and cognitive reappraisal ($r = 0.35$, $p < 0.001$). These findings are consistent with contemporary models proposing that suicide re-

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Table 4. Standardized parameters for the three-factor SRSA-18 model.

Item	Factor	Standardized loading	Residual variance	R^2
1	internal protection	0.24	0.94	0.06
2	internal protection	0.42	0.82	0.18
3	external protection	0.59	0.65	0.35
4	emotional stability	0.65	0.57	0.43
5	internal protection	0.69	0.52	0.48
6	emotional stability	0.50	0.75	0.25
7	external protection	0.57	0.67	0.33
8	internal protection	0.72	0.48	0.52
9	emotional stability	0.75	0.44	0.56
10	emotional stability	0.76	0.42	0.58
11	emotional stability	0.73	0.46	0.54
12	external protection	0.73	0.47	0.53
13	external protection	0.75	0.44	0.56
14	external protection	0.88	0.23	0.77
15	external protection	0.92	0.15	0.85
16	emotional stability	0.79	0.37	0.63
17	internal protection	0.82	0.34	0.66
18	internal protection	0.71	0.49	0.51

Standardized factor loadings, standardized residual variances, and item-level explained variance (R^2) are reported. Internal protection comprised items 1, 2, 5, 8, 17, and 18; emotional stability comprised items 4, 6, 9, 10, 11, and 16; and external protection comprised items 3, 7, 12, 13, 14, and 15. SRSA-18, Suicide Attempt Resilience Scale.

Table 5. Confirmatory factor analysis fit indices.

Model	$\chi 2$	df	CFI	TLI	RMSEA	SRMR
One-factor model	487.32	135	0.79	0.76	0.13	0.07
Three-factor model	366.44	132	0.86	0.84	0.10	0.07

χ^2, chi-square; df, degrees of freedom; CFI, comparative fit index; TLI, Tucker–Lewis index; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual.

Table 6. Discriminant validity of the SRSA-18 dimensions.

Dimension	AVE	$\sqrt{\text{AVE}}$	1	2	3
Internal protection	0.40	0.63	-		
Emotional stability	0.50	0.71	0.92	-	
External protection	0.56	0.75	0.81	0.78	-

Off-diagonal values represent standardized latent-factor correlations obtained from the three-factor CFA. According to the Fornell–Larcker criterion, discriminant validity is supported when the square root of the AVE for each construct exceeds its correlations with the other latent constructs. This criterion was not met for the three SRSA-18 dimensions. AVE, average variance extracted; CFA, confirmatory factor analysis; SRSA-18, Suicide Attempt Resilience Scale.

silience is supported by multiple adaptive psychological resources operating simultaneously.

Conversely, suicide resilience showed statistically significant inverse relationships with suicidal ideation ($r = -0.22$, $p = 0.004$), depression ($r = -0.28$, $p < 0.001$), anxiety ($r = -0.16$, $p = 0.036$), and stress ($r = -0.18$, $p = 0.024$). Although these associations were generally of small-to-moderate magnitude, their direction was entirely consistent with theoretical expectations. Positive associations with protective psychological resources and negative associations with indicators of psychological vulnerability support the expected nomological pattern of relationships and provide evidence for the convergent and divergent validity of the SRSA-18. Taken together, the correlation pattern indicates that individuals reporting greater suicide resilience also tend to report greater psychological adjustment and lower psychological vulnerability, supporting the theoretical framework underlying the instrument. Complete correlation coefficients are presented in Table 7.

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Table 7. Correlations between the SRSA-18 and external psychological variables.

External variable	Pearson's r	*p* value
Suicidal ideation (Paykel Suicide Scale)	−0.22	0.004
Depression (DASS-21)	−0.28	<0.001
Anxiety (DASS-21)	−0.16	0.036
Stress (DASS-21)	−0.18	0.024
Optimism (LOT-R)	0.49	<0.001
Perceived social support (MSPSS)	0.35	<0.001
Cognitive reappraisal (ERQ)	0.35	<0.001
Subjective well-being	0.55	<0.001

Pearson correlation coefficients between the total score of the SRSA-18 and the external psychological measures. Positive coefficients indicate that higher suicide resilience is associated with greater psychological resources, whereas negative coefficients indicate associations with lower suicidal ideation and emotional distress. Statistical significance was established at $p < 0.05$. SRSA-18, Suicide Attempt Resilience Scale; DASS-21, Depression Anxiety Stress Scale; LOT-R, Life Orientation Test-Revised; MSPSS, Multidimensional Scale of Perceived Social Support; ERQ, Emotion Regulation Questionnaire.

