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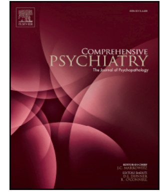
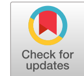


Military sexual trauma and suicidal behavior among National Guard personnel



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ABSTRACT

Background: Preliminary evidence suggests military sexual trauma (MST) may be associated with increased risk for suicidal behaviors among active duty military personnel and veterans. Among National Guard personnel, a high-risk subgroup, MST and suicide risk have not received much empirical attention.
Purpose: To examine the association of MST with suicide ideation and suicide attempts among National Guard personnel.
Procedures: N = 997 National Guard personnel from Idaho and Utah participated in an anonymous online survey. Weighted analyses were conducted to minimize sampling bias.
Main findings: 9% of participants had a history of MST (6% of men, 28% of women). Among participants reporting MST, 68% reported a service member perpetrator and 44% reported a civilian perpetrator (12% reported both). A history of MST was associated with significantly increased risk for lifetime suicide attempt. MST remained a significant predictor of lifetime suicide attempt even when restricting the sample to the subgroup with a history of suicidal thoughts (n = 257, 27% of full sample). When adjusting for premilitary sexual victimization, MST was no longer significantly associated with lifetime suicide attempts, but premilitary sexual victimization was.
Conclusions: The rate of MST among National Guard personnel is comparable to rates among active duty military personnel, although the perpetrators of MST are less likely to be service members. MST is a risk factor for suicide attempts, but premilitary sexual victimization is a relatively stronger risk factor.
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1. Introduction

Military sexual trauma (MST) is defined as "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" [1]. Of note, perpetrator identity (i.e., fellow service member or civilian assailant) is not specified or restricted under federal code. Previous studies have estimated the prevalence of MST to range between 20% to 45% among female military personnel and veterans and 0.7% to 4% among male military personnel and veterans [2–12]. By comparison, the prevalence rate of sexual assault in the United States is estimated to be 18.3% among women and 1.4% among men [13]. Among military personnel and veterans reporting MST, at least 84% involved a perpetrator who was a fellow service member, 5% involved a civilian perpetrator, and 11% involved a perpetrator whose identity was unknown [14].

MST is associated with increased risk for a range of psychiatric conditions including posttraumatic stress disorder (PTSD), depression, and alcohol use disorders [9,10,15]. Although PTSD among military personnel and veterans is often assumed to be associated with combat-related trauma, MST has been found to be a stronger predictor of PTSD than combat exposure [5,7–12]. One study, for instance, showed that MST was 9 times more likely to result in PTSD among women veterans than other types of trauma including civilian and childhood sexual abuse and combat [12]. Preliminary evidence further suggests that MST is associated with increased risk for suicidal thoughts and behaviors among military personnel and veterans, although childhood sexual trauma may be a relatively stronger predictor of suicide risk among military personnel and veterans, especially among women [16]. Additional studies are needed to further examine this relationship, however.

Data regarding the prevalence and correlates of MST come primarily from surveys conducted among active duty personnel and veterans no longer serving in the military, especially those receiving medical services from the Veterans Health Administration (VHA). Much less is known about MST among military personnel in the National Guard, a subgroup that differs in important ways from active duty military

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personnel. For example, whereas active duty personnel serve in the military "full time" and typically live near other military personnel in communities that surround military installations, most National Guard personnel serve in the military "part time" and are more likely to be more geographically distant from other military personnel [17]. In addition, National Guard personnel are less likely than active duty personnel to have access to health insurance and access to mental health providers, financial planners, and other community resources designed to address common problems in life [17–19]. These differences may account for elevated rates of PTSD, depression, and suicide among National Guard personnel [20,21]. Notably, suicides among National Guard have more than doubled over the past decade and have continued to rise even as the suicide rate among active duty military personnel has stabilized [22]. Unfortunately, research examining potential contributors to suicidal thoughts and behaviors in this high-risk subgroup of the military is limited, especially in comparison to the large number of studies conducted among active duty personnel in the past decade. To our knowledge, there are no published reports examining rates of MST among National Guard personnel.

The objective of the present study is to address this knowledge gap specific to MST among National Guard personnel. To achieve this objective, we sought to answer two primary questions: (1) What is the prevalence of military sexual trauma (MST) among National Guard personnel; and (2) What are the demographic and clinical correlates of MST in this population? Consistent with findings in other military and veteran samples, we hypothesized that MST would be associated with significantly increased rates of PTSD, depression, alcohol abuse, suicide ideation, and suicide attempts among National Guard personnel.

