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Premilitary Risk Factors Associated With Suicide Among Veterans



From Science
to Practice

Using Research to Prevent Suicide

Issue

Veterans may have experienced suicidal ideation before joining the military.¹ They may also have experienced one or more traumatic events in their youth, referred to as adverse childhood experiences, or ACEs.² ACEs increase the risk for suicidal behavior and suicide, though most studies have found that this relationship is strongest for sexual abuse.^{3,4} People who have served in the military are more likely than the general population to have had ACEs,⁵ which can lead to social-emotional and cognitive impairments and to the adoption of health risk behaviors.^{6,7} Of course, Veterans prior to their service would have also been susceptible to the same risk factors for suicide found among the general population, including a family history of suicide, a history of mental disorders (particularly clinical depression), a history of alcohol and substance use, and a family history of child maltreatment.⁸ Furthermore, there is some evidence to support a genetic or inheritable basis for impulsive traits and cognitive errors, which may increase one's vulnerability for externalizing behaviors associated with suicide risk, such as antisocial behavior and substance use.⁹

Key Findings

Research on premilitary risk factors for suicide, which has focused on the role of ACEs and trauma, has found the following:

- People who have had ACEs may be overrepresented in the military. Findings indicate some males may enlist to escape personal problems, increasing the risk for suicide and suicidal behavior among service members and Veterans.⁵
- One study of Veterans who had recently contemplated suicide found the presence of ACEs to be more predictive of suicidal ideation than serving in a combat zone or experiencing a traumatic brain injury.¹⁰
- Similarly, childhood bullying victimization and premilitary sexual trauma have been found to be risk factors.^{11,12}

Implications

Even one ACE is associated with an increased risk for suicide. Additionally, research has found that ACEs and trauma have a cumulative effect on health outcomes, including on the incidence of suicidal behavior.^{4,13} Clinicians should not discount the potential impact of premilitary risk factors such as ACEs, however long ago those experiences were.

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Ways You Can Help

- Explore the Veteran's perceptions of ACEs and their impact on the Veteran's life and current functioning.
- Use evidence-based treatments in your clinical practice. The U.S. Departments of Veterans Affairs (VA) and Defense have published a helpful series of clinician guidelines. The guideline for the treatment of posttraumatic stress disorder (PTSD) and acute stress reaction is available at www.healthquality.va.gov/guidelines/mh/ptsd.
- Consider using tools developed by VA to help clinicians conduct trauma-focused treatments. VA has developed the PTSD Treatment Decision Aid (available at www.ptsd.va.gov/professional/treat/txessentials/use_decisionaid.asp) to provide information to Veterans about PTSD and available treatment options and to encourage Veterans' active participation in their treatment planning.
- To promote engagement, focus on enhancing motivation for the Veteran to remain in treatment, as high dropout rates from PTSD psychotherapies have been reported.¹⁴

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and Suicide Prevention