

Military Sexual Trauma – A Risk Factor for Suicide



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Military sexual trauma (MST) refers to experiences of sexual harassment or sexual assault during military service. MST is not a diagnosis, and Veterans who experienced MST vary in their reactions as well as in their treatment needs and preferences. Despite this variation, research shows that experiencing MST is a significant risk factor for suicidal ideation, suicide attempt, and completed suicide.^{1,2,3} This increased risk is found across ages and genders, even when controlling for comorbid mental health conditions.^{4,5} MST is also associated with risk factors for suicide, including depression, PTSD, substance use disorders, and non-suicidal self-injury.^{6,7,8,9,10}

Key Findings

Research on MST that is particularly relevant to suicide risk management includes:

- Analysis of Veterans Health Administration records indicates that MST is a distinct risk factor for suicide attempt and completion in male and female Veterans, even after accounting for psychiatric comorbidity.²
- Increased depression, PTSD-related anhedonia, and decreased sense of life meaning among MST survivors have been identified as potential links.^{11,12} Related to this, negative cognitions such as blaming oneself, feeling like a burden, and believing that one is damaged are also correlated with suicidal ideation and attempts following MST.^{13,14,15,16,17}
- Lack of social support, perceived disapproval from others, and feelings of institutional betrayal from the military have been found to be associated with increased suicidality in MST survivors.^{16,18,19}
- MST survivors who identify as members of marginalized groups may face additional stressors and barriers to engaging in care, including MST-related care.^{5,20,21} In addition to higher discriminatory stress faced throughout life, some minority MST survivors experience discrimination related to race, gender, or sexual orientation in conjunction with MST²² and may have been targeted for MST because of their identity or background.^{23,24,25} These experiences may amplify minority stress and further contribute to suicide risk.^{26,27,28,29}

Implications

Though not every MST survivor will struggle with suicidality, MST experiences are strongly associated with a constellation of suicide risk factors. These risks are not limited to the immediate aftermath of MST. In addition to carefully evaluating risk for suicide and non-suicidal self-injury on a regular basis, clinicians should consider the potential influence of MST experiences in their evaluation of other risk factors and selection of treatment types. Considering how MST experiences may have influenced survivors' sense of life meaning and addressing negative trauma-related cognitions are also important parts of managing suicide risk and promoting recovery from MST.

Ways You Can Help

- In assessment and treatment planning with Veterans, ask sensitive, open-ended questions about possible traumatic experiences, including sexual assault and harassment experienced within and outside of the military.³⁰
- Use trauma-sensitive approaches in clinical practice (e.g., offer choices, explain rationale for questions and procedures, attend to the dynamics of the patient-provider relationship, foster a safe, non-judgmental environment).³¹
- Be attentive to potential barriers to care and invite input regarding treatment preferences. Individuals who have experienced MST may be reluctant to disclose it or seek care, including when experiencing suicidal ideation, due to shame, stigma or prior negative experiences.¹⁹
- Express interest in learning about the Veteran's background (e.g., race/ethnicity, sexual orientation, gender, disability, socio-economic status, spirituality) and ways in which these factors may influence suicide risk, MST experiences, health care experiences, and recovery.
- Assess for non-suicidal self-injury, depression, anhedonia, substance use, and other risk factors for suicide as frequently as clinically relevant, including among Veterans with few obvious risk factors.
- While MST can contribute to a variety of mental and physical health consequences, PTSD and depression are among the most common and when comorbid, may particularly contribute to suicide risk among MST survivors.³² Seek out training and draw on evidence-based treatment to address these conditions. Example treatment guidelines are available at www.healthquality.va.gov/guidelines/mh.
- Be attentive to negative posttraumatic beliefs about self and others. Cognitive Processing Therapy (CPT) is a treatment well-positioned to reduce suicide cognitions among Veterans who have PTSD secondary to MST.³³ See www.ptsd.va.gov/professional/treat/txessentials/cpt_for_ptsd_pro.asp for more information.
- Be aware of how MST may affect a Veteran's sense of purpose and connection. Strengthen reasons for living by helping the Veteran engage in values-consistent activities and identifying additional opportunities for social support.^{15,18}

Suicide risk in Veterans who experienced MST results from of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. Understanding the many ways MST can impact a Veteran, even many years after the experience, and providing sensitive, healing care to address this impact can help prevent suicide.

