

Combat Exposure and Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

Deployment to a war zone and combat exposure are not in and of themselves risk factors for suicide.^{1,2,3,4} But Veterans who have endured certain combat-related experiences — namely, exposure to violence and other traumatic events — are at increased risk for suicidal behavior.^{1,5} They are also at risk for posttraumatic stress disorder (PTSD), which itself is a risk factor for suicidal ideation and behavior.⁶ Thus, whether someone deployed “may be less important than knowing what he or she specifically experienced during the deployments.”⁷ The person’s subjective experience of combat — that is, whether they feel guilt, shame, or distress over their experience — also seems to matter.¹

Key Findings

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- Researchers have documented an association between combat exposure and suicidal ideation,^{1,7} but combat exposure is not predictive of whether service members with suicidal ideation will go on to attempt suicide.⁸
- Though researchers have not observed a direct association between combat exposure and suicide death,^{1,3} one study found evidence of an indirect link between combat exposure and suicidal behavior through PTSD-depressive symptomatology.⁹
- Certain combat-related experiences (e.g., witnessing violence or atrocities, killing in combat, surviving an attack, sustaining an injury, knowing someone injured or killed, being captured) are associated with suicidal ideation and behavior.^{1,10,11,12}
- Moral injury, another kind of combat-related experience, is also associated with suicidal ideation and behavior.¹³ A moral injury is “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or

bearing witness to acts that transgress deeply held moral beliefs and expectations.”¹⁴ Among service members, moral injuries can involve betrayal as well as their own and others’ transgressions.¹⁵

- Childhood sexual abuse and combat exposure may predict suicidal ideation. Combat-exposed Veterans with a history of childhood sexual abuse were almost three times more likely to endorse current suicidal ideation than those with no history of abuse. This relationship remained significant after adjusting for lifetime PTSD and major depressive disorder.¹⁶
- A systematic review examined the relationship between spirituality and mental well-being among combat Veterans finding that negative spiritual coping (including guilt, low forgiveness, hopelessness, and lack of meaning or purpose) may exacerbate mental health symptoms associated with a combat-related mental health diagnosis.¹⁷
- A dose-response relationship may exist: The more times one experiences combat-related trauma, the greater the risk for suicidal behavior may be.⁵ This seems to be the case for service members who are injured in combat. Suicide risk increases for service members wounded multiple times in combat.^{11,18}

Mitigating Suicide Risk Among Veterans Exposed to Combat

- Several factors appear to mediate or moderate the risk for suicidal ideation and behavior following exposure to certain combat-related traumas and events that violate one’s moral code. These factors include the extent to which one:
 - Feels guilt or distress over such experiences.^{19,20}
 - Ruminates over such experiences.²¹
 - Sees life as meaningful and their own life as purposeful.¹⁵
 - Is socially connected and practices mindfulness.²²
 - Can tolerate uncertainty.¹³
- Unit cohesion may serve as a protective factor against post-deployment suicidal ideation among combat-exposed service members.^{7,23}

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- Given the link between combat and posttraumatic stress, therapies for PTSD, such as cognitive processing therapy and prolonged exposure therapy, may help reduce PTSD symptoms in combat

Veterans, which in turn may lead to a reduction in suicidal ideation.²⁴ However, not all PTSD symptom clusters confer the same risk for suicidal ideation and behavior.⁶

Ways You Can Help

- For Veterans who have been exposed to combat, explore the nature and subjectivity of their combat experience, such as whether they were exposed to death or witnessed atrocities and how it made them feel. Consider the impact of these experiences in treatment planning and targeted interventions.⁴
- To get a sense of a Veteran's suicide risk, explore their perceptions of those experiences — whether they felt guilt, shame, or distress, as well as the extent to which they ruminate over those feelings.^{19,20,21} A 7-item self-report measure that assesses wartime stressors experienced by combatants is the **Combat Exposure Scale (CES)**.
- If you are concerned, ask the Veteran, "Are you thinking of killing yourself?" Resources like the **VA S.A.V.E Training** to help are available.
- Explore the extent to which they see life as meaningful and their own life as purposeful, the extent of their social connections, their tolerance of uncertainty, and whether they practice mindfulness.^{13,15,22}
- When appropriate for your Veteran patient, practice trauma-focused psychotherapies by using different techniques (e.g., visualization, talking, and thinking about the traumatic memory) to help patients process traumatic experiences.²⁵ Resources like VA/DoD Clinical Practice **Guideline for PTSD and Acute Stress Disorder** and VA/DoD Clinical Practice **Guideline for The Management of Major Depressive Disorders** are available.
- Encourage Veterans to utilize mobile apps like **PTSD Coach**, designed to help and support Veterans experiencing depression or PTSD symptoms associated with their military experience.

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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