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# Military Sexual Trauma and Suicidal Self-Directed Violence

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## Disclaimer

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# Audience Poll #1

## What setting do you work in?

(If more than one, choose the primary setting that you work in)

- Department of Veterans Affairs
- Department of Defense
- Academic medical center
- Community
- Other



## Audience Poll #2

**What is your primary goal in attending this cyberseminar?**

- To inform the clinical care that you provide
- To inform your research
- To inform policy
- Other



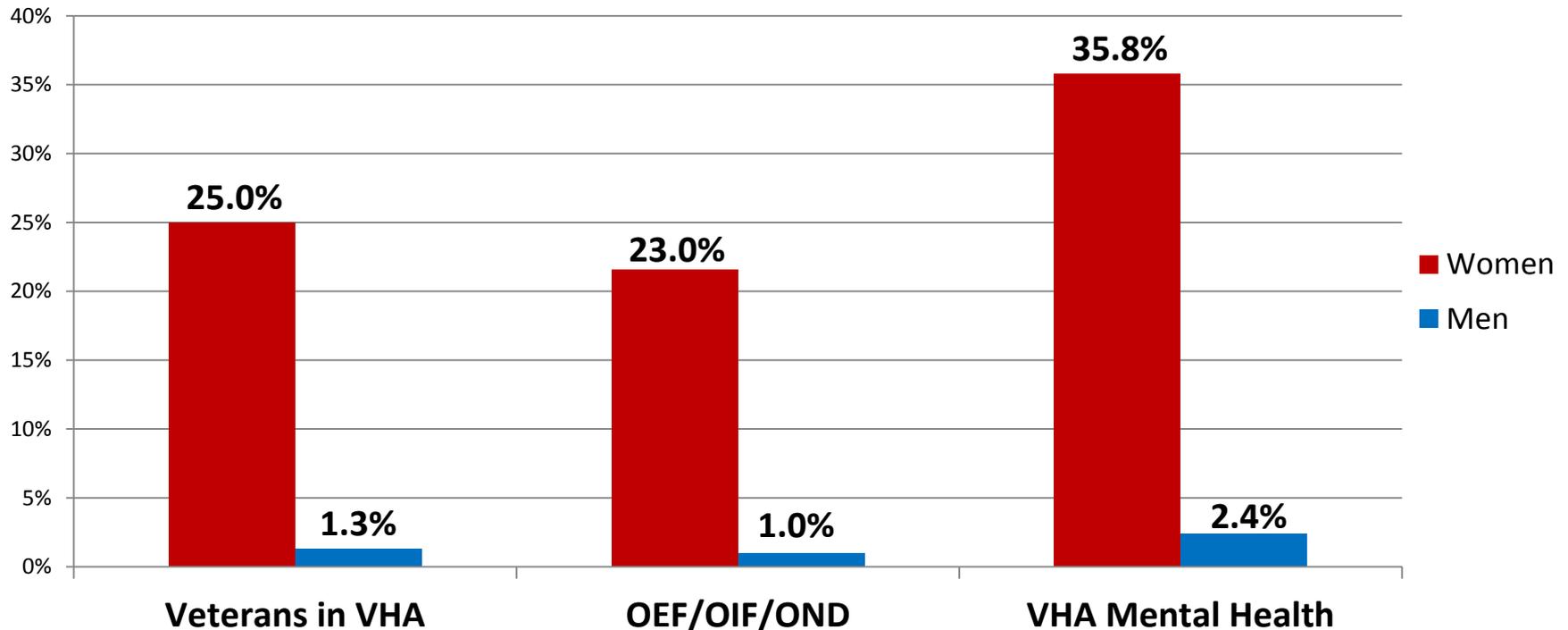
## Objectives

1. Present research examining the association between military sexual trauma and suicidal self-directed violence (SDV).
2. Describe ongoing efforts to identify correlates of suicidal SDV among Veterans with a history of military sexual trauma.
3. Discuss clinical implications and considerations for future research.

## Military Sexual Trauma (MST)

**VA Definition:** *“Psychological trauma...resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while...serving on active duty or active duty for training”* (38 USC §1720D, 2011).

**Approximately 4.9 million Veterans screened for MST since FY 2002.**





## Background

- MST is associated with mental health, physical health, and interpersonal outcomes.  
(Kimerling et al., 2007; Katz et al., 2012; Pavao et al., 2013; Sadler et al., 2000; Surís et al., 2007)
- Sexual trauma is associated with suicidal self-directed violence (SDV) in civilian samples.  
(Davidson et al., 1996; Kilpatrick et al., 1985; Stein et al., 2010)
- MST may differ in important ways from sexual trauma that occurs outside of military service.



## Part 1:

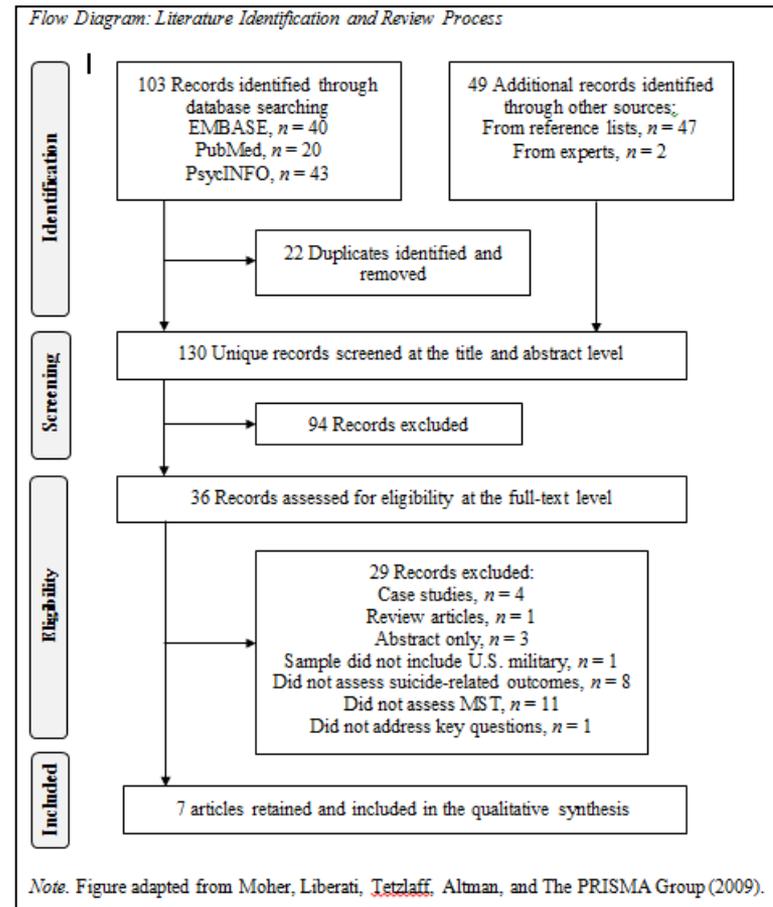
**Is Military Sexual Trauma associated with Suicidal Self-Directed Violence?**