Discussion

The present study examined the psychometric performance of the SRSA-18 in a sample of active-duty military personnel and members of the Spanish State Security Forces. Overall, the findings provide preliminary evidence supporting the internal consistency of the SRSA-18 and show a theoretically coherent pattern of associations with external psychological variables. However, the confirmatory factor analysis indicates that additional research is required before stronger conclusions regarding the structural validity of the SRSA-18 can be established. The first hypothesis was supported. The SRSA-18 demonstrated excellent internal consistency for the total score and satisfactory reliability across its three theoretical dimensions. These findings are consistent with the original validation study conducted by Sánchez-Teruel *et al.* [18] and suggest that the instrument provides reliable measurement of suicide resilience in occupational groups exposed to chronic operational stress. The observed reliability coefficients are comparable to, and in some cases exceed, those reported in previous studies evaluating suicide resilience instruments in both clinical and community samples.

The second hypothesis received partial support. As expected, the theoretically proposed three-factor model demonstrated better relative fit than the alternative one-factor solution, although the present findings provide only preliminary support for the multidimensional conceptualisation of suicide resilience originally proposed for the SRSA-18. Nevertheless, none of the evaluated models achieved goodness-of-fit indices that fully satisfied commonly accepted psychometric recommendations. Consequently, the present findings should not be interpreted as confirming the factorial validity of the instrument but rather as providing preliminary support that requires replication.

Several methodological and contextual factors may explain the modest model fit observed in the present study. First, confirmatory factor analysis represents a highly restrictive statistical approach, particularly when applied to relatively small samples [34,35]. Although the final sample allowed the planned CFA models to be estimated, the relatively modest sample size may have limited parameter stability and the precision of global model-fit evaluation. Larger independent samples are therefore needed to obtain more stable parameter estimates and to further evaluate the proposed factorial structure.

Second, the study population consisted exclusively of active-duty military personnel and members of law enforcement agencies. These occupational groups are characterised by relatively homogeneous training, organisational culture, operational responsibilities, and psychological demands. Such homogeneity may reduce response variability and attenuate covariance patterns among questionnaire items, thereby affecting model fit without necessarily compromising the theoretical relevance of the underlying construct.

Third, suicide resilience is a complex multidimensional construct involving multiple protective resources, including social support, coping strategies, psychological capital, meaning in life, and a sense of responsibility [36]. It is therefore plausible that the theoretically proposed three-factor model may not fully capture the complexity of the construct in specific occupational populations. Future investigations should evaluate alternative latent structures in larger independent samples before definitive conclusions regarding the dimensionality of the SRSA-18 are drawn.

The convergent and divergent validity analyses were largely consistent with theoretical expectations. Individuals reporting greater suicide resilience also reported lower levels of suicidal ideation, depression, anxiety, and stress, together with greater optimism, perceived social support, cognitive reappraisal, and subjective well-being. These associations are compatible with contemporary models of suicidal behaviour, which emphasise that resilience is supported by the interaction of multiple psychological resources operating simultaneously rather than by any single protective factor.

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Particularly noteworthy was the positive association observed between suicide resilience and subjective well-being ($r = 0.55$, $p < 0.001$). This finding is consistent with the broader literature suggesting that resilience is associated not only with lower psychological vulnerability but also with more positive evaluations of well-being and adaptive psychological functioning [37,38]. The observed association between suicide resilience and perceived social support further reinforces previous evidence highlighting the importance of interpersonal relationships as protective factors against suicidal behavior [21,39]. Within military and law enforcement settings, social cohesion, peer support, and organisational belonging may constitute especially relevant components of resilience, given the demanding operational environments in which these professionals work.

