

Adam Hoffberg: We're here from the Rocky Mountain MIRECC that is the mental illness research education and clinical center here in Denver Colorado. Our mission is to prevent veteran suicide. I'm your host Adam Hoffberg and thank you for joining us for the R MIRECC short takes podcast. Today we will be chatting with Dr. Lindsey Monteith about her work on the intersection of military sexual trauma and self-directed violence. Dr. Monteith has published research on this topic in the Journal of traumatic stress as well as suicide and life-threatening behavior, welcome Lindsey.

Lindsey Monteith: Thank you Adam, I'm glad to be here today.

Adam: Tell us a little bit about yourself.

Lindsey: I'm a clinical research psychologist here in the Rocky Mountain MIRECC where our goal is really to understand more about the causes of suicidal self-directed violence in veteran and ways to prevent that, my interest really fall within trying to understand more about how different military experiences that service members and veterans may have relate to their risk for suicide.

Adam: And how did you start at the Rocky Mount MIRECC and where are you today?

Lindsey: I started off as a psychologist in the Rocky Mountain MIRECC after I finish my psychology internship at the Denver VA and I was really delighted to join them

because I knew after finishing up graduate school that I really wanted my career to be focused on trying to understand more about causes of suicidal self-directed violence in veterans and in women veterans in particular and trying to understand more about how military sexual trauma may increase risk for suicide.

Adam: I gather you recently published two research articles examining the effects of sexual trauma among post-9/11 veterans, could you tell us a little bit about what inspired you to begin this work?

Lindsey: Let me start with the first article to be published in the Journal of Traumatic Stress the context for looking at the research question examining the article is really inspired by two different articles that have been published looking at deployment sexual trauma and its association with suicidal ideation. The two studies had different findings. One of our goals with this article was to try to reconcile the different findings and then another goal was to try to understand if you look at sexual trauma that occurs in deployment and its association with suicidal ideation is that still significant when you adjust for things like combat experiences.

I also wanted to mention that research looking at sexual trauma during deployment and risk for suicide has tended to focus on outpatient samples or veterans in the community and I was really interested in learning more about whether sexual trauma during deployment is a risk factor for suicidal ideation when you look at more severe

samples of young veterans who served recently who are in trauma focused on had understand more about whether sexual trauma during deployment is something that should be asked in and is putting more traditionally focused on things like combat related experience.

Adam: So I understand you are trying to build off of previous research to sort of get a sense of how sexual trauma may be related to suicide ideation among our veterans so can you tell us a little bit about what you found in this study?

Lindsey: will only do we ample of the hundred 99 veterans who served in operation enduring freedom Iraqi freedom or new John and all of the veterans were currently entering trauma focused inpatient treatment within the and the filled out self-report questionnaires when they went when he entered the treatment programs and do what we found was that special trauma that occurred during deployment it was significantly associated with suicidal ideation when adjusting for age and gender and look at mother was associated with suicidal ideation when adjusting for combat experience and we found that it was the results did not change based on whether or not we adjusted for, which really just that it's very important to ask for sexual harassment that can occur during deployment working with Elia Wendy veterans who are in trauma focused treatment.

Adam: What I'm hearing is that sexual trauma during deployment is related to suicide ideation but please

explain again how does combat play into that.

Lindsey: Combat experiences were not associated with suicidal ideation. Deployment sexual trauma was associated with suicidal ideation regardless of whether combat experiences were included in the models.

Adam: So in your sample you included both males and females can you tell us to gender have any impact on your findings?

Lindsey: I think that's a really important question especially when you think about the fact that women are much more likely to report experiencing sexual trauma while in the military we had a pretty small number of women in the sample 2800 hundred 99 participants as a result we couldn't stratify the analyses by gender which would've been ideal however we did adjust for the role of gender when we are looking at the association between sexual trauma and suicidal ideation and gender is not significant in predicting suicidal ideation and the overall model and so no gender did not play a significant role in her findings however having said that I do think it's important for future studies to with larger samples actually look at whether the association between sexual trauma during deployment in suicidal ideation or other types of suicidal subject violence is that differs based on the role of gender and there are a couple studies them aware of that of been published recently or are in the works that address this.

Adam: Thank you for explaining that them we certainly

look forward to that future work examining gender. So let's move onto the second article this was sort of a follow-up analysis can you tell us a little bit about the second?

Linsey: After completing the first study that was published in Journal traumatic stress was really thinking more about well sexual trauma our military sexual trauma can comprise a pretty broad range of experiences so that I got to think about military sexual trauma RMC for sort defined as sexual harassment or sexual assault they can occur during military service and a lot of the research that looked at at this topic has examined sexual trauma as a single construct rather than parsing apart harassment experiences from assault experiences if we look a little bit at the literature that's occurred on this topic outside of design it's basically found that sexual harassment and assault tend to be related to pretty distinct experiences sexual assault as as you might expect tend to be related to more severe outcomes more severe PTSD sexual harassment don't seem to be related on the other hand to risk for different mental health conditions but to a less severe extent sexual some studies like decide studies looking at this in regard to the subject violence of been really limited and so what we wanted to do here was look at whether different types of unwanted sexual experiences during deployment differentially related to suicidal ideation in a sample Elia laugh Wendy veterans in the same sample is in the price.