# Examining the State of Evidence on MST and SDV

Systematic review conducted in 2013 to address two key questions (KQ):

- Is MST associated with suicidal SDV? (KQ1)
- What is the prevalence of suicidal SDV among MST survivors? (KQ2)

**Only 7 articles were identified**



# Examining the State of Evidence on MST and SDV: KQ1

## MST was consistently associated with suicide attempt:

|                                | OR       |       |     | AOR   |     |                                      |
|--------------------------------|----------|-------|-----|-------|-----|--------------------------------------|
|                                | Combined | Women | Men | Women | Men | Covariates                           |
| Kimerling et al. (2007)        |          | 3.0   | 5.3 | 2.2   | 2.9 | Age, race                            |
| Pavao et al. (2013)            |          |       |     | 1.6   | 1.7 | Age, race, ethnicity, marital status |
| Gradus, Shipherd et al. (2013) | 2.8      |       |     |       |     | (Gender)                             |

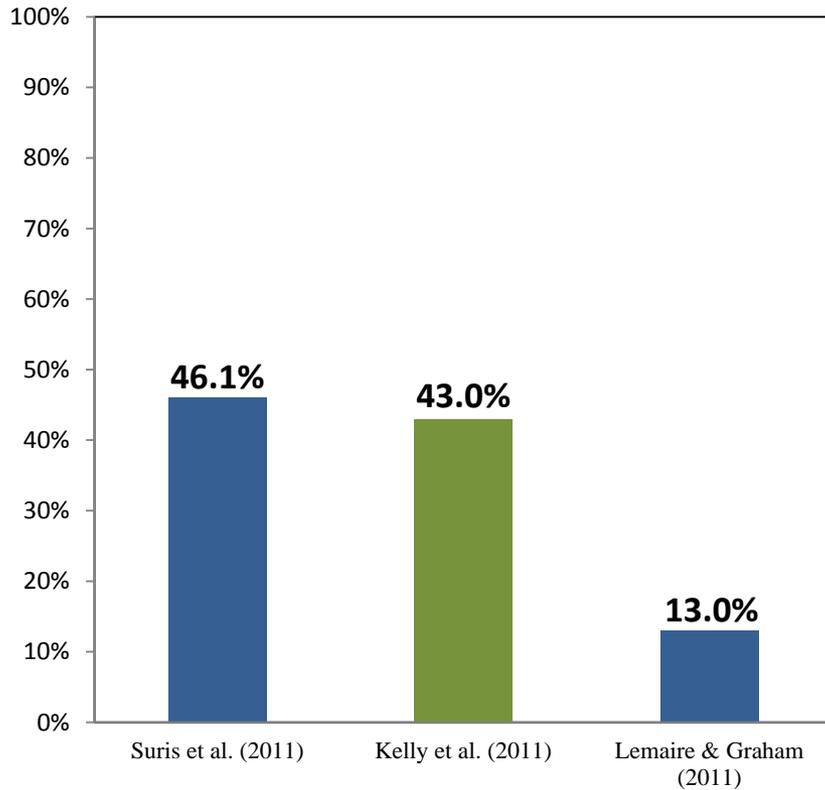
## Research on the association between MST and suicidal ideation yielded mixed findings (Gradus, Street et al., 2013; Lemaire & Graham, 2011)

- Studies needed to elucidate the nature of this relationship.

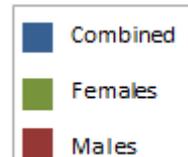
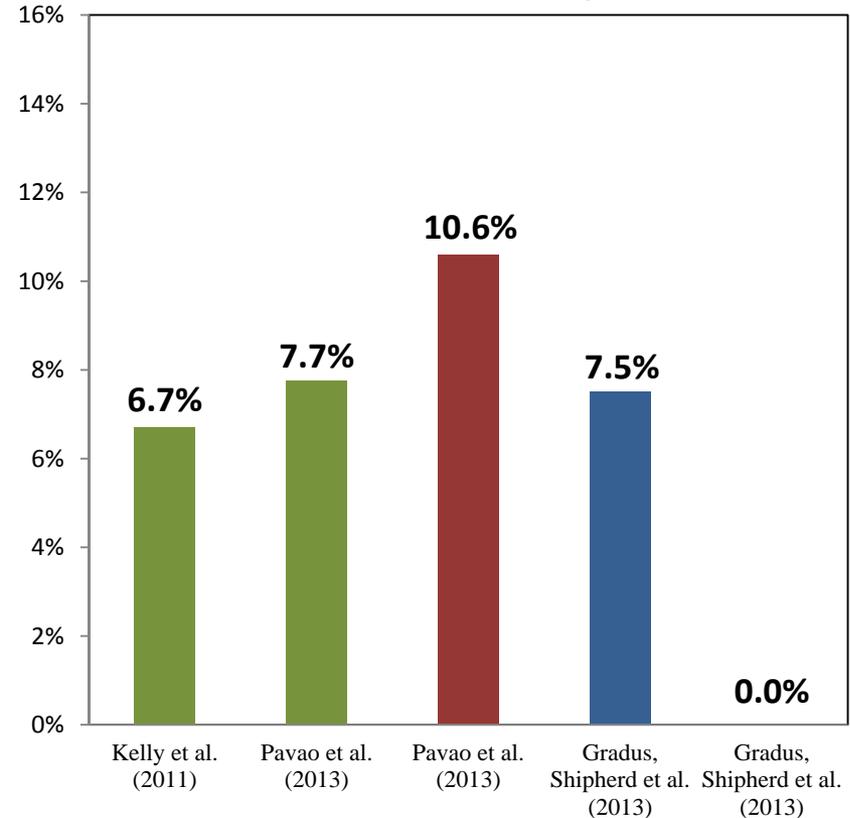
## No studies on the association between MST and suicide.

# Examining the State of Evidence on MST and SDV: KQ2

## 13.0% to 46.1% had suicidal ideation



## 0% to 10.6% had attempted suicide



Monteith, L.L., Matarazzo, B.B., Clemans, T.A., Kimerling, R., & Bahraini, N.H. (2014). Military sexual trauma and suicide: A systematic review. Unpublished manuscript, Rocky Mountain MIRECC, Denver, CO.



