

Preventing Suicide Among Women Veterans: A Need for Trauma-informed, Women-centric Approaches

The suicide rate among women Veterans increased 104% from 2001 to 2021 and is more than double that among civilian women.¹ Women Veterans are less likely to die by suicide than men Veterans, but are more likely to experience suicidal thoughts and attempts.² Suicide risk factors for women Veterans include mental health and substance use diagnoses; experiences of interpersonal violence; stressors and trauma related to military service; and access to firearms (the most lethal means of suicide). Recent research on preventing suicide among women Veterans focuses on identifying and addressing risk factors; improving Veterans Affairs (VA) crisis intervention services; integrating suicide prevention into reproductive healthcare settings; and understanding women Veteran's perspectives related to firearm lethal means safety. More work is needed to identify strategies for tailoring suicide prevention to women Veterans' needs and preferences.

Key Findings

Women Veterans have unique suicide risk factors compared to men Veterans

- Women Veterans have higher rates of suicide risk factors related to interpersonal violence (e.g., intimate partner violence, sexual trauma) and relationship stressors (e.g., social rejection) than men Veterans³⁻⁵
- Mental health and substance use diagnoses may have a stronger association with suicide risk among women Veterans compared to men Veterans⁶
- Women Veterans are more likely to describe reasons for suicide attempts related to negative self-worth, whereas men are more likely to describe reasons related to frustration with their lives (e.g., lack of success)⁷

Suicide risk factors for women Veterans include service-related stressors and trauma

- The transition from military service to civilian life involves re-establishing personal identity, social relationships, and employment, and may be a vulnerable time for suicide risk among women Veterans²
- Women Veterans who screen positive for military sexual trauma (sexual assault or harassment during military service) are more likely than those with negative screens to have suicidal thoughts and attempts after service⁴
- Women Veterans who experience betrayal (e.g., by leaders or other service members) during military service are over 50% more likely than those without betrayal experiences to attempt suicide during or after service⁸

Women Veterans at risk for suicide have unique crisis intervention and follow-up needs

- Compared to men Veterans, women Veterans are more likely to contact the Veterans Crisis Line (a 24/7 crisis intervention service offering phone, text, and chat options) about issues related to interpersonal relationships and violence (e.g., family problems, military sexual trauma)⁹
- Compared to men Veterans, women Veteran callers to the Veterans Crisis Line are more likely to decline follow-up referrals because of concerns about Veterans Affairs (VA) care (e.g., previous negative experiences)¹⁰
- Women Veterans' suggestions for improving Veterans Crisis Line services include providing more information about what to expect during calls and offering the option to select a woman responder¹¹

Women's reproductive healthcare settings offer opportunities for suicide prevention

- Most suicide risk assessment is conducted in primary care or mental health, but reproductive healthcare (e.g., gynecologic care) is a promising setting for tailoring suicide prevention to women's needs¹²
- Initial work found that women Veterans are open to suicide risk assessment in VA reproductive health settings, but more research is needed to assess the needs and preferences of VA reproductive health providers¹²

Women-centric approaches to firearm lethal means safety are needed

- Firearms are the most common suicide method among women Veterans (used in over half of suicide deaths) and rates of firearm suicides among women Veterans increased nearly 15% from 2001-2021¹
- Women Veterans may seek access to firearms to increase their sense of self-protection, particularly if they have past experiences of interpersonal violence^{13,14}
- Nearly 40% of women Veterans have access to firearms owned by other household members, underscoring the importance of including partners and family in discussions about lethal means safety (e.g., secure storage)^{13,15}
- Women Veterans' preferences for discussing lethal means safety with healthcare providers include trusting patient-provider relationships; women-specific settings; involvement of peers or family (in the absence of interpersonal violence); and opportunities to address concerns about disclosure (e.g., losing firearm access)¹⁶

Select VA-Funded Women's Suicide Prevention Research Projects

Preventing Suicide among Female and Male Veterans Not Receiving VHA Services (Lindsey Monteith, PhD & Claire Hoffmire, PhD; 2020-2024). This study compared VA and non-VA women and men Veterans on: (1) precipitants to suicide; (2) mental health care experiences, barriers, and help-seeking; and (3) experiences, preferences, and barriers to help-seeking when suicidal. *For more information:* Lindsey.Monteith@va.gov, Claire.Hoffmire@va.gov

Exposure to Suicide Among Post 9/11 Veterans: Prevalence, Correlates and Treatment Needs (Nina Sayer, PhD; 2022-2026). This study will examine an understudied suicide risk factor, exposure to a suicide death (defined as knowing the person), in Veterans at increased suicide risk. It will inform suicide postvention strategies targeting suicide bereaved Veterans, women Veterans, and American Indian/Alaska Native Veterans. *For more information:* Nina.Sayer@va.gov

Gender Differences in Veteran Reintegration and Associated Suicide Risk (Lauren Denneson, PhD; 2022-2027). This study will provide data on the reintegration experiences of Veterans at risk for suicide across key domains of Veteran reintegration, identify reintegration experiences associated with increased suicide risk, and examine sex differences in reintegration experiences and associated suicide risk. *For more information:* Lauren.Denneson@va.gov

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