

## FAMILY PROBLEMS AND SUICIDE IN COMBAT VETERANS

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Military conflicts are common around the world and, consequently, there are millions of combat veterans (Sher, 2023). Studies indicate that combat veterans are at increased suicide risk (Sher, 2023). Suicidality among combat veterans can be related to pre-deployment, deployment, and post-deployment factors including stress-related psychiatric disorders, the act of killing in combat, combat-related injuries, and difficulties of re-integrating into civilian life (Sher, 2023). Everyday life at home can be hard for a returning combat veteran. Finding a job is problematic for many war veterans. Unemployment or under-employment, financial uncertainty, physical and psychiatric disabilities, and inadequate access to medical and/or psychiatric care may increase suicide risk in veterans. Combat veterans face challenges in the areas of family relationships. The goal of this article is to examine a rarely discussed issue of the impact of family adversities on suicidality in combat veterans.

After deployment, veterans have to reintegrate into life with their families, spouses, friends, neighbors, peers, and coworkers. The transition of veterans from a hierarchical military environment to a less structured civilian situation is associated with significant changes in family dynamics, parenting, or relationship with their significant others (Monteith et al. 2009, Romero et al. 2015, Sher 2023). Many observations indicate that combat exposure is associated with family/marital conflicts and an increased frequency of intimate partner violence. Marital problems, including separation, divorce, adultery, and abuse are frequent among combat veterans. Veterans often have decreased social support from their families. Combat experience is sometimes associated with symptoms of emotional numbing, detachment, and poor interpersonal problem solving (Monteith et al. 2009, Romero et al. 2015). Such symptoms negatively influence marital relationships, lead to worse relationships with children, and promote feelings of alienation from family members. The lack of interest, apathy, and detachment related to emotional numbing may decrease a father's ability and motivation to connect with his children.

Combat veterans with stress-related psychiatric conditions, particularly post-traumatic stress disorder (PTSD) are at especially high risk for significant relationships problems (Jordan et al., 1992; Riggs et al. 1998). Studies have shown that veterans with PTSD are less satisfied with their intimate relationships and these relationships are less cohesive and more conflictual

than are the relationships of veterans without PTSD. For example, a large epidemiological study of Vietnam veterans, the National Vietnam Veterans Readjustment Survey (NVVRS) in the U.S. found that male Vietnam veterans with PTSD are twice as likely as non-PTSD Vietnam veterans to have been divorced and almost three times as likely to have had multiple divorces (Jordan et al., 1992).

Problems in family relationships may put combat veterans at high risk for developing a feeling of decreased belongingness in close relationships and, consequently, elevated suicide risk (Monteith et al. 2009). Studies indicate that experiencing intimate partner problems, such as divorce, separation, romantic break-ups, arguments, conflicts, and intimate partner violence is a frequent precipitant of suicide (Stanley et al. 2023). Family problems may significantly increase suicidality in combat veterans. It should be noted that stress-related disorders may increase both family adversities and suicidal behavior in combat veterans.

Suicide screening interviews of combat veterans should include questions about family/marital relationships. Family/marital therapy and education are needed to prevent suicide in veterans experiencing family/marital adversities. Adequate treatment of psychiatric and medical conditions can improve family relationships and reduce suicide risk. Social support is very important. It reduces symptoms of PTSD and depression and therefore decreases suicidality (Romero et al. 2015).

One of the problems is that stigma of mental illness is high in the military culture which respects strength and independence (Romero et al. 2015), and some veterans are reluctant to seek psychiatric help. Therefore, veterans should be encouraged to see mental health professionals if they experience symptoms of psychiatric disorders, especially suicidal thoughts. Psychiatric care of combat veterans needs to be provided in a friendly and non-judgmental environment.

The issue of family adversities needs to be addressed to reduce suicides among war veterans. Clinicians, researchers, and policy makers should pay more attention to the contribution of family problems to suicidality in combat veterans.

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