Military Sexual Trauma – A Risk Factor for Suicide

From Science to Practice

Using Research to Prevent Suicide

Issue

Military sexual trauma (MST) refers to experiences of sexual harassment or sexual assault that occur during military service. MST is not a diagnosis, and Veterans who have experienced MST vary in terms of their reactions to MST and their treatment needs and preferences. Despite this variation, research has consistently shown that experiences of MST are associated with suicide risk, even when controlling for comorbid mental health conditions.[1,2,3] MST is also frequently associated with other known risk factors for suicide, including depression and substance use disorders.[4,5] In addition, preliminary research suggests that 1 in 4 MST survivors report nonsuicidal self-injury,[6] an important finding given that nonsuicidal self-injury is significantly associated with suicidal ideation, suicide planning, and suicide attempts, even when controlling for demographics, depression, and posttraumatic stress severity.[7]

MST survivors who identify as members of marginalized groups (e.g., racial, ethnic, gender, and sexual minorities) may be particularly at risk for suicide after experiencing MST. Research has identified a link between the chronically high levels of stress faced by members of stigmatized minority groups and suicide; this link combined with the association between MST and suicide may further amplify suicide risk.[8] In addition, some MST survivors report experiencing racial discrimination as part of or in conjunction with MST[9] and may have felt targeted for MST because of their identity or background. A similar pattern may exist for sexual minority Veterans.[10,11,12] These experiences may amplify "minority stress"[8] and further contribute to suicide risk.

Key Findings

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

- Analysis of Veterans Health Administration records has shown that MST is a distinct risk factor for suicide, even after accounting for psychiatric comorbidity.[1]
- Sexual assault-related posttraumatic stress disorder predicts both suicide attempt frequency and nonsuicidal self-injury (itself a significant risk factor for eventual death by suicide).[6,13,14]
- Members of marginalized or minority groups may face additional barriers to engaging in care, including MST-related care, thus increasing suicide risk.[15,16]

Implications

Though experiences of MST are not necessarily predictive of suicidality in every MST survivor, they are strongly associated with a constellation of suicide risk factors. These risks are not limited to the immediate aftermath of MST and may continue to have a significant impact on overall health outcomes well after the experiences themselves. In addition to carefully assessing and monitoring suicide risk in MST survivors over time, clinicians should also be aware of the extent to which MST influences associated risk factors, treatment pathways, and other health outcomes. Understanding how experiences of MST have influenced survivors' sense of meaning and purpose is often an important part of both managing suicide risk and promoting recovery from MST.

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Ways You Can Help

- In assessment and treatment planning, ask sensitive, open-ended questions about possible traumatic experiences, including sexual trauma outside of the military, even if the Veteran has previously denied experiencing MST.[17]
- Use MST-sensitive strategies in clinical practice (e.g., offer choices, explain rationale for questions and procedures, attend to the dynamics of the patient-provider relationship).[18]
- Be attentive to nonverbal signs and potential barriers to care, and invite input regarding treatment preferences. Individuals who have experienced MST may be reluctant to disclose that fact or seek care due to shame, stigma, or prior negative experiences.
- 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 Veterans for nonsuicidal self-injury and other risk factors for suicide as frequently and thoroughly as clinically relevant, even among Veterans with few obvious risk factors for suicide.
- Use evidence-based trauma treatments in your clinical practice and familiarize yourself with trauma-informed, evidence-based guidelines. While MST can contribute to a variety of mental and physical health consequences, posttraumatic stress disorder (PTSD) is one of the most common. Example treatment guidelines are available at ***https://www.healthquality.va.gov/guidelines/mh/ptsd***.
- When MST has affected a Veteran's sense of meaning and purpose, strengthen reasons for living by helping the Veteran identify values and engage in values-consistent behaviors and activities.

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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