



ELSEVIER

Contents lists available at ScienceDirect

Psychiatry Research

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

The association of military and premilitary sexual trauma with risk for suicide ideation, plans, and attempts



Craig J. Bryan*, AnnaBelle O. Bryan, Tracy A. Clemans

National Center for Veterans Studies, The University of Utah, 260 S. Central Campus Dr., Room 205, Salt Lake City, Utah, USA

ARTICLE INFO

Article history:

Received 24 June 2014

Received in revised form

5 January 2015

Accepted 10 January 2015

Available online 1 April 2015

Keywords:

Suicide

Military sexual trauma

Military

Sexual trauma

ABSTRACT

Military sexual trauma is a strong predictor of psychiatric disorders and negative health outcomes among military personnel and veterans, but little is known about its relationship with suicide risk. The current study investigates the association of military sexual trauma with suicide risk among 464 U.S. military personnel and veterans enrolled in college classes. Results indicate that premilitary sexual assault was associated with significantly increased risk for later suicide ideation, plans, and attempts during military service. Unwanted sexual experiences occurring during military service was associated with significantly increased risk for suicide ideation and suicide plans for male participants. When considered simultaneously, premilitary sexual trauma showed relatively stronger associations with suicide risk among women whereas military sexual trauma showed relatively stronger associations with suicide risk among men. Results suggest differences in the relation of sexual trauma to suicide risk among male and female military personnel and veterans.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

In light of recent high profile incidents of sexual abuse of military personnel, the issue of *military sexual trauma* has received increased attention. Military sexual trauma is defined as psychological trauma which “resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training” (Veterans’ Benefits U.S. Code, Title 38, Section 1720D, 1992). As suicide rates among military personnel and veterans have risen during the past decade, questions have been raised about the possibility of an association among military sexual trauma, suicide ideation, and suicide attempts. This assertion is based in large part on findings from studies conducted with non-military samples that suggest elevated risk for suicide ideation and suicide attempts among survivors of sexual trauma, possibly due to common psychiatric sequelae such as depression and posttraumatic stress disorder (PTSD), aggression, impulsivity, and substance abuse (Breslau et al., 2000; Wilcox et al., 2009; Roy et al., 2010). However, few studies have examined the relationships among sexual trauma, suicide ideation, and suicide attempts among military personnel and veterans. The purpose of the current project is to address this gap in the literature.

Multiple reviews have estimated the prevalence of military sexual trauma to range from 22% to 45% (Goldzweig et al., 2006; Zinzow et al., 2007; Suris and Lind, 2008; Allard et al., 2011). More recently, the Department of Veterans Affairs found that 23.0% of female and 1.2% of males positively screened for military sexual trauma during 2011 (Military Sexual Trauma Support Team, 2012), and a 2006 review found even higher rates of sexual harassment among female Veterans and active duty personnel, with rates ranging from 55% to 79% (Goldzweig et al., 2006). Military sexual trauma is a strong predictor of impaired daily functioning, anxiety, depression, and substance abuse among military personnel and veterans (Goldzweig et al., 2006; Kimerling et al., 2010), with the most common psychiatric outcome being PTSD (Goldzweig et al., 2006). Among female survivors of military sexual trauma, 60% meet criteria for PTSD as compared to 43% of females who experienced other forms of trauma, and military sexual trauma is more strongly associated with PTSD than other traumas (Kang et al., 2005; Yaeger et al., 2006; Kimerling et al., 2007; Zinzow et al., 2007). Higher rates of sexually transmitted diseases and sexual dysfunction disorders have also been observed among military sexual trauma survivors (Turchik et al., 2012b). Risk for these negative outcomes are also elevated among individuals who have experienced military sexual harassment (Fontana et al., 2000; Vogt et al., 2006), suggesting that non-contact forms of military sexual trauma are also related to mental health problems and psychiatric distress.

Military sexual trauma is often assumed to be qualitatively different from other forms of sexual assault or harassment due to

* Corresponding author.

E-mail address: craig.bryan@utah.edu (C.J. Bryan).

several contextual issues inherent to the military system. First, because of the collectivist orientation of the military and high salience of in-group identification (Bryan et al., 2013a), a service member who has been offended or victimized by another service member may experience a greater sense of betrayal and feel less willing to seek out assistance. Along these same lines, survivors of military sexual trauma may experience greater social isolation from others and a greater degree of emotional distress afterwards. Data regarding potential differences between military sexual trauma and sexual trauma occurring prior to military service (i. e., *premilitary sexual trauma*) such as child sexual abuse and/or other forms of sexual victimization during adolescence or early adulthood suggest that military sexual trauma is associated with relatively worse physical health (Suris et al., 2007) and increased rates of PTSD (Himmelfarb et al., 2006; Kimerling et al., 2010), whereas other studies have reported no differences in outcomes between military sexual trauma and premilitary sexual trauma (Suris et al., 2004). Although the relative weight of military sexual trauma vs. premilitary sexual trauma with mental health outcomes is not yet clear, military sexual trauma is clearly associated with more severe psychopathology among military personnel and veterans. As a result, military sexual trauma may also confer relatively greater risk for suicide ideation and suicide attempts among military personnel and veterans.

