Psychiatry Research 244 (2016) 257–265

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

The influence of gender on suicidal ideation following military sexual trauma among Veterans in the Veterans Health Administration

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ARTICLE INFO

Article history:
Received 15 March 2016
Accepted 20 July 2016
Available online 22 July 2016

Keywords:
Suicidal ideation
Military
Gender
Sexual assault
Sexual harassment
Sexual violence
Posttraumatic stress disorder

ABSTRACT

No studies have examined whether military sexual trauma, as measured and defined within the Veterans Health Administration (VHA), is associated with suicidal ideation among Veterans in VHA care, when taking prior suicide attempts into account. Research regarding the role of gender in this association is also limited. The present study examined: (1) whether military sexual trauma was associated with the presence of past-week suicidal ideation among 354 Veterans in VHA (310 men, 44 women); (2) whether gender moderated the association between military sexual trauma and suicidal ideation. Information regarding military sexual trauma, suicidal ideation, suicide attempt, and psychiatric diagnoses was obtained from self-report instruments and medical records. Adjusting for age, gender, combat, posttraumatic stress disorder, depressive disorders, negative affect, and lifetime suicide attempt, Veterans with military sexual trauma were significantly more likely to report suicidal ideation, compared to Veterans without military sexual trauma. Furthermore, the association between military sexual trauma and suicidal ideation was stronger for men compared to women. These results contribute to a growing literature identifying military sexual trauma as a risk factor for suicidal thoughts and behaviors among Veterans in VHA care and emphasize the importance of screening for suicidal ideation among survivors of military sexual trauma.

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1. Introduction

Since the controversial Navy Tailhook scandal in 1991, in which ninety service members reported being sexually assaulted or harassed by other military personnel, national attention has focused on the sexual harassment and assault that many service members experience while serving in the military (Glaesmer, 2014; U.S. Commission on Civil Rights, 2013). Research has demonstrated that such experiences can have a deleterious impact on individuals' physical and emotional health (Frayne et al., 1999; Kimerling et al., 2007; O'Brien and Sher, 2013). In recognition of these issues, the Department of Veterans Affairs (VA) has implemented mandatory screening for military sexual trauma – defined as sexual harassment and/or sexual assault which occur during active duty, active duty for training, or inactive duty training (per 38 USC §1720D; U.S. Government, 2014) – among all Veterans seen in Veterans Health Administration (VHA) settings (Department of Veterans Affairs, 2010).

During military sexual trauma screening, health care providers ask patients the following two questions: "While you were in the military… (1) did you receive any uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or inappropriate verbal remarks? (2) did anyone ever use force or the threat of force to have sexual contact with you against your will?" (Department of Veterans Affairs, 2010). Potential responses include "yes" (a positive screen), "no" (a negative screen), or patients can decline to respond. Veterans who answer affirmatively to either question are considered to have a positive screen and are offered a referral to speak with a military sexual trauma coordinator within the VHA for information regarding related care (Department of Veterans Affairs, 2010). A positive screen for military sexual trauma is also clinically informative because it conveys that a Veteran may be at risk for a range of medical and

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http://dx.doi.org/10.1016/j.psychres.2016.07.036
0165-1781/Published by Elsevier Ireland Ltd.

mental health conditions (Kimerling et al., 2007), including suicidal self-directed violence (SDV).

Veterans who screen positive for military sexual trauma are more likely to have a history of suicide attempt documented in their VA medical record (Kimerling et al., 2007; Pavao et al., 2013). Adjusting for age and race, male and female Veterans who screened positive for military sexual trauma in the VHA were significantly more likely to have attempted suicide previously (adjusted odds ratio [AOR] for males = 2.93 and 2.15 for females) (Kimerling et al., 2007). Among homeless Veterans, male and female Veterans with a positive military sexual trauma screen were also significantly more likely to have attempted suicide, compared to homeless Veterans with a negative screen, adjusting for age, race, ethnicity, and marital status (AOR = 1.73 for males and 1.64 for females) (Pavao et al., 2013). Veterans who screen positive for military sexual trauma are also more likely to die by suicide, adjusting for age, rurality, medical morbidity, and psychiatric conditions (i.e., depression, posttraumatic stress disorder [PTSD], substance use disorder, bipolar disorder, schizophrenia, and other anxiety disorders) (hazards ratio = 1.19 for men and 1.35 for women; Kimerling et al., 2015).

Although there is increasing evidence that Veterans who screen positive for military sexual trauma are at increased risk for attempting and dying by suicide (Kimerling et al., 2007, 2015; Pavao et al., 2013), questions remain regarding whether Veterans who screen positive for military sexual trauma are at increased risk for experiencing suicidal ideation. Given that suicidal ideation, especially suicidal ideation with a plan, has been demonstrated to be associated with suicide attempt (Nock et al., 2008), learning more about this association is critical to suicide prevention efforts.