# Examining the State of Evidence on MST and SDV

## Such knowledge is limited by:

- Small number of studies – few designed to address this (KQ2)
- Samples (KQ2)
  - Few population-based
  - Substantial variability
    - Gender composition, psychiatric severity, treating setting, geographical location
- Measures used to assess SDV (Both KQ)
- Lack of studies assessing suicide (Both KQ)

## Need for additional research

Monteith, L.L., Matarazzo, B.B., Clemans, T.A., Kimerling, R., & Bahraini, N.H. (2014). Military sexual trauma and suicide: A systematic review. Unpublished manuscript, Rocky Mountain MIRECC, Denver, CO.



## Audience Poll #3

Veterans can experience a wide range of traumatic events – prior to, during, and following military service. For future studies examining the association between MST and SDV, what type of trauma would be most important to adjust for?

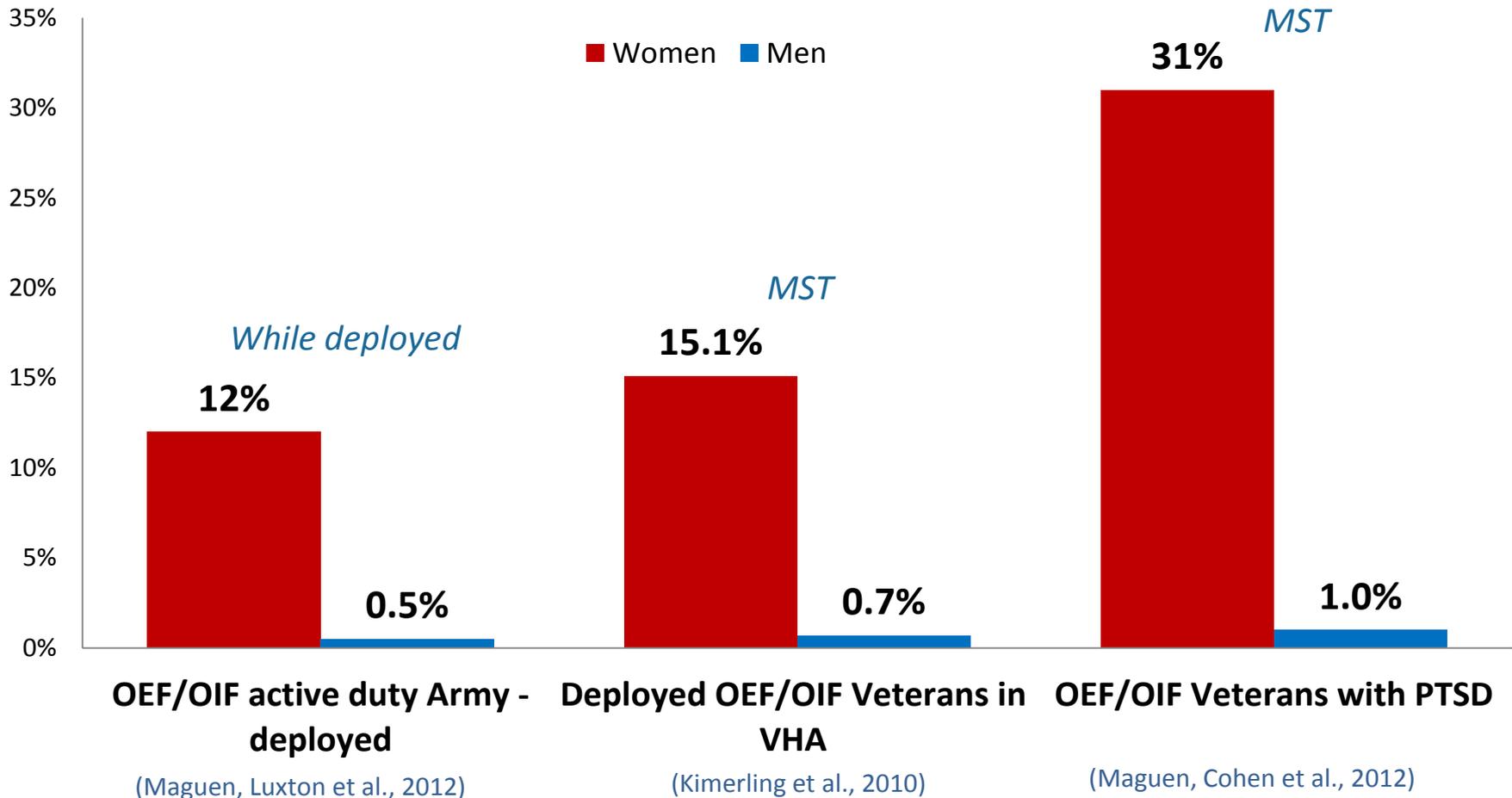
- Childhood trauma
- Adulthood sexual trauma (civilian)
- Combat
- None, there is no utility in considering other traumas.
- Other, not listed above



# Is Sexual Trauma during Deployment Associated with Recent Suicidal Ideation among OEF/OIF/OND Veterans, Adjusting for Combat Severity?

Monteith, L.L., Menefee, D.S., Forster, J.E., Wanner, J., & Bahraini, N.H. (2015). Sexual trauma and combat during deployment: Associations with suicidal ideation among OEF/OIF/OND veterans. *Journal of Traumatic Stress, 28*(4), 283-8. doi:10.1002/jts.22018

## Rates of MST among OEF/OIF/OND Veterans



# Method

## Participants

- 199 previously deployed OEF/OIF/OND Veterans entering inpatient, trauma-focused VA treatment
- Characteristics
  - Gender: 171 men, 28 women
  - Age: Mean = 32.45 (SD = 7.42)
  - 67.8% Army; 23.6% Marines; 4.5% Air Force; 4.0% Navy
  - Years since discharge: Mean = 4.07 (SD = 3.58)
  - 60.3% (n = 120) reported past-week suicidal ideation

## Measures

- Deployment Risk and Resilience Inventory (DRRI) Sexual Harassment Scale (King et al., 2006)
- DRRI Combat Experiences Scale (King et al., 2006)
- Beck Scale for Suicide Ideation (BSS) (Beck & Steer, 1991)

# Results

The DRRI Sexual Harassment Scale was associated with suicidal ideation (BSS), adjusting for age and gender.

