



Research paper

Workplace victimization risk and protective factors for suicidal behavior among active duty military personnel



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ABSTRACT

Background: Workplace victimization is a potential risk factor for suicidal behaviors (SB) among military personnel that has been largely overlooked. This paper examines both the impact of workplace victimization on reported SB and several potential protective factors associated with such suicidal behaviors in a large sample of active duty soldiers.

Methods: A case-control study was conducted with 71 soldiers who reported SB in the past 12 months, each matched on sociodemographic characteristics to two others without reported suicidal behaviors. A multiple regression model was estimated to assess the effects of risk and protective factors while controlling for other variables.

Results: SB was associated with several aspects of victimization, mental health and substance abuse conditions, pain, impulsivity, stressors, negative life events, work-family conflict, active coping behaviors and positive military-related factors. Controlling for other variables, those with SB were more likely to have sought mental health or substance abuse services, to be depressed, anxious, impulsive, and less resilient than non-SB personnel.

Limitations: Study limitations included the use of retrospective self-report data, absence of some known SB predictors, and a population restricted to active duty Army personnel.

Conclusions: SB among active duty personnel is associated with victimization since joining the military and is protected by resiliency. These findings suggest that in addition to the usual mental health factors, these additional predictors should be accounted for in SB intervention and prevention planning for active duty personnel.

1. Introduction

Despite millions of dollars spent on research and prevention programs, rates of military suicide have remained high for the past 7 years (Zoroya, 2016). Algorithms for predicting suicidal behavior among servicemen have been developed (Kessler et al., 2015) and have included several key risk factors (Ursano et al., 2015; Pompili et al., 2013; Pietrzak et al., 2010; Jakupcak et al., 2009, 2011). In addition to sociodemographic differences such as age and gender, among these key risks are mental health diagnoses, substance abuse, deployment, prior suicidality, childhood adversity, impulsivity, and physical health including traumatic brain injury (Pukay-Martin et al., 2012; Scopp et al., 2011; Langhinrichsen-Rohling et al., 2011; Ursano et al., 2014; Bryan et al., 2014; Richardson et al., 2012; Smith et al., 2016; Fisher et al., 2016).

A potential risk factor for suicidal behavior (SB) among military

personnel that has been largely overlooked is workplace victimization. While military sexual assault has been identified as a strong predictor of SB for both men and women (e.g., Monteith et al., 2016; Rosellini et al., 2017), other forms of workplace victimization, such as bullying or being physically attacked or threatened, have received much less attention. The effect of bullying on suicidal behavior has largely been limited to studies of children and adolescents (Kim and Leventhal, 2008) or the effect of childhood bullying or maltreatment on soldiers (Campbell-Sills et al., 2017; Stein et al., 2017).

Workplace bullying, when perpetrated by a group of individuals, is sometimes referred to as mobbing or “ganging up,” and is a form of intentional, repeated aggression that can take physical, verbal, or gestural forms (Davenport et al., 2005). Being of victim of workplace bullying and mobbing has been associated with psychiatric disorders and suicidal behavior in nonmilitary samples (Nielsen et al., 2015; Dobry et al., 2013; Romeo et al., 2013). Workplace bullying is also

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associated with hazing in the military, for which there is abundant anecdotal evidence (e.g., [Bullying Facts, 2017](#); [Gilberd, 2017](#)) but little scientific research. One exception is a study of military personnel in the Royal Norwegian Navy that found the work environment, such as the lack of fair leadership and unequal treatment, both at the individual (perceptual) and department level, was related to the occurrence of bullying ([Mageroy et al., 2009](#)). Bullying and hazing in the military have been the subject of recent articles claiming that these problems continue despite their prohibition and denunciation of the practices ([Vergun, 2012](#); [Rosenthal, 2014](#)). We believe, therefore, that leadership or other unit-level factors may have a role in protecting against such behaviors. As a potential modifiable risk factor over which the military has control and that may be a key component of any prevention-based algorithm, the effect of workplace victimization on suicidal behavior in the military should be specifically examined.

While mental health problems, especially depression and posttraumatic stress disorder (PTSD) have been found to be key predictors of SB in the military ([Bryan and Corso, 2011](#)), the relationship of these problems to violence victimization and SB is unclear. In a Swedish population study, [Fazel et al. \(2015\)](#), found that after adjusting for socio-demographic confounders, the risk of conviction for violent crime was two- to three-fold higher among depressed outpatients and showed some familial confounding of the association between depression and violence. Unfortunately, the study did not assess victimization of violence. Given this finding, it may be reasonable to expect that depression would have a similar impact on the relationship between violence and SB. Specifically, the greater the mental health symptoms, the stronger the victimization and SB relationship.

Further, some military personnel with key risk factors do not report SB. Unfortunately, less is known about protective factors than risk factors for SB among active duty personnel, limiting progress toward the development of effective preventive and treatment approaches. This paper examines both the impact of workplace victimization on reported SB and a number of potential key protective factors associated with SB in a large sample of active duty soldiers, controlling for other risk factors. The specific aims of this study were to (1) assess the prevalence of self-reported past 6-month SB among a large sample of active duty soldiers, (2) assess workplace victimization risk and protective correlates of SB controlling for demographic characteristics and a myriad of other known risk factors, and (3) examine the relationship between risk and protective factors in predicting SB. We posited that self-reported workplace victimization would be significantly associated with SB and that protective factors would account for variance in SB over and above that accounted for by risk factors alone. We also theorized that mental health and substance abuse would moderate the influence of other variables on SB, particularly that of victimization.