Klingensmith et al. (2014) examined whether a positive military sexual trauma screen was associated with suicidal ideation among a nationally representative sample of Veterans (21.4% of whom reported that the VA was their primary source of healthcare). Military sexual trauma was associated with suicidal ideation in the past two weeks, adjusting for demographic variables (i.e., age, sex, marital status, race/ethnicity, employment status), military characteristics (i.e., branch of service, enlistment status), and lifetime depression and PTSD. In contrast, another study found that military sexual trauma screening results were not associated with current suicidal ideation among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans entering VA treatment (Lemaire and Graham, 2011). Thus, it is unknown whether positive screens for military sexual trauma are associated with suicidal ideation among a more general sample of Veterans in VHA care.

Two other studies have examined the association between sexual trauma during specific periods of military service (deployment) – measured by the Deployment Risk and Resilience Inventory, Sexual Harassment Scale (King et al., 2006) – and suicidal ideation among specific cohorts of Veterans (OEF/OIF) and found that sexual trauma during deployment was associated with post-deployment suicidal ideation (Gradus et al., 2013) and more severe suicidal ideation in the past week (Monteith et al., 2015). Bryan et al. (2015) also examined exposure to sexual assault and unwanted sexual experiences during military service (using a revised version of the Life Events Checklist; Gray et al., 2004) and associations with suicidal ideation, plan, and attempt among college students who identified as active duty military or Veterans. Those who experienced sexual assault or other unwanted sexual experiences during military service were more likely to have suicidal ideation, although this association was not significant when adjusting for pre-military sexual trauma. Results from these three studies suggest that military sexual trauma may indeed be associated with suicidal ideation; however, the focus on specific cohorts of Veterans and use of different measures for assessing sexual trauma limit the generalizability of these results to the general population of Veterans in VHA care.

Additionally, there are gender differences in the incidence and health-related consequences of military sexual trauma. Women are more likely to experience military sexual trauma (Surís and Lind, 2008); 25.0% of women and 1.3% of men who are screened for military sexual trauma within the VHA screen positive (Department of Veterans Affairs, 2015a). Gender differences in the sequelae of military sexual trauma include psychiatric symptoms and overall mental health (Maguen et al., 2012; Street et al., 2007). Among former reservists, men who experience high levels of sexual harassment report more depressive symptoms and poorer mental health than women exposed to sexual harassment (Street et al., 2007). Nonetheless, few studies have examined the role of gender in the association between military sexual trauma and suicide-related outcomes. Instead, studies examining the association between sexual trauma during military service and suicidal SDV have typically adjusted for gender (Klingensmith et al., 2014; Monteith et al., 2015) or stratified analyses by gender (Gradus et al., 2013; Kimerling et al., 2007, 2015; Pavao et al., 2013). Gender-stratified analyses with VHA patients have consistently found military sexual trauma to be associated with suicidal SDV among men and women (Kimerling et al., 2007, 2015; Pavao et al., 2013).

To our knowledge, only one study has examined whether gender moderates the association between military sexual trauma and suicidal thoughts or behaviors. Bryan and colleagues (2015) found that the associations between military sexual trauma with post-military suicidal ideation and plans were stronger for men than women among college student Veterans and service members. Examining whether their findings extend to Veterans in VHA care – and when measuring military sexual trauma as it is standardly assessed within VHA – is critical. Doing so may provide important knowledge regarding whether men or women exposed to military sexual trauma are at additionally increased risk for experiencing suicidal ideation.

Further, no studies have examined whether military sexual trauma is associated with suicidal ideation when taking into account previous suicide attempt history. This is critical considering that individuals who have previously attempted suicide are more likely to subsequently experience suicidal ideation and attempt suicide (Bryan et al., 2014). If military sexual trauma is associated with suicidal ideation even when adjusting for suicide attempt history, this would suggest that military sexual trauma itself is a particularly robust risk factor for suicidal thoughts and would further underscore the importance of assessing for suicide risk when Veterans screen positive for military sexual trauma. These findings would also provide support for both primary (e.g., treatment of depression before suicidal ideation occurs) and secondary (e.g., lethal means restriction after someone endorses suicidal ideation) suicide prevention efforts (Sher et al., 2001; Suicide Prevention Action Network, 2001) among survivors of military sexual trauma.

Thus, the present study aimed to augment prior research by examining whether military sexual trauma (as measured and defined within VHA) was associated with recent suicidal ideation (presence/absence) among a sample of Veterans in VHA care, adjusting for age, gender, combat, psychiatric diagnoses, current negative affect, and lifetime history of suicide attempt (Aim 1). We hypothesized that Veterans with a history of military sexual trauma would be significantly more likely to report experiencing suicidal ideation, adjusting for these covariates. We also aimed to examine whether gender moderated the association between military sexual trauma and suicidal ideation (Aim 2). Consistent with findings by Bryan et al. (2015), we hypothesized that there would be a significant interaction between military sexual trauma and gender, such that the effect of military sexual trauma on suicidal ideation would be stronger for men, compared to women.

Please cite this article as: Monteith, L.L., et al., The influence of gender on suicidal ideation following military sexual trauma among Veterans in the Veterans Health Administration. Psychiatry Research (2016), http://dx.doi.org/10.1016/j.psychres.2016.07.036