References

- 1 Rosellini, A. J., A. E. Street, R. J. Ursano, et al. 2017. Sexual assault victimization and mental health treatment, suicide attempts, and career outcomes among women in the US Army. *American Journal of Public Health* 107, no. 5:732–39.
- 2 Kimerling, R., K. Makin-Byrd, S. Louzon, R. V. Ignacio, & J. F. McCarthy. 2016. Military sexual trauma and suicide mortality. *American Journal of Preventive Medicine* 50, no. 6:684–91.
- 3 Monteith, L. L., D. S. Menefee, J. E. Forster, J. L. Wanner, & N. H. Bahraini. 2015. Sexual trauma and combat during deployment: Associations with suicidal ideation among OEF/OIF/OND veterans. *Journal of Traumatic Stress* 28, no. :283–8.
- 4 Gibson, C. J., S. Maguen, D. Xia, D. E. Barnes, C. B. Peltz, & K. Yaffe. 2020. Military sexual trauma in older women veterans: Prevalence and comorbidities. *Journal of General Internal Medicine* 35, no. 1:207–13.
- 5 Gross, G. M., S. Ronzitti, J. L. Combellick, et al. 2020. Sex differences in military sexual trauma and severe self-directed violence. *American Journal of Preventive Medicine* 58, no. 5:675–682.
- 6 Seelig, A. D., A. C. Rivera, T. M. Powell, et al. 2017. Patterns of smoking and unhealthy alcohol use following sexual trauma among U.S. service members. *Journal of Traumatic Stress* 30, no. 5:502–11.
- 7 Gradus, J. L., A. E. Street, K. Kelly, & J. Stafford. 2008. Sexual harassment experiences and harmful alcohol use in a military sample: Differences in gender and the mediating role of depression. *Journal of Studies on Alcohol and Drugs* 69, no. 3:348–51.
- 8 Holliday, R., N. B. Smith, & L. L. Monteith. 2018. An initial investigation of nonsuicidal self-injury among male and female survivors of military sexual trauma. *Psychiatry Research* 268:335–9.
- 9 Goldberg, S. B., W. S. Livingston, R. K. Blais, et al. 2019. A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans. *Psychology of Addictive Behaviors* 33, no. 5:477–83.
- 10 Bryan, C. & A. Bryan. 2014. Nonsuicidal self-injury among a sample of United States military personnel and veterans enrolled in college classes. *Journal of Clinical Psychology* 70, no. 9:874–85.
- 11 Blais, R. K. & C. Geiser. 2019. Depression and PTSD-related anhedonia mediate the association of military sexual trauma and suicidal ideation in female service members/veterans. *Psychiatry Research* 279:148–54.
- 12 Gross, G. M., H. Laws, C. L. Park, R. Hoff, & C. A. Hoffmire. 2019. Meaning in life following deployment sexual trauma: Prediction of posttraumatic stress symptoms, depressive symptoms, and suicidal ideation. *Psychiatry Research* 278:78–85.
- 13 Monteith, L. L., N. H. Bahraini, & D. S. Menefee. 2017. Perceived burdensomeness, thwarted belongingness, and fearlessness about death: Associations with suicidal ideation among female veterans exposed to military sexual trauma. *Journal of Clinical Psychology* 73, no. 12:1655–69.