*Hierarchical Regression of Association Between Deployment-Related Sexual Trauma and Suicidal Ideation*

| Variable                 | <i>B</i>          | <i>SE</i> | 95% CI        | $\beta$ |
|--------------------------|-------------------|-----------|---------------|---------|
| Model 1                  |                   |           |               |         |
| Age                      | 0.03 <sup>+</sup> | 0.01      | [0.003, 0.05] | .17     |
| Gender (M = 0, W = 1)    | -0.16             | 0.28      | [-0.72, 0.40] | -.05    |
| Deployment sexual trauma | 0.07 <sup>+</sup> | 0.03      | [0.01, 0.13]  | .18     |
| Model 2                  |                   |           |               |         |
| Age                      | 0.03 <sup>+</sup> | 0.01      | [0.004, 0.05] | .17     |
| Gender (M = 0, W = 1)    | -0.09             | 0.31      | [-0.69, 0.52] | -.03    |
| Combat exposure          | 0.01              | 0.02      | [-0.03, 0.06] | .05     |
| Deployment sexual trauma | 0.07 <sup>+</sup> | 0.03      | [0.01, 0.13]  | .17     |

Note. *N* = 199. *SE* = standard error; M = men; W = women.

<sup>+</sup>*p* < .05.

This association remained significant adjusting for combat exposure.

For each 1-point increase in the DRRI Sexual Harassment Scale, there was a 6.9% increase in the BSS [95% CI: 0.5%, 13.6%].



## Limitations

- Unable to conduct gender-stratified analyses, due to the small number of women (n = 28).
- Focus on OEF/OIF/OND Veterans in inpatient, trauma-focused VA treatment may limit the generalizability to other cohorts, outpatients, and Veterans not seeking VHA care.
- Cross-sectional design
- Did not assess sexual trauma perpetrated by civilians
  - Due to using the earlier version of the DRRI
- Examined all types of sexual trauma together



## Audience Poll #4

### Should research examining the association between MST and suicidal SDV examine MST as a single construct?

- Yes, all sexual trauma is the same.
- Yes, even though sexual harassment and sexual assault may differ, this would be consistent with how MST is defined.
- No, MST includes too many different types of experiences to be examined together.
- Not sure



# Does the Exposure Type Matter when Examining Associations with Suicidal Ideation?

Monteith, L.L., Menefee, D.S., Forster, J.E., & Bahraini, N.H. (2016). A closer examination of sexual trauma during deployment: Not all sexual traumas are associated with suicidal ideation. *Suicide and Life-Threatening Behavior*, 46(1), 46-54. doi:10.1111/sltb.12171

## Rationale for More Closely Examining Different Types of Sexual Trauma\*

- Although MST is typically referred to as a unidimensional construct, different types of sexual trauma are associated with different estimates of prevalence and outcomes.
  - Sexual assault: 6.1% females, 1.2% males
  - Sexual harassment: 23% females; 4% males
- Distinct outcomes associated with different types of sexual trauma
  - Yet understudied in regard to suicidal SDV
    - One study: Gradus, Shipherd et al. (2013)
- **Objective:** Examine whether different types of sexual trauma during deployment are associated with suicidal ideation (SI).





## Method

- Similar to the prior study (N = 199 OEF/OIF/OND Veterans)

