

# Women Veterans - Reproductive Health and Suicide Risk



## From Science to Practice

Using Research to Promote Safety  
and Prevent Suicide

### Overview

*Veteran women are twice as likely to die by suicide as non-Veterans women.<sup>1</sup> Although Veteran women's suicide rates have increased since 2001, peaking in 2017, recent statistics show promising downward trends in 2018 and a 20.3% decrease 2019.<sup>2</sup> Among the many factors that can influence mental health and suicide risk, there are unique ways that reproductive and sexual health are relevant for women. For example, a lifetime history of mental health conditions, sexual assault or military sexual trauma are associated with a variety of adverse reproductive health outcomes and increased suicide risk.<sup>3,4 5,6,7,8,9</sup> Clinicians can help by assessing women Veterans for risks that uniquely affect them.*

## Key Findings

### Suicide Risk and Women's Menstrual Cycles

- Women who have premenstrual dysphoric disorder (PMDD) have a greater likelihood of having suicidal thoughts or making suicidal plans and attempts.<sup>10,11</sup>
- Women are more likely to attempt suicide during the menstrual phase than in other phases of their cycle (i.e., follicular, periovulatory, luteal, and premenstrual).<sup>12,13</sup>

### Suicide Risk During Pregnancy and After Childbirth

- The perinatal period (during pregnancy and after childbirth) is not protective against suicidal behavior and suicide risk. For example, up to 20% of postpartum deaths are suicide related.<sup>14</sup>
- Risk factors for perinatal suicidality include having experienced sexual assault or harassment during

military service (known as military sexual trauma or MST), negative perinatal-focused ruminations, depression, and alcohol use disorder.<sup>4,5,6</sup>

- Factors associated with reduced risk of perinatal suicidality include social support and attendance at religious services.<sup>6,15</sup>
- Perinatal women who die by suicide are less likely than nonperinatal women who die by suicide to be receiving psychiatric treatment at the time of death.<sup>16</sup>
- Pregnancy is a major cause of discontinuing antidepressants.<sup>17</sup>

### Suicide Risk and the Menopause Transition

#### Suicide Risk and Sexual Dysfunction

- During perimenopause, women have increased risk for suicidal ideation compared with pre- and postmenopausal women, as well as compared with men.<sup>18</sup>

#### Suicide Risk and Sexual Dysfunction

- Reported rates of sexual dysfunction in women Veterans have ranged from about 16% to 50%, depending on the population and type of sexual dysfunction studied.<sup>19,20</sup>
- Women Veterans and Service members who have experienced MST may be more likely to experience poorer sexual function and lower sexual satisfaction compared to women Veterans who have experienced other trauma types including combat- or deployment-related, military non-combat, non-military, domestic violence, and exposure to suicide.<sup>7</sup>
- Emerging research with women Veterans suggests that sexual dysfunction is associated with suicidal ideation, even after accounting for mental health diagnoses.<sup>8</sup>
- The association between sexual dysfunction and suicidal ideation is even stronger in women Veterans who have experienced sexual assault.<sup>9</sup>

## Ways You Can Help

- Familiarize yourself with the full continuum of gender-informed and gender-specific mental health services for women Veterans Provided by VA. Every VA health care facility has a Women's Mental Health Champion who has received advanced training in women Veterans' mental health. For VA clinicians, expert guidance about mental health care related to women's reproductive cycle stages and gynecologic conditions is available via consult through the national VA Reproductive Mental Health Consultation Program. Find out more [here](#).
- Visit VA's Women Veterans Health Care website to find primary and comprehensive women's health services including reproductive health and wellness checks. Find out more [here](#).
- The VA offers free treatment for any physical and mental health condition related to MST. Every VA health care facility has an MST Coordinator who serves as a contact person for MST-related issues and who can assist Veterans in accessing care. Find out more [here](#).
- The VA/DoD Clinical Practice Guidelines are available for providers to familiarize themselves with the assessment and management of patients at risk for suicide and for health concerns during pregnancy. Find out more [here](#).

***There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.***

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