Military Sexual Trauma – A Risk Factor for Suicide

- 14 Monteith, L. L., L. M. Brownstone, H. R. Gerber, K. A. Soberay, & N. H. Bahraini. (2019). Understanding suicidal self-directed violence among men exposed to military sexual trauma: An ecological framework. *Psychology of Men & Masculinities* 20, no. 1:23–35.
- 15 Wiblin, J., N. Holder, R. Holliday, & A. Suris. 2018. Predictors of unbearability, unlovability, and unsolvability in veterans with military-sexual-trauma-related posttraumatic stress disorder. *Journal of Interpersonal Violence*:886260518777554.
- 16 Monteith, L. L., N. B. Smith, R. Holliday, & R. H. Pietrzak. 2018. Psychiatric interpersonal correlates of suicide ideation in military sexual trauma survivors: The National Health and Resilience in Veterans Study. *Chronic Stress* 2:2470547018815901.
- 17 Monteith, L. L., R. Holliday, A. L. Schneider, J. E. Forster, & N. H. Bahraini. 2019. Identifying factors associated with suicidal ideation and suicide attempts following military sexual trauma. *Journal of Affective Disorders* 252:300–9.
- 18 Monteith, L. L., C. A. Hoffmire, R. Holliday, C. L. Park, C. M. Mazure, & R. A. Hoff. 2018. Do unit and post-deployment social support influence the association between deployment sexual trauma and suicidal ideation? *Psychiatry Research* 270:674–81.
- 19 Monteith, L. L., R. Holliday, C. A. Hoffmire, & N. H. Bahraini. 2021. Female veterans' willingness to seek Veterans Health Administration and non-Veterans Health Administration services of suicidal thoughts and mental health concerns. *Medical Care* 59:S23–30.
- 20 Ray-Sannerud, B. N., C. J. Bryan, N. S. Perry, & A. O. Bryan. 2015. High levels of emotional distress, trauma exposure, and self-injurious thoughts and behaviors among military personnel and veterans with a history of same sex behavior. *Psychology of Sexual Orientation and Gender Diversity* 2, no. 2:130–7.
- 21 Blossnich, J., M. M. Foynes, & J. C. Shipherd. 2013. Health disparities among sexual minority women veterans. *Journal of Women's Health* 22, no. 7:631–6.
- 22 Buchanan, N. H., I. H. Settles, & K. C. Woods. 2008. Comparing sexual harassment subtypes among black and white women by military rank: Double jeopardy, the jezebel, and the cult of true womanhood. *Psychology of Women Quarterly* 32, no. 4:347–61.
- 23 Brown, G. R. & K. T. Jones. 2016. Mental health and medial health disparities in 5135 transgender veterans receiving healthcare in the Veterans Health Administration: A case-control study. *LGBT Health* 3, no. 2:122–31.
- 24 Mattocks, K. M., M. R. Kauth, T. Sandfort, A. R. Matza, J. C. Sullivan, & J. C. Shipherd. 2014. Understanding health-care needs of sexual and gender minority veterans: How targeted research and policy can improve health. *LGBT Health* 1, no. 1:50–7.
- 25 Blossnich, J. R., A. J. Gordon, & M. J. Fine. 2015. Associations of sexual and gender minority status with health indicators, health risk factors, and social stressors in a national sample of young adults with military experience. *Annals of Epidemiology* 25, no. 9:661–7.
- 26 Sexton, M. B., M. T. Davis, R. E. Anderson, D. C. Bennett, E. Sparapani, & K. E. Porter. 2018. Relation between sexual and gender minority status and suicide attempts among veterans seeking treatment for military sexual trauma. *Psychological Services* 15, no. 3:357–62.
- 27 Meyer, I. H. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin* 129, no. 5:674–97.
- 28 Mekawi, Y., S. Carter, B. Brown, et al. 2021. Interpersonal trauma and posttraumatic stress disorder among black women: Does racial discrimination matter? *Journal of Trauma & Dissociation*:1–16.
- 29 McClendon, J., N. Kressin, D. Perkins, L. A. Copeland, E. P. Finley, & D. Vogt. 2021. The impact of discriminatory stress on changes in posttraumatic stress severity at the intersection of race/ethnicity and gender. *Journal of Trauma & Dissociation*:1–18.
- 30 Holliday, R., J. E. Forster, A. L. Schneider, C. Miller, & L. L. Monteith. 2021. Interpersonal violence throughout the lifespan: Associations with suicidal ideation and suicide attempt among a national sample of female veterans. *Medical Care* 59:S77–83.
- 31 Substance Abuse and Mental Health Services Administration. 2014. Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57, HHS Publication no. (SMA) 14-4816.
- 32 Livingston, W. S., J. D. Fargo, A. V. Gundlapalli, E. Brignone, & R. K. Blais. 2020. Comorbid PTSD and depression diagnoses mediate the association of military sexual trauma and suicide and intentional self-inflicted injury in VHA-enrolled Iraq/Afghanistan Veterans, 2004–2014. *Journal of Affective Disorders* 274:1184–90.
- 33 Holliday, R., N. Holder, L. L. Monteith, & A. Suris. 2018. Decreases in suicide cognitions after cognitive processing therapy among veterans with posttraumatic stress disorder due to military sexual trauma: A preliminary examination. *Journal of Nervous and Mental Disease* 206, no. 7:575–8.



U.S. Department
of Veterans Affairs