

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Childhood Trauma Exposure in Iraq and Afghanistan War Era Veterans: Implications for Posttraumatic Stress Disorder Symptoms and Adult Functional Social Support

Van Voorhees, E. E., Dedert, E. A., Calhoun, P. S., Brancu, M., Runnals, J., Beckham, J. C., & VA Mid-Atlantic MIRECC Workgroup (2012). Childhood trauma exposure in Iraq and Afghanistan war era veterans: Implications for posttraumatic stress disorder symptoms and adult functional social support. *Child Abuse & Neglect*, 36(5), 423-432.
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SUMMARY: Survey data from Veterans who served post 9-11 were utilized to examine the relationships among childhood trauma, posttraumatic stress disorder (PTSD) symptoms, and adult social support. Childhood trauma exposure (both abuse related and other non-abuse related trauma) was associated with adult PTSD symptoms. Certain childhood trauma-based PTSD symptoms negatively influenced the relationship between childhood trauma and social support in adulthood.

KEY FINDINGS:

- After accounting for combat exposure, childhood abuse as well as other childhood trauma (e.g., exposure to accidents, natural disasters, and severe illness) was significantly associated with adult PTSD symptom severity.
- Although data did not suggest that childhood abuse interacted with combat exposure to increase the risk of PTSD symptoms, childhood trauma and adult combat exposure both contributed independently to adult PTSD symptomatology.
- While all three PTSD symptom clusters related to adult functional social support, the avoidance and numbing symptom cluster carried the most powerful indirect effect on the relationship between childhood trauma and adult functional social support.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide education to Service members and their families regarding how adverse childhood experiences (including abuse) can impair functioning and elevate the risks for certain mental health issues
- Offer additional innovative and evidence-based workshops that prove useful in addressing PTSD symptoms among Service members experiencing deployment, particularly those groups at high risk of experiencing PTSD symptoms (e.g., those with childhood trauma)
- Educate family and friends of Service members about the symptoms service members may experience after deployments, particularly the symptoms associated with avoidance and numbing

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs that promote access to treatment for PTSD and other mental health concerns among military service members and their families
- Recommend professional development opportunities for those working with Service members might highlight the evidence related to deployment, combat experiences, and childhood trauma
- Encourage collaboration among DoD and community-based programs and services to provide Service members coping with childhood and military trauma streamlined care

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METHODS

- Veterans and Active Duty personnel who had deployed post 9-11 were recruited through letters, fliers, clinical providers, and word of mouth and invited to participate in a study.
- Participants completed self-report surveys regarding mood, trauma exposure, mental health, and physical health; a subset of 482 participants completed the measure of functional social support.
- Data were collected between June 2005 and February 2010.

PARTICIPANTS

- The sample included 1,301 Veterans; 62% to Iraq with Operation Iraqi Freedom (OIF), 34% to Kuwait for OIF, 13% to Afghanistan in service of Operation Enduring Freedom, 18% in the Persian Gulf War.
- The majority of participants were male (81%), and were on average 36.8 years old.
- The ethnic composition of the sample was: 44% White, 46% Black, and 10% other.
- Service branch data were not provided.

LIMITATIONS

- This sample, drawn from Veterans registered for services with the VA who volunteered and were compensated for their time, may be different from the broader population of Veterans in the general population.
- The PTSD symptoms were measured using self-report surveys; participants may be reporting in ways that are socially desirable.
- The Combat Exposure Scale does not account for overall war zone stress that may contribute to predictions of adult PTSD symptoms; therefore, results may be biased.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Utilize a longitudinal design that follows children with and without trauma histories into adulthood and through exposure to subsequent traumas are needed to determine the directionality between avoidance symptoms and diminished social support
- Investigate to what extent childhood-based PTSD symptoms and combat exposure influence post-deployment adjustment
- Examine the effects of resilience training programs on Service members mental health outcomes

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