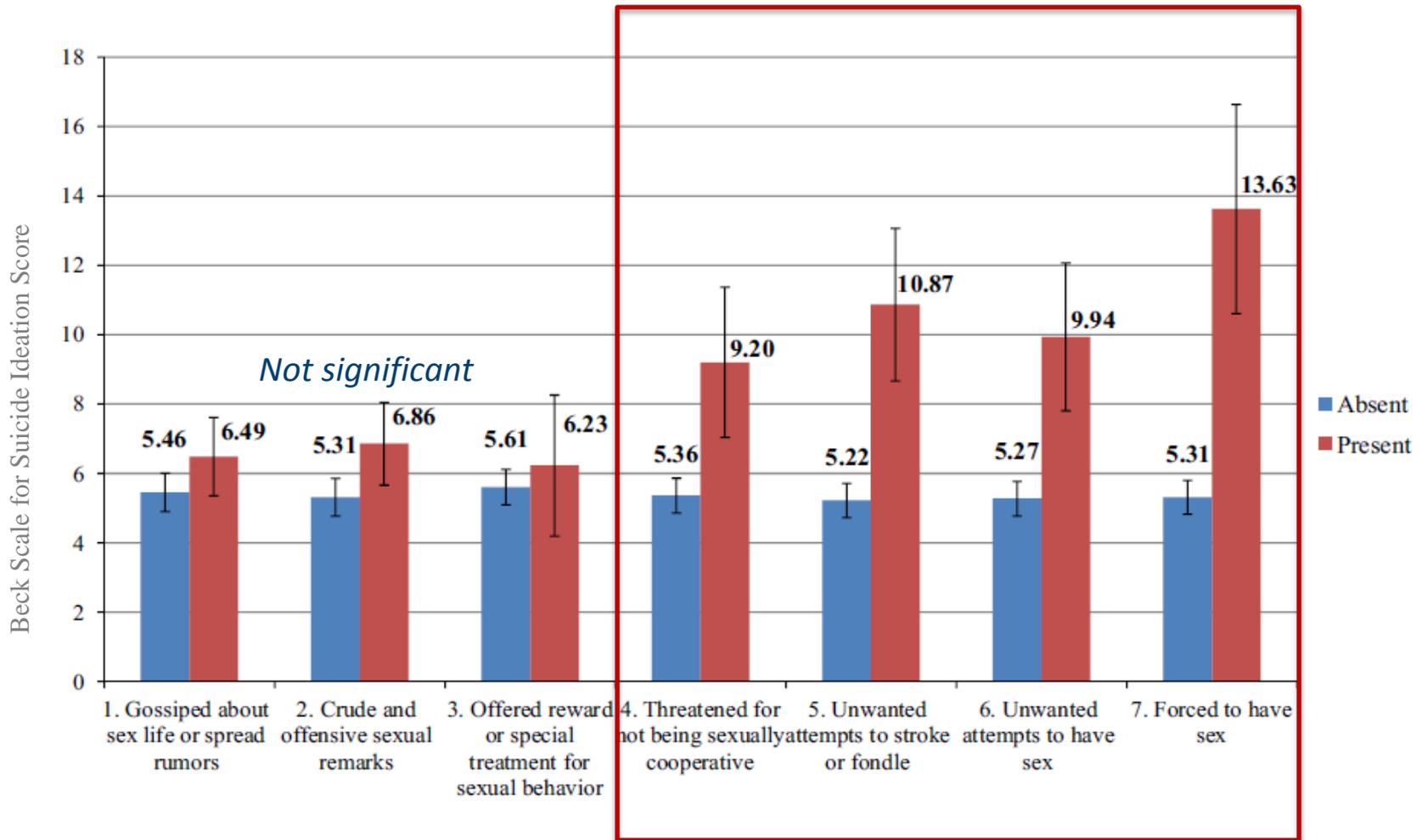
## Results

| Type of Sexual Trauma (DRRI Item)                          | Overall Model <sup>a</sup>   | <i>B</i> | <i>SE</i> | <i>t</i> | <i>p</i> |
|------------------------------------------------------------|------------------------------|----------|-----------|----------|----------|
| 1. Gossiped about sex life or spread rumors                | $F(3, 195) = 2.21, p = .09$  | 0.10     | 0.11      | 0.93     | .35      |
| 2. Crude and offensive sexual remarks                      | $F(3, 195) = 2.08, p = .10$  | 0.08     | 0.11      | 0.71     | .48      |
| 3. Offered reward or special treatment for sexual behavior | $F(3, 195) = 1.95, p = .12$  | 0.07     | 0.20      | 0.33     | .74      |
| 4. Threatened for not being sexually cooperative           | $F(3, 195) = 3.56, p = .015$ | 0.37     | 0.17      | 2.19     | .03      |
| 5. Unwanted attempts to stroke or fondle                   | $F(3, 195) = 5.10, p = .002$ | 0.58     | 0.19      | 3.05     | .003     |
| 6. Unwanted attempts to have sex                           | $F(3, 195) = 4.72, p = .003$ | 0.58     | 0.20      | 2.86     | .005     |
| 7. Forced to have sex                                      | $F(3, 195) = 4.84, p = .003$ | 0.66     | 0.23      | 2.92     | .004     |

<sup>a</sup> Adjusted for gender and age in each model.

- Experiences involving **verbal remarks** were not associated with SI.
- The exception was being threatened for not being sexually cooperative, which was associated with SI.
- Experiences involving **physical violence** were associated with SI.

## Severity of Suicidal Ideation based on the Type of Exposure during Deployment





## Implications

- ***Not all types of exposures were associated with suicidal ideation.***
- Underscores the importance of assessing for more severe forms of sexual violence (e.g., sexual assault).
- Unknown whether these findings apply to deployed service members currently experiencing sexual harassment.
- More research is needed with larger, more diverse samples.
- Are there distinct trajectories of suicide risk associated with different types of sexual trauma? Potential avenue for future research



# Examining the Role of Gender in the Association between MST and Suicidal SDV

Monteith, L.L., Bahraini, N.H., Matarazzo, B.B., Gerber, H., & Soberay, K.A. (2016). The Influence of Gender on Suicidal Ideation following Military Sexual Trauma among Veterans in the Veterans Health Administration. Manuscript submitted for publication.

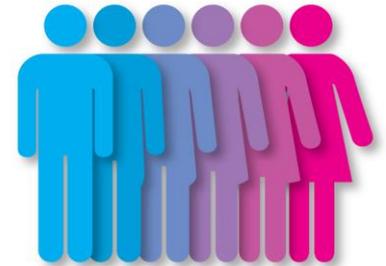
# Background

## Prior research on MST and suicidal ideation

- Primarily focused on sexual trauma during deployment (Gradus et al., 2013; Monteith et al., 2015)
  - Exception of Klingensmith et al. (2014) findings
- Has not adjusted for prior suicide attempt

## Research examining how gender influences this has been limited, despite gender differences in:

- MST prevalence and sequelae (VA, 2015; Maguen et al., 2012; Street et al., 2007)
- Suicidal ideation, attempt, and death



## Emerging research with college student Veterans suggests that the association between sexual trauma and SI/plans is stronger for men than women (Bryan et al., 2015)

# Objectives

1. Is MST associated with suicidal ideation among Veterans in VHA care, adjusting for demographics, combat, psychiatric diagnoses, negative affect, and lifetime suicide attempt?
2. **Does gender moderate the association between MST and suicidal ideation?**

# Method

## Participants

- N = 354 Veterans
  - 48 positive MST screen (13.6%)
  - 306 negative MST screen (86.4%)

## Measures

- Beck Scale for Suicide Ideation  
(Beck & Steer, 1991)
- Multidimensional Suicide Inventory-28 (Osman et al., 2010)

## Medical records

- MST screen
- Diagnoses

| Characteristic                   | n (%) or Mean (SD) |
|----------------------------------|--------------------|
| <b>Age</b>                       | 49.6 (13.7)        |
| <b>Gender</b>                    |                    |
| Women                            | 44 (12.4%)         |
| Men                              | 310 (87.6%)        |
| <b>Race</b>                      |                    |
| Caucasian                        | 198 (55.9%)        |
| African American                 | 108 (30.5%)        |
| Native American                  | 9 (2.5%)           |
| Multi-racial                     | 8 (2.3%)           |
| Asian                            | 2 (0.6%)           |
| Other                            | 29 (8.2%)          |
| <b>Current suicidal ideation</b> | 81 (22.9%)         |
| <b>Lifetime suicide attempt</b>  | 95 (26.8%)         |
| <b>Combat exposure</b>           | 157 (44.4%)        |
| <b>PTSD</b>                      | 128 (36.2%)        |
| <b>Depressive disorder</b>       | 169 (47.7%)        |



## Our Findings

- **Veterans who screened positive for MST were significantly more likely to report experiencing recent SI, adjusting for demographics, combat, PTSD, depressive disorders, negative affect, and lifetime suicide attempt.**
  - AOR = 2.64; 95% Confidence Interval: 1.03, 6.75
- **Gender moderated the association between MST and SI.**
  - Significant MST x Gender interaction:  $\chi^2(1) = 4.32, p = .038$
  - The association between MST and SI was stronger for men, compared to women
  - Consistent with Bryan et al. (2015) findings with college student Veterans
- **More research is needed...**
  - Other SDV types?
  - Do different processes mitigate and exacerbate SDV risk for men and women?



## Additional Research on MST and Suicidal SDV

### **Klingensmith and colleagues (2014)**

- Veterans who screened positive for MST were more likely to report recent suicidal ideation and to have a lifetime suicide attempt.

### **Schry and colleagues (2015)**

- Post 9/11 male Veterans exposed to military sexual assault (MSA) reported higher levels of suicidal ideation, compared to those without MSA and a matched sample

### **Street and colleagues (2015)**

- Examined 4 possible explanations (e.g., higher rates of sexual assault among women) for the elevated suicide rates among currently deployed women; Army STARRS

### **Kimerling and colleagues (2016)**

- Veterans (both men and women) with a positive MST screen were more likely than those with a negative screen to die by suicide, adjusting for medical morbidity, psychiatric diagnoses, rurality, and demographics.



