1,301 veterans and active duty service members who served in the military post 9/11/2001 participated in a study (self-report questionnaires) to examine the relationships among childhood trauma, posttraumatic stress disorder (PTSD) symptoms, and adult social support. After controlling for combat exposure, childhood trauma exposure (both abuse related and other non-abuse related trauma) was associated with adult PTSD symptoms. The avoidance and numbing symptoms related to childhood trauma-based PTSD may be particularly salient in compromising one’s ability to garner functional social support in adulthood.

- Even 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 should include assessment of adverse childhood experiences (including abuse) in order to ascertain a comprehensive picture of functioning and possible elevated risks for certain mental health issues.
- Developing additional innovative and evidence-based programs and trainings may 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).
- Programs might also seek to 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:**

- Policy makers should continue to provide screening for and access to treatment for PTSD and other mental health concerns among military service members and their families.
- Professional development opportunities for those working with service members might highlight the evidence related to deployment, combat experiences, and childhood trauma.

**Avenues for Future Research:**

- Longitudinal studies that follow 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.
- Future studies of traumatic life events might include the incidence of childhood neglect because it has been demonstrated that neglect also has profound effects on childhood emotional and neurophysiological development.
- Future studies could investigate the effects of resilience training programs for troops.
### Methodology:
- Multi-site investigation conducted through the Department of Veterans Affairs (VA) VISN 6 Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC). Veterans and active duty personnel who had served in the military since 09/11/2001 were recruited through letters, fliers, clinical providers, and word of mouth and invited to participate in a study of post-deployment mood and mental and physical health.
- Participants completed self-report surveys: The Davidson Trauma Scale (DTS); The Traumatic Life Events Questionnaire (TLEQ); The Combat Exposure Scale (CES); and The MOS Social Support Survey.
- The data were examined using linear regression and nonparametric bootstrapping procedures.

### Participants:
- 1,301 U.S. veterans who had served in the military post 9/11/2001: 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.
- 81% male; Average age 36.8 years of age (SD = 10.1 years); Subset of 482 participants completed the measure of functional social support.
- The ethnic composition of the sample was: 44% White, 46% Black, and 10% other.

### 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.
- PTSD symptoms were measured using self-report surveys; participants may be reporting in ways that are socially desirable.
- Combat Exposure Scale does not account for overall war zone stress that may contribute to predictions of adult PTSD symptoms.
- Cross-sectional data limits understanding of directionality of intervening effects, and TLEQ does not address incidence of childhood neglect.

### Assessing Research that Works

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<th>Quality Rating:</th>
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### Overall Quality Rating

Prepared by the Military REACH Team.
For additional information, please visit [reachmilitaryfamilies.umn.edu](http://reachmilitaryfamilies.umn.edu)
Developed in collaboration with the Department of Defense's Office of Family Policy, the National Institute of Food and Agriculture, and the U.S. Department of Agriculture under The University of Minnesota Award No. 2013-48710-21515 and The University of Arizona Award No. 2009-48667-05833.