2. Methods

2.1. Participants and procedures

Participants ($N = 208$) were active-duty soldiers at a large East coast military installation. Following study approval by the RTI International Institutional Review Board and the U.S. Army Medical Research and Materiel Command Office of Research Protections, soldiers from a convenience sample of operational and institutional units were asked to attend an information session about the survey. Participation was voluntary and surveys were anonymous. All volunteers consented and completed their surveys on secured individual tablets.

2.2. Measures

Suicidal behaviors. Participants were asked four items to assess suicidal behavior: if they had thoughts about hurting or killing themselves, talked about hurting or killing themselves, made threats to hurt

or kill themselves, or had “actually attempted to hurt or kill” themselves in the past 6 months. Response options were Yes or No. Similar items have been used in several other military health-related behavior surveys ([Bray et al., 2010](#)). Participants were coded as positive for suicide risk if they reported any of these four behaviors.

Violence victimization. Based on the MacArthur Community Violence Screening Instrument ([Steadman et al., 1998](#)), respondents reported whether they had experienced nine different violence victimization items. Exploratory factor analysis revealed that the nine items reflected four different types of violence. *Minor violent exposure* included being pushed, grabbed, shoved, slapped, or kicked. Being *beat up* included being hit with a fist or object. *Weapon victimization* included being threatened with or being attacked with a knife, gun, or lethal weapon. *Sexual victimization* included unwanted touching and attempted or completed rape. Response options were on a scale from 1 to 4 for “Never,” “Prior to military service,” “More than 12 months ago, but during military service,” and “Within the past 12 months.” Analyses included both the summary scores and the 4 factor scores.

Depression symptoms. Depression symptoms were assessed with the 9-item depression module from the Patient Health Questionnaire (PHQ-9; [Kroenke et al., 2001](#)). The PHQ-9 scores each of the 9 DSM-IV criteria as “0” (not at all) to “3” (nearly every day), which are summed to yield a total score ranging from 0 to 27 with scores of 5, 10, 15, and 20 representing mild, moderate, moderately severe, and severe depression symptoms. PHQ-9 scores showed excellent internal reliability in this sample (Cronbach's $\alpha = 0.95$).

Posttraumatic stress disorder (PTSD). PTSD symptom severity was assessed using the PTSD Checklist, Civilian Version (PCL-C) ([Weathers et al., 1994](#)). The checklist is a 17-item questionnaire that asks respondents to rate the extent to which they have been bothered by PTSD symptoms during the previous 30 days. The scale has good sensitivity and specificity ([Lang et al., 2003](#); [Weathers et al., 1994](#)), is considered a valid and reliable screening instrument ([Forbes et al., 2001](#); [Keen et al., 2008](#); [Ruggiero et al., 2003](#)), and has been widely used in military studies ([Bliese et al., 2007](#); [Bray et al., 2010, 2014](#); [Dobie et al., 2002](#)). The civilian version (PCL-C) was used rather than the military version (PCL-M) to capture PTSD symptoms resulting from nonmilitary traumatic experiences as well as deployment-related exacerbations of PTSD symptoms if the original inciting trauma was not military related. Respondents rated items using a 5-point scale ranging from “not at all” to “extremely,” and ratings were summed for a total score of 17–85. Scale scores showed excellent reliability in this sample (Cronbach's $\alpha = 0.97$). Persons scoring ≥ 50 were classified as screening positive for PTSD ([Lang and Stein, 2005](#)).

Pennsylvania state worry questionnaire (PSWQ). The PSWQ is a 16-item questionnaire that aims to assess the trait of worry, using Likert rating from 1 (not at all typical of me) to 5 (very typical of me) ([Zhong et al., 2009](#)). It is widely used as a self-report tool to measure generalized anxiety disorder (GAD) and has been shown to have high internal consistency and good test-retest reliability ([Meyer et al., 1990](#)). PSWQ scores showed good internal consistency in this sample (Cronbach's $\alpha = 0.88$).

Alcohol use disorders identification test (AUDIT). The AUDIT ([Babor et al., 2001](#)) was used to assess problem drinking levels and possible alcohol dependence. The AUDIT consists of 10 questions scored 0–4 that are summed to yield a total score ranging from 0 to 40. Scores between 8 and 15 are indicative of *hazardous drinking*, scores between 16 and 19 suggest *harmful drinking*, and scores of 20 or above warrant further diagnostic evaluation for *possible alcohol dependence*.

Illicit drug use. Drug use was measured in terms of the prevalence of use of six categories of drugs: (1) marijuana or hashish; (2) cocaine (including “crack”), LSD, PCP, MDMA, other hallucinogens, methamphetamine, heroin, GHB/GBL, and amphetamines; (3) inhalants; (4) steroids not prescribed for the respondent; (5) prescription drugs not prescribed for the respondent; and (6) synthetic drugs (e.g., spice, bath salts, synthetic marijuana). A measure of lifetime drug use was created

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