

Trauma, Social Support, Family Conflict, and Chronic Pain in Recent Service Veterans: **Does Gender Matter?**

Driscoll, M., Higgins, D., Seng, E. K., Buta, E., Goulet, J.L., Heapy, A.A., ... Haskell, S.G. (2015). Trauma, social support, family conflict, and chronic pain in recent service veterans: Does gender matter? Pain Medicine, 16(6), 1101-1111. doi:10.1111/pme.12744

SUMMARY: Social support variables and traumatic experiences were examined as predictors of pain outcomes in a group of EF/OIF/OND Veterans experiencing chronic pain, with particular attention to whether these relationships differed between men and women. Marital status, combat exposure, and family conflict were found to predict pain outcomes differently in women and men.

KEY FINDINGS:

- The relationships between some social and trauma variables and pain outcomes differed between men and women.
- Being married predicted higher pain interference in women as did combat exposure.
- For men, being married predicted lower pain interference and there was no relationship between combat exposure and pain interference.
- Increased family conflict predicted higher pain interference and depressive symptoms in men, but did not predict those same outcomes for women.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Publicize information regarding the factors that predict decreased pain outcomes among Service members and their family members who experience chronic pain
- Offer professional development training for community providers on how to support military family members coping with chronic pain
- Facilitate support groups for married female Service members coping with chronic pain

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage collaboration between Veteran Affairs (VA) health care systems and community-based mental health providers to form partnerships to assist Veterans experiencing chronic pain through addressing social supports and traumatic experiences
- Suggest professional development for community providers about how to support Service members experiencing chronic pain
- Support screening for social support and traumatic experiences for Service members with chronic pain

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METHODS

- Data were from a larger, longitudinal study exploring health care utilization, health outcomes, and cost of care for a cohort of male and female EF/OIF/OND Veterans.
- Mailings were sent to 8,465 Veterans; 767 consented to participate, 662 completed the surveys, and 460 reported having pain for at least three months.
- Participants completed surveys measuring pain outcomes, depressive symptoms, combat exposure, traumatic life events, military sexual trauma, social support, and family conflict.

PARTICIPANTS

- Participants were 460 Veterans (56% female) enrolled in VA health care in New England and Indiana/Illinois between September 2001 and September 2012.
- The average age was 35.54 years (SD = 10.58 years) for male participants and 32.38 years (SD = 10.65 years) for female participants; race/ethnicity data were not provided.
- Overall, 75% of participants indicated their pain had been present for at least a year, with back pain (37%) and joint pain (33%) the most common reported pain.

LIMITATIONS

- The participants in this sample reported mild pain outcomes; therefore, results may not be generalizable to populations with more significant pain outcomes.
- Data were gathered using a cross-sectional method, which does not allow for analysis of causation.
- Participants opted into the study by responding to mailings, which could bias results since Veterans who participated in the study may differ in important ways from those who did not opt into the study.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Consider extending these findings to a population with more severe pain, for example, a study of Service members who are actively seeking treatment for their pain
- Explore the relationship between military sexual trauma and pain outcomes between men and women
- Compare interventions for Service members experiencing chronic pain that are tailored to men or women versus treatment as usual



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