Suicide Risk in Male Military Sexual Trauma Victims 1/26/12

Statement of the Problem

Military sexual trauma (MST) has been a concern for the military but little is known about MST among male victims in general, and links with suicide risk in particular. While there is research to support the increased risk for suicide among female victims of MST, does the same hold true for male victims?

Summary of the relevant literature

A literature review published in 2009 indicated that the research looking at mental health consequences of male MST victims is still in its infancy. The article defines MST as sexual assault that occurs while serving in the military (Suirs & Lind, 2009). Given that limited information has been published regarding male MST victims, a review of the sexual assault literature among males and females as they relate to suicidality is included here. There have been some findings reporting civilian male sexual assault victims are at greater risk for suicide when compared to males who have not been sexually assaulted (Coxell et al., 1999; Ratner et al., 2003). There is also evidence to support the finding that male and female victims may experience similar adverse mental health outcomes in the civilian population (Suirs & Lind, 2009).

The finding, from a second literature review, supported the finding that both sexes experience similar mental health consequences following a sexual assault (Peterson et al., 2011). Common mental health consequences include anxiety, depression, substance abuse, anger, and self-harm (i.e., suicide ideation and attempts) (Coxell et al., 1999; Elliott et al., 2004; Larimer et al., 1999; Walker, Archer, & Davies, 2005a; Wolff & Shi, 2009.)

It is important to note that many studies did not report sexual orientation or used a sample from the Lesbian, Gay, Bi-sexual, Transgendered, Questioning (LGBTQ) community. This is important due to the elevated risk of suicide within this community (U.S. Surgeon General, 2001), which may affect the ability to generalize the above findings.

Similarly with sexual assault, there is virtually no data on mental health consequences for military men who have a history of sexual abuse. In general there is a large body of evidence indicating the serious long-terms effects of childhood sexual abuse (Johnson, 2004; Jenkins et al., 2005; De Vanna et al., 1990; Nelson et al., 2002; Bifulco et al., 2002; Yen et al., 2004) which include an increased risk of suicide (Dinwiddie et al., 2000; Wunderlich et al., 2001; Walker et al. 2004.) Most of that evidence is based on female victims. There have been a few studies that found men had similar long term effects as women which included increased risk of suicide (Spokaset al., 2009; Bebbington et al., 2009.)

Gaps in the literature

There is insufficient data related specifically to service men and sexual assault or MST. More specifically there are no studies looking at suicide as a risk factor for male sexual assault victims within the military.

Despite there being more empirical knowledge about male sexual assault victims in the general population, the population sizes tend to be significantly smaller than women, making it more of a challenge to have empirically significant findings (Peterson et al., 2011).

Although there is a great deal of information on the effects of sexual abuse, most of the data is based on female victims. There is still limited information regarding the mental health of male adults with a history of sexual abuse.

Recommendations

There is solid evidence in the civilian literature that sexual assault victims are at increased risk of suicide, which is true whether the assault occurred during childhood or as adults. Most of the existing evidence is from studies of women or those in the LGBTQ community. While a few studies have been conducted with men, there is no hard data specifically on gender differences in the association between sexual assault/abuse and suicide.

Therefore, an evidence-based response to the question is that we do not know if men who have experienced MST are at elevated risk of suicide or mental health problems. However, it does seem reasonable to recommend that such men be evaluated for mental health concerns, including thoughts about suicide.

References

- Bebbington, P., Cooper, C., Minot, S., Brugha, T.S., Jenkins, R., Meltzer, H. & Dennis, M. (2009) Suicide attempts, gender, and sexual abuse: Data from the 2000 British psychiatric morbidity survey. *American Journal of Psychiatry*, *166*,1135.
- Bifulco A., Moran P.M., Baines R., Bunn A., & Stanford K.(2002) Exploring psychological abuse in childhood, II: association with other abuse and adult clinical depression. *Bull Menninger Clinical*, 66,241–258.
- Coxell, A. W., King, M. B., Mezey, G. C., & Gordon, D. (1999). Lifetime prevalence, characteristics, and associated problems of non-consensual sex in men: Cross sectional survey. British Medical Journal, 318, 846–850.
- De Vanna M., Paterniti S., Milievich C., Rigamonte R., Sulich A., & Faravelli C (1990) Recent life events and attempted suicide. *Journal of Affect Disorder*, 18,51–58.
- Dinwiddie S., Heath A.C., Dunne M.P., Bucholz K.K., Madden PAF, Slutske W.S., Bierut L.J., Statham D.B., & Martin N.G (2000) Early sexual abuse and lifetime psychopathology: a co-twin-control study. *Psychological Medicine*, *30*,41–52.
- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence symptomology, and sex differences in the general population. Journal of Traumatic Stress, 17, 203–211, doi:10.1023/B:JOTS.0000029263.11104.23.
- Jenkins R., Bhugra D., Meltzer H., Singleton N., Bebbington P., Brugha T., Coid J., Farrell

- M., Lewis G., & Paton J(2005). Psychiatric and social aspects of suicidal behavior in prisons. *Psychological Medicine*, *35*,257–269.
- Johnson C.F. (2004). Child sexual abuse. *Lancet* ,364,462–470
- Larimer, M. E., Lydum, A. R., Anderson, B. K., & Turner, A. P. (1999). Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use, and depression symptoms. Sex Roles, 40, 295–308, doi:10.1023/A:1018807223378
- Nelson E.C., Heath A.C., Madden PAF, Cooper M.L., Dinwiddie S.H., Bucholz K.K., Glowinski A., McLaughlin T., Dunne M.P., Statham D.J., & Martin NG (2002) Association between self-reported childhood sexual abuse and adverse psychosocial outcomes. *Archive of General Psychiatry*, *59*, 139–145.
- Peterson, Voller, olusny & Murdoch (2011) Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, 31, 24.
- Ratner, P. A, Johnson, J. L, Shoveller, J. A, Chan, K., Martindale, S. L.; Schilder, A. J., et al. (2003). Nonconsensual sex experienced by men who have sex with men: Prevalence and association with mental health. *Patient Education & Counseling*, 49(1), 67-74.
- Spokas, A., Wenzel, A., Stirman, S. W., Brown, K. & Beck, T. (2009) Suicide risk factors and mediators between childhood sexual abuse and suicide ideation among male and female suicide attempters. *Journal of Traumatic Stress*, 22,467.
- Suris & Lind (2009). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse, 9*,250.
- U.S. Surgeon General. (2001). *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service.
- Walker, J., Archer, J., & Davies, M. (2005a). Effects of male rape on psychological functioning. British Journal of Clinical Psychology, 44, 445–451, doi: 10.1348/014466505X52750.
- Walker J.L., Carey P.D., Mohr N., Stein D.J., & Seedat S.(2004) Gender differences in the prevalence of childhood sexual abuse and in the development of pediatric PTSD. *Arch Womens Ment Health*, 7,111–121.
- Wunderlich U., Bronisch T., Wittchen H.U., & Carter R (2001) Gender differencesin adolescents and young adults with suicidal behaviour. *Acta Psychiatr Scand*, 104,332–339.
- Wolff, N., & Shi, J. (2009). Contextualization of physical and sexual assault in male prisons: Incidents and their aftermath. Journal of Correctional Health Care, 15, 58–77, doi:10.1177/1078345808326622.
- Yen S., Shea M.T., Sanislow C.A., Grilo C.M., Skodol A.E., Gunderson J.G., McGlashan T.H., Zanarini M.C., &Morey L.C(2004) Borderline personality disorder criteria associated with prospectively observed suicidal behavior. *American Journal of Psychiatry*, 161,1296–1298.

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