## **Part 2: Correlates of Suicidal Self-Directed Violence among MST Survivors**



# Background

**Few studies have examined processes which relate to suicidal SDV among Veterans with MST.**

**Those that have focused on psychiatric symptoms**

- PTSD, depression, and alcohol use in OEF/OIF/OND Veterans (Gradus et al., 2013)
- PTSD and depressive symptoms among Veterans entering PTSD treatment for military sexual assault (Surís et al., 2011)

**Psychiatric sequelae seem to explain some of this association; however, additional explanations are needed.**

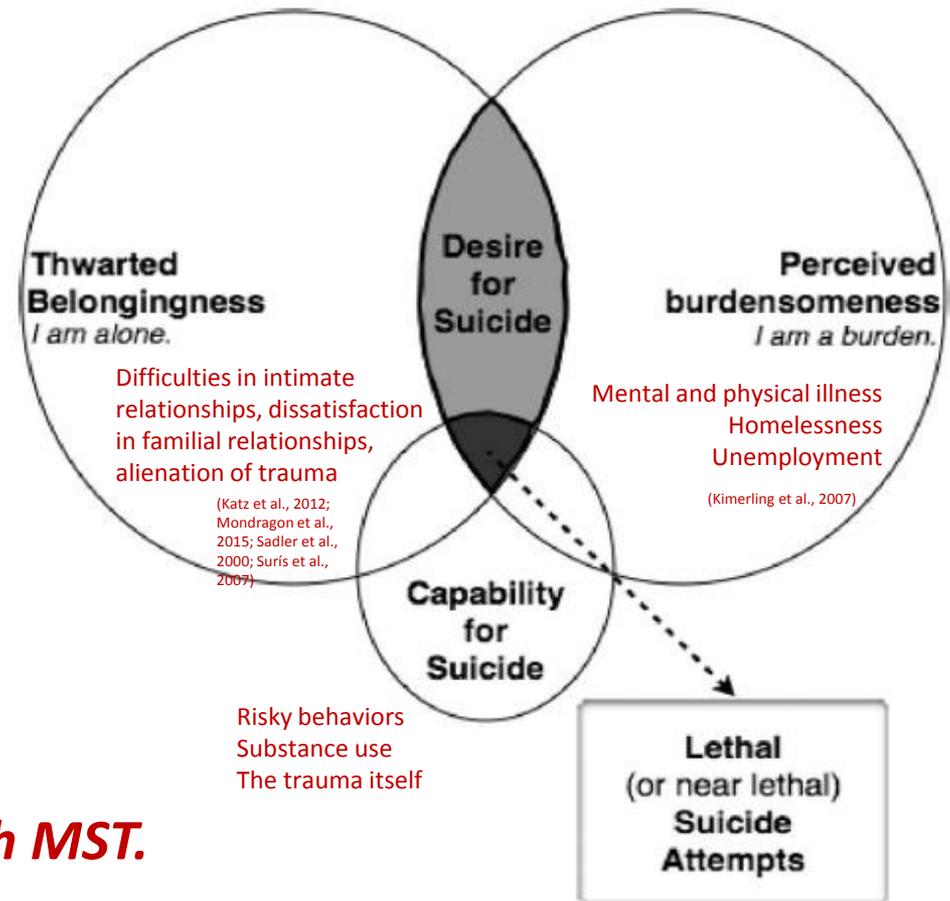
(Gradus et al., 2013; Monteith et al., 2016; Kimerling et al., 2016)

# Interpersonal Processes and Suicidal SDV

Figure adapted from Van Orden et al. (2010)

Theory-driven examinations of SDV among MST survivors have been sparse

Interpersonal-psychological theory of suicide (IPTS; Joiner, 2005)



***No studies have examined IPTS constructs among Veterans with MST.***



# Present Study

## Objectives

- Examine whether perceived burdensomeness, thwarted belongingness, and fearlessness about death are associated with suicidal ideation among female Veterans with MST

## Hypotheses

- IPTS constructs would be significantly associated with suicidal ideation

# Method

## Participants

- 92 female Veterans with MST entering inpatient treatment

## Procedures

- Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2008)
- Acquired Capability for Suicide Scale - Fearlessness about Death Scale (ACSS-FAD; Ribeiro et al., 2014)
- Beck Scale for Suicide Ideation (BSS; Beck & Steer, 1991)
- Beck Depression Inventory, Second Edition (BDI-II; Beck, Steer, & Brown, 1996)
- PTSD Symptom Checklist (PCL-C; Weathers et al., 1993)

|                  | Mean  | SD    |
|------------------|-------|-------|
| Age              | 42.14 | 11.03 |
| Suicide attempts | 0.63  | 0.49  |
| BDI-20           | 35.79 | 11.59 |
| PCL-C            | 66.52 | 11.69 |
| INQ – Burden     | 27.38 | 11.03 |
| INQ – Belonging  | 21.71 | 7.38  |
| ACSS-FAD         | 17.56 | 6.18  |
| BSS              | 5.61  | 7.35  |

## Results

**Perceived burdensomeness and fearlessness about death were associated with suicidal ideation, adjusting for suicide attempt and PTSD/depressive symptoms.**

- Thwarted belongingness was associated with SI, but not when accounting for other IPTS constructs

| Variable                                   | B          | SE (B)     | 95% CI            | $\beta$    | p           |
|--------------------------------------------|------------|------------|-------------------|------------|-------------|
| <b>Depressive symptoms (BDI-II)</b>        | <b>.02</b> | <b>.01</b> | <b>[.00, .05]</b> | <b>.22</b> | <b>.05</b>  |
| PTSD symptoms (PCL)                        | .00        | .01        | [-.02, .02]       | .02        | .88         |
| Past suicide attempts (BSS)                | .17        | .13        | [-.08, .43]       | .12        | .18         |
| <b>Perceived burdensomeness (INQ)</b>      | <b>.03</b> | <b>.01</b> | <b>[.01, .05]</b> | <b>.26</b> | <b>.02</b>  |
| Thwarted belongingness (INQ)*              | .02        | .02        | [-.01, .05]       | .10        | .30         |
| <b>Fearlessness about death (ACSS FAD)</b> | <b>.06</b> | <b>.02</b> | <b>[.02, .09]</b> | <b>.31</b> | <b>.001</b> |



# Discussion

## Limitations

- Cross-sectional
- Generalizability of sample (e.g., gender, clinical acuity)

## Potential ways to address these when working with MST survivors

- Assess applicability of IPTS constructs to individual SDV
- Update Safety Plans to reflect this (e.g., warning signs, safety)
- Address beliefs regarding burdensomeness and belongingness
- Prevent additional exposure to painful and provocative events

## Future research

- What factors contribute to IPTS processes among MST survivors?
- How do IPTS processes change over time relative to trauma exposure?



