

Prevalence of Childhood Trauma Among U.S. Army Soldiers With Suicidal Behavior

PUBLICATION: *Military Medicine* (2012); 177(9), 1034-1040.

PUBLICATION TYPE: Peer-Reviewed Journal Article

KEYWORDS: Suicide, U.S. Army, childhood trauma, mental health

RESEARCH HIGHLIGHTS:

- Suicide rates in the U.S. Army have increased significantly over the past few years, from 11 per 100,000 in 2003 to 25 per 100,000 in 2009. Recent studies have indicated that experiences of childhood trauma increase suicide risk among civilians; however, the link between childhood trauma and suicide risk has not been studied extensively in military populations.
- Previous studies have found that 49% of female soldiers and 15% of male soldiers reported a history of childhood sexual abuse, while 48% of female soldiers and 50% of male soldiers experienced physical abuse. In this study, researchers examined the prevalence of childhood trauma among U.S. Army soldiers who displayed suicidal behavior from 2005 to 2010.
- Among soldiers with suicidal behavior, researchers found that 61.2% experienced childhood trauma, with the most common forms of trauma being family problems and abuse, consistent with prevalence rates among civilians.

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ABSTRACT:

“In 2009, suicide was reported to be the third leading cause of death among U.S. Army personnel. The increase of suicides in the Army indicates the need for additional research to better understand the problem. Research in civilian populations found that experiencing childhood trauma increases the risk for various negative health outcomes, including suicide and suicide attempts, during adulthood. To date, there has been very little focus on pre-existing mental health before joining the service because of a lack of existing data. Participants were active duty Army Soldiers who attempted or completed suicide as identified by the Department of Defense Suicide Event Report (DoDSER). Among Soldiers exhibiting suicidal behavior, analyses were completed to identify significant associations with specific types of childhood trauma experienced before joining the Army. The prevalence of childhood trauma in this population was 43.3% among the suicide cases and 64.7% among the attempt cases. The most common types of childhood trauma among Soldiers were family problems and abuse. The need for further research among military populations is clear given the high prevalence of childhood trauma found among these Soldiers with suicidal behavior and the lack of complete data for this population.”

Implications

FOR PRACTICE

Among U.S. Army Soldiers with suicidal behavior, researchers found about 61% had experienced childhood trauma, consistent with previous research involving military populations. In previous studies of health related behaviors performed by the Department of Defense, about 42% of service members reported experiencing abuse in their lifetime, with 35% reporting that the abuse occurred during childhood. Among female Navy recruits, previous studies found that 57% had experienced some form of abuse during childhood, while a study performed among a general population of service members found reports of childhood physical abuse among 48% of males and 51% of females. The difference in prevalence rates in the current study may be partially due to the higher-risk population under study, Soldiers with suicidal behaviors. Service members in this study who had experienced childhood trauma also had a higher prevalence of mood disorders and behavioral conditions such as an anxiety, adjustment disorder and acute stress. Findings from previous studies indicate that childhood trauma is an independent risk factor for suicidal behavior, consistent with this study; however, mental disorders also account for part of the association between childhood trauma and suicidal behavior. Service members who experience trauma as children may be more likely to respond to stressors in adulthood with the development of mental health disorders, or by engaging in suicidal behavior. Because of the myriad of social problems facing Soldiers with a history of childhood trauma, community members and advocacy organizations should be particularly focused on discussing abuse openly with military populations, and providing care for service members who indicate that they have experienced childhood trauma. Clinicians and health care providers, especially those working in mental health services, should communicate openly with veterans and military service members about treatment options and the importance of seeking mental health care to address childhood traumas. Military family members may also need to seek out resources to assist service members with recovery and mental health treatment for issues such as anxiety and mood disorders, providing a supportive social network for service members' recovery.

FOR POLICY

Previous studies have shown adults with a history of childhood abuse to suffer from more psychological problems, impaired social functioning and more comorbid diagnoses. In light of this information, policy makers may wish to put in place more structural procedures to ensure that service members with this history are receiving any needed resources and treatment options. Childhood trauma can interfere with interpersonal relationships, including the ability to form bonds with others and the ability to self-regulate, which negatively affects both social support and social skills. For military service members, this can be especially debilitating, as a strong social network and social support have been shown to be key elements in a successful transition to civilian life post-deployment. Policy makers should investigate and fund programs providing service members with tools to develop healthy social networks, which can reduce the risk of isolation and coping problems post-deployment. In addition, increasing funding for veteran and military support groups can provide a safe space for veterans to discuss any problems they encounter, including suicidal thoughts and behavioral health issues, providing military service members with additional coping resources.

FOR FUTURE RESEARCH

Future studies may consider a different data source, as there are a few limitations to the DoDSER data used for this study. Researchers should focus on gathering data that allows for the examination of changes over time, as individuals progress from suicidal ideation to suicide attempts or death, as this dataset does not. There is also no group of Soldiers without suicidal behavior in this study, as it was limited to cases of suicide attempt and suicide death. A control group would also be beneficial to allow researchers to conduct tests of association between childhood trauma and suicidal behavior. Researchers should aim to complete more routine collection of childhood trauma, especially among military populations, given the high prevalence of trauma found among Soldiers in this study. Response categories should also be standardized on the DoDSER child trauma question so that data can be collected reliably and accurately. Future studies should include broader military populations, to determine the relationship between childhood trauma and suicidal behavior among service members with varying behavioral health issues. Given the increasingly high suicide rates among military service members, research identifying factors that place service members at risk is especially important, and can contribute to interventions that prevent and treat suicidal behaviors.

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