

High blood pressure risk higher among veterans who experienced sexual trauma while serving

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Veterans who experienced sexual harassment and assault during military service, known as military sexual trauma, are at higher risk for high blood pressure, according to preliminary research presented today at the American Heart Association's [Hypertension Scientific Sessions 2021](#). The meeting is the premier scientific exchange focused on recent advances in basic and clinical research on high blood pressure and its relationship to cardiac and kidney disease, stroke, obesity and genetics, and is being held virtually Sept. 27-29, 2021.

Studies evaluating U.S. [military service](#) members have found that exposure to [traumatic events](#) and posttraumatic stress disorder (PTSD) can increase the risk of high blood pressure, heart attack and stroke. [According to the American Heart Association, nearly half of U.S. adults have high blood pressure](#), defined as a systolic pressure (the top number in a blood pressure reading) of 130 mm Hg or higher, or a diastolic pressure (the

bottom number) of 80 mm Hg or higher.

Military sexual trauma is an increasing public [health](#) concern. Veterans, especially women, are three times more likely to experience [sexual harassment](#) and assault compared to people who have not served in the military. In past research, more than 38% of women, compared with approximately 4% of men, reported experiencing military sexual trauma.

"We sought to determine if exposure to military sexual trauma is independently associated with risk of high blood pressure among post 9/11 veterans, those who served during Operations Enduring Freedom, Iraqi Freedom, or New Dawn," said lead study author Allison E. Gaffey, Ph.D., a research associate within the department of internal medicine's, section of cardiovascular medicine at Yale University School of Medicine in New Haven, Connecticut, and a research psychologist in women's health and cardiovascular medicine at the VA Connecticut Healthcare System of the U.S. Department of Veterans Affairs in West Haven, Connecticut.

In this study, researchers used a national dataset of electronic health records from the Veterans Health Administration from 1.2 million men and women veterans who were discharged from the U.S. military since October 1, 2001, and who received [health care services](#) at VA medical centers from 2001 to 2017. These young and middle-aged veterans (average age of 30; 12% women) were screened for military sexual trauma when they began receiving VA care. Through the 16 years of records reviewed, nearly 33,900 veterans reported military sexual trauma, 65% of whom were women.

Researcher found:

- More than 307,330 veterans developed [high blood pressure](#) (defined as systolic blood pressure of 130 mm Hg or higher), and the probability of developing hypertension was about 31%.
- Veterans with a history of military sexual trauma showed a 30% greater risk of hypertension compared to those who did not report military sexual trauma.
- After taking other factors into consideration, such as demographics, smoking and substance abuse, other health conditions like diabetes, and mental health diagnoses including depression, anxiety and PTSD, military sexual trauma was associated with an overall 10% greater risk of hypertension.
- When examining men and women separately, the link between military sexual trauma and risk of hypertension remained for both groups, however, it was slightly stronger among women (4% risk for men vs. 10% for women).

"Military sexual trauma is a pervasive problem. These findings show that even many years after being discharged from military service, exposure to military sexual trauma can continue to significantly influence veterans' physical health," Gaffey said. "This association demonstrates the importance of screening and disclosure of military sexual trauma or other traumatic stress in order to receive appropriate care, support and resources to manage the short- and long-term mental and physical health impact."

More research is needed to determine if early identification of military sexual trauma improves cardiovascular disease risk management, the study suggests. "Better patient and provider education and awareness of these links are important, and ultimately better prevention of military sexual trauma is most critical," Gaffey said.

She suggests that medical professionals recognize that patients, particularly women, with a history of military sexual trauma or other exposures to trauma may have higher cardiovascular risk.

"Unwanted sexual contact and sexual assault in the workplace are not limited to military environments.

Thus, non-VA providers may also consider the significance of these findings when caring for non-veterans who have a history of sexual trauma," Gaffey said.

Limitations of the study are that it included mostly younger, post-9/11 veterans, and just 12% of those studied were women, so the findings might differ among older veterans, and among a group that includes a higher proportion of women.

"Previous research shows that women are about 10 times more likely than men to report military sexual trauma, therefore, associations among military sexual trauma, hypertension, and the negative effects on cardiovascular health may differ for women and men," Gaffey said. "Links between a history of sexual [trauma](#) and cardiovascular risk could also differ for men and [women](#) without a history of military service."

More information: Conference: professional.heart.org/en/meetings/hypertension

Provided by American Heart Association

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