The positive relationship between cognitive reappraisal and suicide resilience is likewise theoretically meaningful. Individuals who habitually reinterpret stressful situations in a more adaptive manner may be better equipped to regulate emotional distress and maintain psychological functioning during periods of adversity [22]. These findings are consistent with models proposing emotion regulation as an important psychological process associated with resilience. Optimism also showed the expected positive association with suicide resilience [20,40]. The LOT-R showed moderate internal consistency in the present sample, which should be considered when interpreting the associations involving optimism. This finding is consistent with previous evidence suggesting that dispositional optimism constitutes an important psychological resource associated with resilience and adaptive coping. From an applied perspective, the present findings suggest that the SRSA-18 may represent a useful complementary instrument for psychological assessment within military and law enforcement settings. Rather than identifying psychopathology, the scale focuses on protective psychological resources that may contribute to resilience against suicidal behaviour. Such information could complement traditional risk-oriented assessments by helping clinicians identify strengths that may be enhanced through preventive interventions.

Future implementation should also consider the potential influence of mental health stigma and barriers to help-seeking that have been consistently documented in both military personnel and law enforcement professionals [41,42].

However, these practical implications should be interpreted cautiously. Given that the present study provides only preliminary evidence regarding the structural validity of the instrument, the SRSA-18 should not yet be considered a fully validated measure for these occupational populations. Additional psychometric research is required before recommending its routine implementation in professional assessment protocols.

Overall, the present findings contribute to the growing literature emphasising the importance of protective psychological factors in suicide prevention. By extending the evaluation of the SRSA-18 to military personnel and members of the Spanish State Security Forces, this study provides an initial empirical foundation upon which future validation studies can build using larger, more heterogeneous, and longitudinal samples.

Summary of Findings

Overall, the psychometric analyses provide a mixed but theoretically coherent pattern of findings.

First, the SRSA-18 demonstrated excellent internal consistency for the total score, while each of its three theoretical dimensions exhibited satisfactory internal reliability.

Second, confirmatory factor analysis indicated that the three-factor solution outperformed the one-factor alternative, although the findings provided only preliminary support for the multidimensional conceptualisation originally proposed by the scale developers. Nevertheless, the absolute fit indices remained below conventional recommendations, indicating that the present study offers only preliminary evidence regarding the structural validity of the instrument in this occupational population.

Finally, the expected pattern of associations with external psychological variables was consistently observed. Suicide resilience was associated with greater subjective well-being, perceived social support, optimism, and cognitive reappraisal, while lower resilience scores were associated with greater suicidal ideation and emotional distress. These findings support the theoretical consistency of the construct and provide evidence for the convergent and divergent validity of the SRSA-18, despite the limitations observed in the factorial analyses. Overall, the results provide preliminary evidence that the SRSA-18 may be a potentially useful measure of suicide resilience in military personnel and members of the Spanish State Security Forces, particularly with regard to internal consistency and convergent and divergent validity. Nevertheless, its structural validity remains insufficiently established, and additional psychometric studies using larger and more diverse samples are required before stronger conclusions regarding its factorial structure and broader applicability can be drawn.

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Limitations

Several limitations should be considered when interpreting the present findings.

First, although the initial recruitment included 353 participants, the final analytical sample consisted of 166 individuals after applying predefined data quality criteria. While this screening procedure was necessary to ensure the reliability of the psychometric analyses, the resulting sample size remains relatively modest for confirmatory factor analysis and may have reduced the stability of parameter estimation. Future studies should seek to replicate these findings using substantially larger samples.

Second, the sample was overwhelmingly male (96.39%), reflecting the current demographic composition of the participating occupational sectors. Consequently, the psychometric properties of the SRSA-18 cannot be assumed to generalise to female military personnel or female law enforcement professionals. The marked gender imbalance also prevented the evaluation of measurement invariance across sex.

Third, although both military personnel and members of the Spanish State Security Forces participated in the study, the available sample size did not permit reliable subgroup comparisons or formal tests of measurement invariance across occupational categories. Future investigations should examine whether the factorial structure of the SRSA-18 remains stable across different professional groups.