Adam: So in the second article you're really trying to understand a bit more about the construct of sexual

trauma and whether harassment experiences may have a different impact compared to assault experiences.

Lindsey: That is exactly right, the article that was published in *Suicide and Life-threatening Behavior* recently, where we sought to examine exactly that. Interestingly enough we did find that they were differentially associated with suicidal ideation.

Adam: As researchers were always interested in how ideas or constructs are being measured so in your study can you tell us a little bit about how the constructs of suicide ideation and sexual trauma were assessed?

Lindsey: Let me start with suicidal ideation we assess that with a self-report questionnaire called the Beck Scale for Suicidal Ideation or the BSSI for short the assesses suicidal ideation in the past week because it provides more of a continuous measure of suicidal ideation and its severity when the nice things about the BSSI is that it been well validated and been shown to be reliable and samples and you also have to think about how we measured different experiences of sexual trauma during mentioned that with the scale called that DRI sexual-harassment scale or the deployment risk and resiliency inventory and that's a measure that veterans or service members indicating self-report how often the experienced different behaviors while they were deployed and so it includes things like when you are deploying how often the unit members and leaders make crude and offensive sexual remarks about you were forcing sex and so it weighed structured as it is about

different experiences that are increasingly severe.

Adam: Thank you and so it sounds like you really use some solid and psychometrically sound measures to study this topic and what did you find?

Lindsey: That not all types of unwanted sexual experiences that occurred during deployment were associated with suicidal when we look at things like sexual salting experience more more violent or severe those were associated with suicidal ideations that included things like unwanted attempts at being stroked her to have sex or are actually being forced to have sex and then I would like to add that there was one exception to her findings in regard to experiences that fall within the class versus assault in which individuals who reported that they experienced threaten for not being sexually cooperative that was associated with suicidal ideation.

Adam: That's very interesting so it sounds like it generally speaking the more severe experiences were associated with suicide ideation but you mentioned that this one concept of being threatened for not being sexually cooperative that was related to suicide ideation could you tell us the what you think was going on there?

Lindsey: I think that's a really great question. One possibility for what we found in regard to being threatened was that very act being threatened can potentially be more traumatizing for people. Threats can also look like really different things depending on the content of the threats, in

terms of whether it's a threat regarding consequences to one's career or threats to one's physical safety and so I think that looking at that more and trying to get a better sense of and future research will be important.

Adam: So this research seems to indicate that suicide ideation is more closely tied to sexual assault and not as significantly tied to sexual harassment but does that mean that we shouldn't be concerned with sexual harassment?

Lindsey: I'm so glad that you asked Adam indeed we found that sexual harassment experiences during deployment were not related to suicidal ideation but that sexual assault experiences were.

However I don't want in any way suggests that sexual harassment experiences don't affect service members or veterans. We know from other areas of research that sexual harassment can be very impactful can be very stressful. I think it can also have the potential to be traumatizing to folks, perhaps not in DSM category of trauma exposure sense but potentially in other ways.

And just because we didn't find that sexual harassment experiences were associated with suicidal ideation or study doesn't mean that they don't affect people in other ways. Depression or stress or in physical related symptoms and also wanted to add that there has been really really limited research looking at different types of unwanted sexual experiences as harassment and assault that can occur during military service and how they might



differentially relate to self-directed violence. One study that did look at this actually found that sexual harassment that occurred during Marine recruit training was associated with risk for suicide attempt a decade later. And so I think what this boils down to is that we really need more research to try to disentangle some of this better and to understand whether there are distinct trajectories of risk associated with harassment. I think it is important to mention that we looked at a really specific sample. So veterans who are entering trauma focused inpatient treatment programs within the VA's and I don't know if these findings generalize to other samples of veterans and service members. That remains to be determined by future research.

Also you asked a question earlier about how we measure suicide ideation the measure that we included for that was really looking at suicidal ideation within one week period. Which is fairly short but was relevant for our purposes but we don't know if our findings would be different if we looked at suicide ideation within a different timeframe or whether we looked at whether actual harassment experiences that actually work occurred during deployment but it is related to the risk for thinking about suicide during deployment when a person is still experiencing that when they're still immersed in a situation.

Adam: So it sounds like it's going to be really important for us to do some additional research to study this topic more. One of the important things it sounds like is we need to

break this construct down more specifically into harassment and assault and look at how those affect people's trajectories. Are there any challenges to doing that?

Lindsey: I think there are something of a challenge is to doing that one of which is related to how do we measure these constructs in a way that is as valid and reliable. I think measures that have been developed to look at these experiences haven't necessarily been developed to look at harassment and assault experiences during military service separately. The DRI sexual-harassment scale has been validated, however it focuses on the discrete time period of deployment or even in more recent versions of it a service member's most recent deployment. I think before we can really clearly understand this topic, measures are needed to be developed and psychometrically tested to really help us look at this carefully.