# Systemic Processes

# Background

- Few studies have examined macro-level factors (e.g., institutional response to trauma) in posttraumatic outcomes.
- Sexual trauma occurring in an institution which “betrays its member’s trust” may be particularly harmful (Smith & Freyd, 2013)
- *“Institutional betrayal”* (Smith & Freyd, 2013)
- Associated with trauma-related symptoms among female college student sexual assault survivors (Smith & Freyd, 2013).
- No studies have examined such perceptions as they relate to MST.

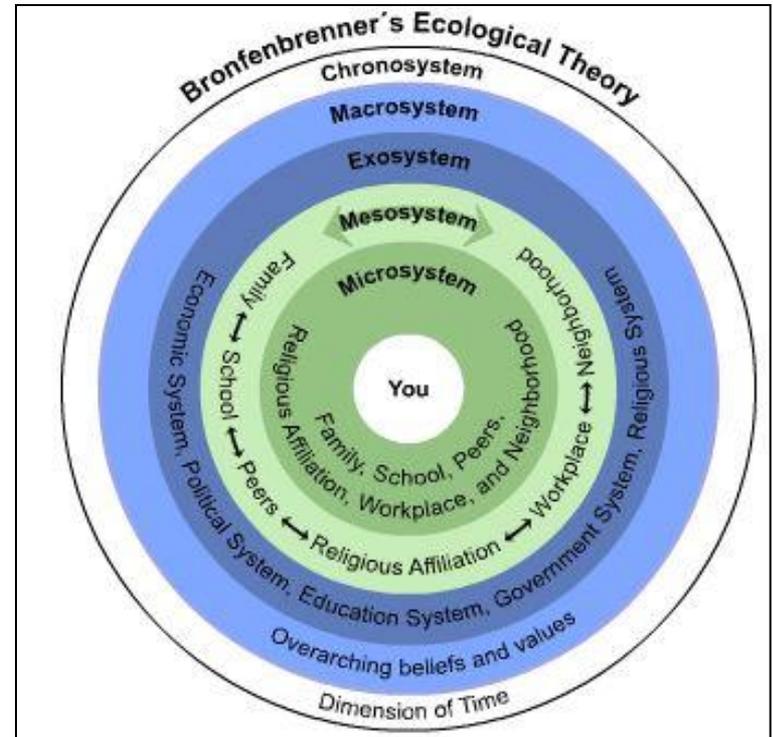


Figure from: <https://geopoliticatus.wordpress.com/tag/urie-bronfenbrenner/>

# Method

## Participants

- N = 49 Veterans with MST
  - 31 women, 18 men

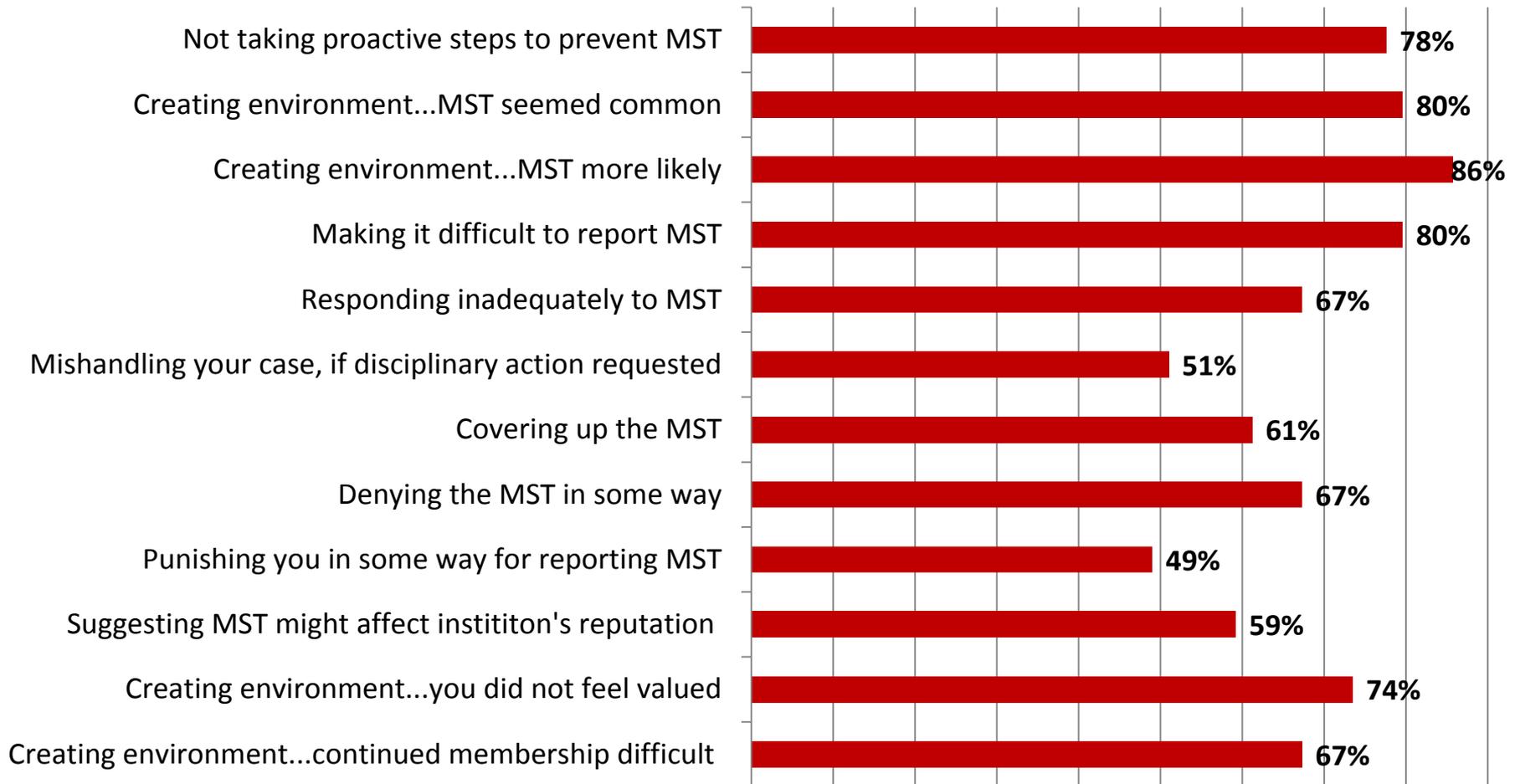
## Procedures

- Institutional Betrayal Questionnaire, Version 2 (IBQ.2; Smith, 2014)
- PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013)
- Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001)
- Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007)

