

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.

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