Adam: So I recall from the paper that the Department of Defense and the VA actually use different definitions for sexual assault and sexual harassment. Does that cause any issues here for future research?

Lindsey: Another really great question. Yes the VA tends to look at military sexual trauma as a single thing consisting of things that could be related to sexual harassment or sexual assault. In the Department of Defense, sexual harassment and sexual assault are really considered very differently and have different procedures for dealing with both in terms of sexual harassment being

dealt with more from human resources standpoint where sexual assault is viewed as more of a criminal offense that is handled with different channels. I think that is important to consider for future research as well as clinically.

Adam: How is it relevant clinically?

Lindsey: I think the fact that service members may be used sexual harassment and assault being dealt with differently might mean that they view them differently when they're coming into the VA. In my qualitative and clinical experiences with veterans of MST, and I can't speak to this empirically, but it seems like a good number of veterans don't view their sexual harassment experiences as military sexual trauma. So that when they hear the word MST, they tend to be thinking more about things like assault or rape. That's actually a really important difference when you think about the fact that the VA offers free MST related care to all veterans. So it doesn't matter whether they're now experiencing distress from assault or from harassment in terms of their eligibility for free care regardless. They can get that free care and even if they're not eligible for VA care in general, they can still get free care.

Adam: Thank you for explaining that I think that's very important that we help make veterans aware that there is free care available for individuals who have experienced MST in either form harassment or assault.

Lindsey: I agree that's important for people to know

veterans, service members and clinicians need to know that VA provides free MST related care. Because there's a lot of hope. We know that there are effective treatments for MST related conditions and though MST is not a diagnosis in and of itself, the conditions that it is associated with, PTSD and depression, there are ways to effectively treat.

Adam: That's fascinating and I think that's a very important avenue for having you come back and really talk to us a little bit more about what are some treatment options available for military sexual trauma.

Lindsey: I'd be delighted to come back to speaking in a podcast if you think that would be helpful.

Adam: Thanks Lindsey. So connected to your work there was also a recent publication in December 2015 by Kimmerly and colleagues that looked at suicide risk among the over 6 million veterans health care users who were screened for military sexual trauma so can you sort of give us the big picture how does their findings fit in or relate to your work?

Lindsey: Dr. Rachel Kimmerling's study is very important in advancing this area of research they found that military sexual trauma was associated with death by suicide in both men and women within VHA. You know I think those findings are consistent with some of the work that I've done finding that certain types of MST are deployment related sexual trauma are indeed associated with suicidal

ideation and so it seems like as more research is being published on this topic we're finding more is that MST does appear to be related to risk for suicidal thoughts and even suicide – I think that this increasingly is underscoring how important it is that clinicians when the veteran discloses that he or she has experienced sexual trauma that they are carefully assessing for risk for suicide and doing what they can to try to help them better and mitigate that risk.

Adam: How can clinicians use this information and apply it to their practice?

Lindsey: I think there's a couple ways that clinicians can you use this information. I think most important is as I mentioned carefully assessing for suicide risk when a veteran discloses a history of sexual trauma. Findings from one of the articles that we discussed really emphasize the importance of doing that, particularly when a veteran discloses experiencing more severe sexual assault. But I would also encourage carefully assessing risk regardless of whether the veteran's experiences assault or harassment given the sort of limited amount of information that we know today.

Also I think clinicians can use this information in their daily practice to try to collaboratively work with a veteran to mitigate the risk if they do indeed report a history of sexual trauma. I think that one thing that that is very important for us as clinicians to remember is that we should be carefully assessing for a military sexual trauma and in particular for the different types of experiences that may fall within such

a sexual harassment and sexual assault and I think it's especially important to remember that even if you're working with clients who've experienced a broad range of other types of trauma, for example, combat related trauma that they can still experience other things during the military service like sexual assault or harassment that might influence the risk for suicide and it can be uncomfortable sometimes for patients or clinicians to talk about that it's really important to start a dialogue about that to try to understand and help patients.

Adam: So tell us what's next for you are now that you've completed this research where do you go from here?

Lindsey: Well so we are currently conducting a study with men and women veterans who experienced military sexual trauma and just to be clear that includes either the study either sexual harassment or assault and were trying to understand more really about how those experiences effected them trying to get a better sense of whether those experiences of harassment and assault are differentially associated with risk and whether that differs from men and women as he asked about earlier.

Hopefully I'll be able to share similar findings from the study once we finish recruiting participants for it. Before we wrap up Adam I was hoping to acknowledge my collaborators on these two papers. These include doctors Nazanin Bahraini, Jeri Forrester and Jill Weiner were also really key part of these articles and I also wanted to thank you for having me today its great.

Adam: And thank you we really appreciate you coming on and we do look forward to that future work and having you back with us to that's it for the MIRECC short takes podcast today and we appreciate everyone for listening listeners you can always learn more by clicking on the links accompanying this podcast you can also contact us if you have any comments or questions about this work join us next time for more important interviews on R MIRECC work in suicide prevention.