2. Method

2.1. Participants

Participants were 997 National Guard personnel from two Western U.S. states, Idaho (n = 451, 45.2%) and Utah (n = 535, 53.7%), which represented 7.7% of Utah's 6927 National Guard personnel and 14.5% of Idaho's 2972 National Guard personnel. Participants were predominantly male (82.5%) and heterosexual (94.9%). Age distribution was 8.6% 18–21 years, 26.4% 22–30 years, 35.3% 31–40 years, 19.9% 41–50 years, and 8.1% 50 years or older. Self-identified racial background was 87.2% white, 2.2% black, 3.4% Asian, 2.2% Native American, 1.3% Pacific Islander, and 3.7% other. Hispanic or Latino ethnicity was endorsed by 6.8% of participants. Rank distribution was 25.0% E1–E4, 29.6% E5–E6, 22.3% E7–E9, 4.0% warrant officer, 7.3% O1–O3, and 9.2% O4–O9. The majority (63.1%) had deployed at least once.

2.2. Procedures

An anonymous online survey was distributed to National Guard personnel through a variety of strategies including email distribution from military leadership as well as targeted advertising via social media networks. Upon accessing the survey online, respondents were presented with an information page that described the purposes of the survey, confidentiality issues, procedures, and risks and benefits. In order to begin the survey, respondents were required to indicate that they understood this information by clicking on an electronic button and selecting "Proceed." On the final page of the survey, respondents were informed that they were eligible to receive a $20 gift card as a token of appreciation for their time. Respondents interested in receiving this incentive were redirected to a separate website that was not connected to the needs assessment survey, where they could enter their contact information to receive a gift card in the mail.

At the end of the data collection period, demographic data were provided by military leadership in each state to assess the degree of demographic match between the survey sample and the overall population. Relative to the entire population of National Guard personnel, sample participants were older in age (8.6% vs. 23.9% aged 18–24) and had a higher proportion of women (17.5% vs. 10.9%). Raking ratio estimation [23] was used to create post-stratification weights to minimize sampling bias. This procedure reduced the observed differences between the population and the weighted sample with respect to both age (23.2% vs. 23.9% aged 18–24) and gender (13.4% vs. 10.9%).

All procedures involved in this survey were reviewed by the University of Utah's Institutional Review Board.

2.3. Measures

2.3.1. Military sexual trauma (MST) and premilitary sexual victimization

Military sexual trauma (MST) and premilitary sexual victimization were assessed using the Life Events Checklist, version 5 [24], which assesses for lifetime occurrence of 16 potentially traumatic experiences. Participants were asked to indicate if they had witnessed or directly experienced each event before or during military service. Those endorsing "sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)" or "other unwanted or uncomfortable sexual experiences" during military service were categorized as having experienced MST. Those endorsing sexual assault prior to military service were categorized as having experienced premilitary sexual victimization. Participants endorsing either the sexual assault or other unwanted or uncomfortable sexual experiences during military service were subsequently asked to identify their perpetrator(s) as a fellow service member or a civilian.

2.3.2. Posttraumatic stress disorder (PTSD)

Posttraumatic stress disorder (PTSD) was assessed using the PTSD Checklist for DSM-5 [25], a self-report scale that assesses the intensity of each DSM-5-defined symptom of PTSD during the past month on a scale ranging from 0 (not at all) to 4 (extremely). Participants were considered to have probable PTSD if they scored a 2 or higher on at least one item corresponding to criterion B, one item corresponding to criterion C, two items corresponding to criterion D, and two items corresponding to criterion E.

2.3.3. Major depressive disorder (MDD)

Major depressive disorder (MDD) was assessed using the Patient Health Questionnaire's 9-item depression scale [26], a self-report scale that assesses the frequency of each DSM-5-defined symptom of major depressive disorder during the past two weeks on a scale ranging from 0 (never) to 3 (nearly every day). Participants were considered to have probable MDD if they scored a 2 or higher on either item 1 ("little interest or pleasure in doing things") or item 2 ("feeling down, depressed, or hopeless") and had a total score of 10 or higher.

2.3.4. Alcohol use disorder (AUD)

Alcohol use disorder (AUD) was assessed using the Alcohol Use Disorders Identification Test Consumption Items [27], a self-report scale that assesses frequency and quantity of alcohol use. Participants were considered to have probable AUD if they scored 4 or higher for men or 3 or higher for women.

2.3.5. Suicide ideation

Suicide ideation was assessed with the following item from the Self-Injurious Thoughts and Behaviors Interview [28], a valid and reliable measure of suicidal thoughts and behaviors: "Have you ever had thoughts of killing yourself?" Participants who positively endorsed this item were then asked to report if they had last experienced these thoughts within the past week, past month, past year, or more than one year ago.

2.3.6. Suicide attempt

Suicide attempt was assessed with the following item from the Self-Injurious Thoughts and Behaviors Interview [28]: "Have you ever made

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