Fourth, the confirmatory factor analysis provided only partial support for the proposed three-factor structure. Although the three-factor model consistently outperformed the one-factor alternative, the overall fit indices remained below commonly accepted recommendations. Consequently, further psychometric research should evaluate alternative latent structures, including higher-order, bifactor, or exploratory structural equation models, in larger independent samples. In addition, the comparatively low standardized loadings observed for Items 1 and 2, particularly Item 1, suggest that their contribution to the Internal Protection dimension should be examined carefully in future independent samples. However, no item was removed in the present study because post hoc modification of the original scale on the basis of a single, relatively small and homogeneous sample could produce a sample-specific solution and compromise comparability with the original instrument.

Fifth, the LOT-R showed moderate internal consistency in the present sample, and this should be considered when interpreting findings involving optimism. Further psychometric studies would be valuable to continue evaluating its performance in military and law enforcement populations.

Finally, the cross-sectional design precludes any conclusions regarding predictive validity or causal relationships among the study variables. Longitudinal studies will be necessary to determine whether suicide resilience prospectively predicts suicidal ideation, suicide attempts, or other clinically relevant outcomes over time. In addition, because all variables were assessed through self-report questionnaires administered during a single assessment session, the possibility of common method variance cannot be completely excluded, despite the use of validated instruments and anonymous data collection procedures [43].

Despite these limitations, the present study constitutes one of the first investigations examining the psychometric properties of the SRSA-18 in military personnel and members of the Spanish State Security Forces and provides an empirical basis for future validation studies in occupational populations exposed to chronic psychological stress.

Conclusions

The present study provides preliminary evidence supporting the reliability and convergent and divergent validity of the SRSA-18 in active-duty military personnel and members of the Spanish State Security Forces, while evidence regarding its structural validity remains limited. The instrument demonstrated excellent internal consistency and exhibited theoretically coherent associations with both protective psychological resources and indicators of psychological vulnerability. These findings support the conceptual relevance of suicide resilience within occupational groups routinely exposed to demanding operational environments, while the multidimensional structure proposed for the SRSA-18 requires further empirical confirmation. However, the confirmatory factor analysis yielded only partial support for the proposed three-factor structure. Although the three-factor model consistently performed better than the alternative one-factor solution, the overall model fit did not reach conventional psychometric standards. Accordingly, the present findings should be interpreted as preliminary rather than definitive evidence regarding the structural validity of the SRSA-18.

Further validation studies using larger, more heterogeneous, and longitudinal samples are required to examine the stability of the factorial structure, evaluate measurement

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invariance across relevant demographic and occupational groups, and determine the predictive validity of suicide resilience for future suicidal behaviour.

Until such evidence becomes available, the SRSA-18 should be considered a useful complementary instrument for assessing protective psychological resources associated with suicide prevention rather than a definitively validated measure for military and law enforcement populations.

Availability of Data and Materials

The datasets generated and analysed during the current study are not publicly available due to the sensitive nature of the information collected and the professional characteristics of the participants. Data may be available from the corresponding author upon reasonable request, subject to applicable ethical and legal restrictions.

Author Contributions

COE: Conceptualization, Methodology, Formal Analysis, Writing—Original Draft, Writing—Review & Editing. VLJ: Methodology, Investigation, Writing—Review & Editing. DST: Conceptualization, Supervision, Methodology, Writing—Review & Editing. JFJDP: Investigation, Data Collection, Project Administration, Writing—Review & Editing. All authors have read and approved the final version of the manuscript. All authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Ethics Approval and Consent to Participate

The study was conducted in accordance with the ethical principles of the Declaration of Helsinki and was approved by the Ethics Committee of the University of Córdoba (Reference No. CEIH-25-11). The Committee issued a favourable ethical opinion on 28 March 2025 after evaluating the study objectives, methodology, ethical considerations, and data protection procedures. All participants were informed about the objectives of the study, the voluntary nature of their participation and the confidential treatment of the collected data. Electronic informed consent was obtained from all participants before they accessed the questionnaire.

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Conflict of Interest

The authors declare no conflict of interest.

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