

Suicide Among Women Veterans: Risk Factors Associated With Mental Health and Emotional Well-Being



From Science to Practice

Using Research to Promote Safety
and Prevent Suicide

Issue

Women Veterans are almost twice as likely as their civilian peers to die by suicide.¹ Multiple factors (e.g., access to firearms) contribute to this disparity. This summary focuses on risk factors associated with women Veterans' mental health and emotional well-being. Clinicians can help by evaluating patient behavioral and mental health.

Key Findings

Suicide Risk and Mental Health/Substance Use Disorders

- The link between psychopathology and suicide risk is well established. Among Veterans, this link is stronger among women than men.²
- Substance use disorders, especially with comorbid mental health disorders, robustly predict suicide attempts and completed suicide in women Veterans.^{2,3,4,5,6}
- Eating disorders are also associated with increased risk of suicidal ideation, attempts, and death by suicide.^{7,8} The prevalence of eating disorders among Veterans is at least as high as rates in the general population. Rates are higher among women Veterans than male Veterans.⁹
- Other psychiatric conditions associated with suicide risk in women Veterans include bipolar disorder, schizophrenia, depression, posttraumatic stress disorder (particularly with comorbid depression), and anxiety disorders.^{2,10}

Suicide Risk and Intimate Partner Violence

- Intimate partner violence (IPV) includes physical or sexual violence, stalking, and psychological aggression/coercion by a current or former intimate partner. The experience of IPV is associated with increased likelihood of suicidal ideation and attempts.^{11,12,13}
- Women Veterans are at a higher risk (approximately 33%) than civilian women (24%) for experiencing IPV during their lifetime.¹⁴

- Experiencing IPV is associated with additional suicide risk factors, such as mental and physical health problems, hopelessness, and social isolation.¹⁵

Suicide Risk and Problems With Emotion Regulation and Distress Tolerance

- Adverse childhood experiences and complex trauma can reduce a woman's ability to maintain emotional stability and manage strong emotions under stress. Problems with emotion regulation are associated with greater risk for suicidal ideation and behaviors, and problems with distress tolerance are associated with greater risk for nonsuicidal self-injury.^{16,17,18,19}
- Repeated episodes of nonsuicidal self-injury may increase long-term suicide risk through desensitization to physical pain and self-inflicted injury.^{19,20}

Implications

Women Veterans have high rates of mental health and substance use disorders, IPV, and emotion dysregulation, all of which increase suicide risk. Recent research findings can inform gender-sensitive risk assessment and treatment planning.

Ways You Can Help

- Provide access to clinicians with competence in caring for women Veterans specifically. Consult with a VA Women's Mental Health Champion on ways to support gender-sensitive treatment. VA employees can visit the VA Women's Mental Health SharePoint site for more information and resources.
- Screen Veterans for substance use and mental health problems.
- Assess Veterans for eating-disordered behaviors, such as recurrent emotional eating, dietary restriction, loss of control of eating, or compensatory behaviors (e.g., self-induced vomiting). Carefully evaluate those at higher risk (e.g., with a history of trauma).
- Consult experts, including VA multidisciplinary eating disorder teams; see the VA Women's Mental Health SharePoint site for contact information.
- Assess women Veterans for IPV and evaluate those who screen positive for suicidal behaviors. Likewise, assess women who screen positive for suicidal behaviors for IPV.¹⁴ Resources are available for VA employees on the VA IPV Assistance Program SharePoint site.
- Evaluate emotion regulation skills in suicidal or at-risk individuals. Include skills development treatment planning and encourage patients to practice new skills in real-life situations.
- Even when people self-injure without lethal intent, monitor these behaviors and their function over time and target negative cognitions.
- Some psychotherapies specifically address skills deficits associated with complex trauma.^{21,22,23} VA offers training in Skills Training in Affective and Interpersonal Regulation (STAIR). More information is available on the VA Women's Mental Health SharePoint site.

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.

