

Prevalence and Correlates of Suicidal Ideation and Suicide Attempts among Women Veterans Using VHA Reproductive Health Care Services

Julie A. Kittel, PhD¹, Lindsey L. Monteith, PhD^{1,2}, Ryan Holliday, PhD^{1,2}, Christin N. Miller, MPH¹, Alexandra L. Schneider¹, Laurel A Gaeddert, MS¹, Claire A. Hoffmire, PhD^{1,3}
¹VISN 19 Mental Illness Research, Education, and Clinical Center (MIRECC), ²University of Colorado School of Medicine, Department of Physical Medicine and Rehabilitation, ³University of Colorado School of Medicine, Department of Physical Medicine and Rehabilitation

Background/Significance

- Women Veterans of reproductive age are at high risk for suicide. Suicidal ideation (SI) and suicide attempts (SA) are both risk factors for suicide and important clinical outcomes in their own right. However, there is limited evidence about the prevalence and risk factors for SI/SA in this population.
- This study examined the prevalence of SI and SA among women Veterans using VHA reproductive health care (RHC) services, as well as associations between SI/SA and potential risk factors, including parenting and military sexual trauma (MST).

Methods

- Post-9/11 women Veterans with past-year VHA RHC use completed a cross-sectional survey of reproductive and mental health (n=352)
- SI/SA were assessed using a modified version of the Columbia Suicide Severity Rating Scale (CSSRS). Onset of SI/SA relative to military service, as well as characteristics of the most recent SA, were described.
- Examined parenting status, functioning, and satisfaction (Well-Being Inventory), MST, PTSD (PCL-5), depression (PHQ-8), and drug use (DAST)
- Frequencies and 95% confidence intervals were calculated for SI/SA
- Poisson regression with robust standard errors was used to estimate prevalence ratios

Women Veterans who use VHA reproductive health care services have a high prevalence of suicidal ideation and suicide attempts.

Low parenting satisfaction and exposure to military sexual trauma may increase their risk for SI and SA.

30% of women Veterans experienced SI after military service



Created by Wilson Joseph from the Noun Project

12% reported a suicide attempt after military service



Created by Wilson Joseph from the Noun Project

Results

- A sizeable proportion of post-9/11 women Veterans experienced SI/SA:
 - **Post-military SI: 29.9%**
 - **Past-month SI: 9.9%**
 - **Post-military SA: 12.3%**
- After adjustment for military service, demographic, and mental health characteristics, **current parenting dissatisfaction was associated with increased prevalence of past-month SI**
- **Both military sexual harassment (MSH) and military sexual assault (MSA) were associated with increased prevalence of post-military SI**
 - MSA, but not MSH, was associated with post-military SA

	Level	Past-Month SI									
		Crude				Demographics + Military Service*			Mental Health**		
		PR	CI	p-value	PR	CI	p-value	PR	CI	p-value	
Parent Satisfaction	Low	3.85	1.50, 9.91	0.005	4.884	1.89, 12.64	0.001	3.362	1.19, 9.46	0.022	
MST	MSH	2.53	0.65, 9.77	.179	--	--	2.46	0.66, 9.26	.182		
	MSA	4.86	1.49, 15.77	.009	--	--	2.79	0.85, 9.17	.091		

	Level	Post-Military SI									
		Crude				Demographics + Military Service*			Mental Health**		
		PR	CI	p-value	PR	CI	p-value	PR	CI	p-value	
Parent Satisfaction	Low	1.757	1.08, 2.85	0.023	1.944	1.19, 3.17	0.008	1.43	0.86, 2.37	0.167	
MST	MSH	2.10	1.06, 4.14	0.033	2.08	1.05, 4.11	0.035	2.01	1.04, 3.87	0.036	
	MSA	3.80	2.12, 6.83	<0.001	3.81	2.12, 6.84	<0.001	2.98	1.64, 5.42	<.001	

	Level	Post-Military SA									
		Crude				Demographics + Military Service*			Mental Health**		
		PR	CI	p-value	PR	CI	p-value	PR	CI	p-value	
Parent Satisfaction	Low	0.992	0.35, 2.77	0.988	0.993	0.36, 2.78	0.99	0.697	0.27, 1.81	0.458	
MST	MSH	1.25	0.38, 4.15	.719	1.311	0.40, 4.32	.656	1.235	0.40, 3.83	.715	
	MSA	3.87	1.55, 9.62	.004	3.840	1.55, 9.53	.004	2.548	0.98, 6.59	.054	

*Parenting models adjusted for age, employment status, discharge type, years since separation. MST models adjusted for years since separation only. **Parenting models adjusted for above and PTSD, depression, and drug use. MST models adjusted for years since separation and PTSD, depression, and alcohol use.

Discussion/Conclusion

- Based on these findings and extant literature, Women Veterans using VHA RHC services are at heightened risk for suicidal ideation and behavior
 - Low parenting satisfaction and exposure to both MSH and MSA may exacerbate this risk
- RHC settings present important opportunities for suicide prevention for women Veterans
- Screening for MST and parenting satisfaction may be critical components of upstream suicide prevention initiatives within RHC settings