Little is known about the association of military sexual trauma with suicide ideation and suicide attempts, however. Among U.S. veterans of Iraq and Afghanistan, a history of pre-military sexual abuse was found to be associated with increased risk for suicide ideation, although this relationship was no longer significant when controlling for gender, depression, and anxiety (Lemaire and Graham, 2011). In contrast, a study of active duty Air Force personnel suggested that a history of rape and/or unwanted sexual experiences as an adult was associated with a four- to six-fold increase in risk for suicide attempts even when adjusting for depression and anxiety (Bryan et al., 2013b). A history of sexual assault has similarly been associated with significantly increased risk for suicide attempts for both male and female Canadian military personnel even when controlling for demographic variables and comorbid mental health disorders (Belik et al., 2009). Unfortunately, these three studies are unable to address the issue of a potential link between military sexual trauma and suicide-related outcomes because none differentiated between military and premilitary sexual trauma, thereby limiting our ability to draw definitive conclusions regarding the potential links among military sexual trauma, suicide ideation, and suicide attempts. Thus, although it is commonly assumed that the risk for suicide ideation and suicide attempts may be higher for military sexual trauma victims relative to other sexual trauma victims, to date this hypothesis has not been rigorously tested.

Even less is known about potential differences in this relationship between men and women. The majority of research on military sexual trauma has focused primarily on female military personnel and veterans because they are significantly more likely to experience sexual victimization and military sexual trauma (Goldzweig et al., 2006; *Military Sexual Trauma Support Team, 2012*). Data from the Department of Veterans Affairs, for instance, suggests that military sexual trauma is approximately 20 times more common among female than male veterans (*Military Sexual Trauma Support Team, 2012*). Similar gender disparities in unwanted sexual experiences as an adult have been reported in active duty military samples (Bryan et al., 2013b). In terms of suicide, considerable gender differences also exist among military personnel, with epidemiological data indicating that male military personnel are approximately three times more likely to make a suicide attempt and die by suicide (*Department of Defense, 2012*). Few differences between male and female military personnel exist

in terms of depression and posttraumatic stress, however, which may be due to the fact that female personnel are significantly more likely than male personnel to experience sexually based traumas whereas male personnel are significantly more likely than female personnel to experience combat-related traumas (e.g., exposure to death, killing) and traumatic physical injuries.

Examination of gender differences in the relationships among military sexual trauma, suicide ideation, and suicide attempts could lead to important information relevant to the clinical care of military sexual trauma survivors. For instance, survivors of military sexual trauma may have unique clinical needs relative to other service members and veterans that could influence treatment outcomes and prevention strategies. From a research perspective, research on military sexual trauma and suicide risk could yield clues into how clinical interventions might need to be adapted, adjusted, or otherwise modified for male vs. female military personnel. Furthermore, the identification of high risk subgroups of military personnel and veterans could inform decision-making regarding optimal allocation of limited resources for clinical services and outreach activities. The primary aim of the current study was therefore to test the associations of military sexual trauma with suicide ideation and suicide attempts in a sample of military personnel and veterans who were enrolled in college classes. We specifically tested the following hypotheses:

- (1) Survivors of military sexual trauma would report significantly increased rates of lifetime suicide ideation, suicide planning, and suicide attempts.
- (2) Military sexual trauma will demonstrate a significant relationship with suicide ideation, suicide planning, and suicide attempts beyond the effects of premilitary sexual trauma.
- (3) Sexual assault will demonstrate a relatively stronger association with suicide ideation, suicide planning, and suicide attempts than other unwanted sexual experiences (e.g., sexual harassment).
- (4) Results of hypotheses 1 through 3 will be similar for both male and female participants.

2. Method

2.1. Participants and procedures

Participants included 464 military personnel (35.1%) and veterans (64.9%) enrolled in college and university classes across the United States. Participants were predominantly male (70.7%) and ranged in age from 19 to 78 years ($M=36.17$, $S.D.=10.25$). Racial distribution was 83.0% Caucasian, 6.3% African American, 3.2% Native American, 2.6% Asian, and 1.1% Pacific Island; 10.8% additionally endorsed Hispanic/Latino ethnicity. Participants represented all branches of service: 40.1% Army, 30.6% Air Force, 19.2% Navy, 7.5% Marines, and 1.3% Coast Guard. The majority ($n=340$, 73.3%) had deployed at least one time while in the military, of which 269 (58.0% of full sample) endorsed being deployed to a combat zone. Participants had served in the military for a mean of 10.47 ($S.D.=7.69$) years, with no differences in length of service among those identifying as military personnel and those identifying as veterans. Participants who were veterans had been out of military service for a few months up to 41 years ($M=7.63$, $S.D.=8.68$) years. Of those participants who were still serving in the military, 31.5% reported they were active duty, 27.2% reported they were in the National Guard, and 41.4% reported they were in the Reserves. The demographic profile of the current sample was comparable to the demographic profile of the military (*Department of Defense, 2012*), with the exception of female gender and

Download English Version:

<https://daneshyari.com/en/article/6814108>

Download Persian Version:

<https://daneshyari.com/article/6814108>

[Daneshyari.com](https://daneshyari.com)