References

- 1 Office of Mental Health and Suicide Prevention. 2018. Veteran data report, 2005–2016. Washington, DC: U.S. Department of Veterans Affairs.
- 2 Ilgen, M. A., A. S. Bohnert, R. V. Ignacio, et al. 2010. Psychiatric diagnoses and risk of suicide in veterans. *Archives of General Psychiatry* 67, no. 11:1152–58.
- 3 Bohnert, K. M., M. A. Ilgen, S. Louzon, J. F. McCarthy, and I. R. Katz. 2017. Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. *Addiction* 112, no. 7:1193–1201.
- 4 Chapman, S. L. C., and L. T. Wu. 2014. Suicide and substance use among female veterans: A need for research. *Drug and Alcohol Dependence* 136:1–10.
- 5 Gradus, J.L., A. E. Street, M. K. Suvak, and P. A. Resick. 2013. Predictors of suicidal ideation in a gender-stratified sample of OEF/OIF veterans. *Suicide and Life-Threatening Behavior* 43, no. 5:574–88.
- 6 Gradus J.L., S. Leatherman, A. Currier, L. G. Myers, R. Ferguson, and M. Miller. 2017. Gender differences in substance abuse, PTSD and intentional self-harm among Veterans Health Administration patients. *Drug and Alcohol Dependence* 171:66–9.
- 7 Crow, S.J., C. B. Peterson, S. A. Swanson, et al. 2009. Increased mortality in bulimia nervosa and other eating disorders. *American Journal of Psychiatry* 166:1342–46.
- 8 Franko, D.L., and P. K. Keel. 2006. Suicidality in eating disorders: occurrence, correlates, and clinical implications. *Clinical Psychology Review* 26:769–82.
- 9 Bartlett, B.A., and K. S. Mitchell. 2015. Eating disorders in military and veteran men and women: a systematic review. *International Journal of Eating Disorders* 48:1057–69.
- 10 Gradus, J.L., M. W. King, I. I. Galatzer-Levy, and A. E. Street. 2017. Gender differences in machine learning models of trauma and suicidal ideation in veterans of the Iraq and Afghanistan wars. *Journal of Traumatic Stress* 30, no. 4:362–71.
- 11 Cavanaugh, C.E., J. T. Messing, M. Del-Colle, C. O'Sullivan, and J. C. Campbell. 2011. Prevalence and correlates of suicidal behavior among adult female victims of intimate partner violence. *Suicide and Life-Threatening Behavior* 41, no. 4:372–83.
- 12 Kaslow, N.J., M. P. Thompson, L. A. Meadows, et al. 1998. Factors that mediate and moderate the link between partner abuse and suicidal behavior in African-American women. *Journal of Consulting and Clinical Psychology* 66, no. 3:533–40.
- 13 Simon, T.R., M. Anderson, M. P. Thompson, A. Crosby, and J. J. Sacks. 2002. Assault Victimization and Suicidal Ideation or Behavior Within a National Sample of U.S. *Suicide and Life-Threatening Behavior* 32, no. 1:42–50.
- 14 Dichter, M. E., C. Cerulli, and R. M. Bossarte. 2011. Intimate partner violence victimization among women veterans and associated heart health risks. *Women's Health Issues* 21, no. 4:S190–94.
- 15 Iovine-Wong, P.E., C. Nichols-Hadeed, J. T. Stone, et al. 2019. Intimate partner violence, suicide, and their overlapping risk in women veterans: a review of the literature. *Military Medicine*.
- 16 Anestis, M. D., A. C. Knorr, M. T. Tull, J. M. Lavender, and K. L. Gratz. 2013. The importance of high distress tolerance in the relationship between nonsuicidal self-injury and suicide potential. *Suicide and Life-Threatening Behaviors* 43, no. 6:663–75.
- 17 Anestis, M.D., S. M. Pennings, J. M. Lavender, M. T. Tull, and K. L. Gratz. 2013. Low distress tolerance as an indirect risk factor for suicidal behavior: considering the explanatory role of non-suicidal self-injury. *Comprehensive Psychiatry* 54:996–1002.
- 18 Joiner, T. E. 2005. *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- 19 Nock, M. K., and W. B. Mendes. 2008. Physiological arousal, distress tolerance, and social problem-solving deficits among adolescent self-injurers. *Journal of Consulting and Clinical Psychology* 76, no. 1:28–38.
- 20 Miranda, R., A. Tsydes, M. Gallagher, and K. Rajappa. 2012. Rumination and hopelessness as mediators of the relation between perceived emotion dysregulation and suicidal ideation. *Cognitive Therapy and Research* 37:786–95.
- 21 Cloitre, M., K. C. Koenen, and L. R. Cohen. 2006. *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*. New York, NY: The Guilford Press.
- 22 Cloitre, M., K. C. Koenen, L. R. Cohen, and H. Han. 2002. Skills Training in Affective and Interpersonal Regulation followed by exposure: a phase-based treatment for PTSD related to childhood abuse. *Journal of Clinical and Consulting Psychology* 70:1067–74.
- 23 Linehan, M.M. 1993. *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.