Monteith, L.L., Bahraini, N.B., Matarazzo, B.B., Soberay, K.A., & Smith, C.P. (2016). Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma. *Journal of Clinical Psychology*. Advance online publication. doi:10.1002/jclp.22292

| Characteristic            | n (%) or Mean (SD) |
|---------------------------|--------------------|
| Age                       | 46.82 (13.39)      |
| Race                      |                    |
| Caucasian                 | 26 (53.1%)         |
| African American          | 14 (28.6%)         |
| Multi-racial              | 7 (14.3%)          |
| Native American           | 2 (4.1%)           |
| Ethnicity (Hispanic)      | 9 (18.4%)          |
| Branch <sup>a</sup>       |                    |
| Army                      | 36 (73.5%)         |
| Air Force                 | 6 (12.2%)          |
| Navy                      | 7 (14.3%)          |
| Marines                   | 3 (6.1%)           |
| Coast Guard               | 1 (2.0%)           |
| National Guard            | 1 (2.0%)           |
| Service era <sup>b</sup>  |                    |
| Post-Vietnam              | 25 (51.0%)         |
| OEF/OIF/OND               | 21 (42.9%)         |
| Vietnam                   | 10 (20.4%)         |
| Desert Storm              | 9 (18.4%)          |
| Years of military service | 7.10 (6.53)        |
| Years since discharge     | 18.98 (15.15)      |

## Perceptions of the Institution's Role in Preventing and Responding to MST





## Results

### Perceptions of institutional betrayal were associated with:

- PTSD symptoms
- Depressive symptoms
- Post-MST suicide attempt
  - OR = 1.34 (95% CI: 1.06, 1.69),  $p = .008$

### The association between perceptions of institutional betrayal and post-MST suicidal ideation was not significant.

- OR = 1.12 (95% CI: 0.96, 1.32),  $p = .078$

### Restricting analyses to only those Veterans who experienced sexual assault ( $n = 34$ )...

- The association between perceived institutional betrayal and PTSD symptoms was not significant ( $p = .07$ )



# Discussion

## Limitations

- Pilot study conducted with small sample
  - No covariates
  - Need to consider the role of gender
- Cross-sectional
- Examined perceptions of the institution's role (versus actual behavior)
- PCL-5 assessed worst trauma, rather than MST specifically

## Future research

- Examine whether these findings apply to other samples
- Examine how such perceptions relate to treatment seeking, etc.
- Examine whether such perceptions change over time given extensive DoD efforts and initiatives to prevent and respond supportively to sexual assault



**Part 3:  
Conclusions, Clinical Implications,  
and Future Research**



## Conclusions: MST and Suicidal Self-Directed Violence

- Increasing evidence that MST is associated with suicidal ideation, suicide attempt, and suicide.
- Distinct outcomes associated with sexual assault and harassment (Monteith et al., 2016)
- Research indicates that MST is associated with SDV for both men and **women** (Kimerling et al., 2007; Kimerling et al., 2015; Pavao et al., 2013)
- Yet emerging research suggests this association is stronger for men (Bryan et al., 2015; Monteith et al., 2016)
- The association between MST and suicidal SDV is significant when adjusting for various constructs (e.g., psychiatric diagnoses, medical morbidity, combat, prior side attempt).
  - [With the possible exception of civilian sexual trauma \(c.f. Bryan 2016\)](#)



## Conclusions: Processes Associated with Suicidal Self-Directed Violence in MST Survivors

- **Psychiatric symptoms** are associated with SDV among MST survivors, but do not appear to fully explain the association between MST and SDV. (Gradus et al., 2013; Kimerling et al., 2015; Monteith et al., 2016)
- Theory-driven approaches indicate that **perceived burdensomeness** and **fearlessness about death** are associated with SI among female Veterans with MST (Monteith et al., 2016).
- **Perceptions of the institution's role** in preventing and responding to MST also appear to be associated with suicide attempt (Monteith et al., 2016).
- Continued efforts to identify processes associated with SDV in this population is critical and would be strengthened by considering an ecological approach.



# A Proposed Research Agenda

**Identify population-specific processes which mitigate and exacerbate risk for suicidal SDV among MST survivors.**

- General and trauma-specific
- Periods of elevated risk

**Examining who is most at risk for SDV following MST and periods of elevated risk relative to trauma exposure to prioritize suicide prevention efforts in this population.**

- e.g., gender, race/ethnicity, service era, Veterans who seek care in the community

**Understanding ways to effectively prevent suicide among MST survivors is critical.**

- Examining the efficacy of existing interventions
- Adapting and/or developing interventions to reduce SDV among Veterans with MST



## Audience Poll #5

**Given what we know about MST and SDV, what research would be the most useful for preventing suicide among Veterans who have experienced MST?**

- Examining processes associated with SDV among MST survivors
- Examining which MST survivors are at highest risk for SDV
- Examining when risk for SDV is highest among MST survivors
- Examining the efficacy of existing interventions for preventing SDV among MST survivors
- Developing new interventions aimed at preventing SDV among MST survivors



## Clinical Implications

### Important to assess for MST and the specific experiences within MST

- In a trauma-sensitive manner and as appropriate given the context

### Veterans with a history of MST are at elevated risk for SDV

- Assessing suicidal ideation in the presence of a positive MST screen

### Processes which relate to SDV among MST survivors may be **complex** (e.g., psychiatric conditions, interpersonal processes, perceptions of the institution's role in the trauma)

- A collaborative approach is recommended for identifying individual drivers of suicidality

# Potential Resources

Although research has not yet examined the efficacy of different interventions for reducing SDV among Veterans with MST, several resources are available for consideration, based on the needs of the individual client.

## Interventions

- Safety Planning
- Means Safety
- Virtual Hope Box
  - <http://t2health.dcoe.mil/apps/virtual-hope-box>



## Consultation

- VA Suicide Prevention Coordinators
- VA Suicide Risk Management Consultation Service

## Additional resources

- Veterans Crisis Line



## Contact Information

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<http://www.mirecc.va.gov/visn19/>

## Twitter hashtags

#mstsuicide

#RMIRECC



Continue the conversation after this presentation with **#mstsuicide**, where we will be tweeting from the **@rmirecc** account

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