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What do Spouses of Current Service Members Consider Risks and Protective Factors for Suicidal Ideation?

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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

This quantitative study investigates what current service members' spouses identify as risk and protective factors for suicidal ideation, for themselves and for other military spouses. Online surveys were used to obtain demographic information, place of residence, impact of deployment, and identify risk and protective factors for suicidal ideation for military spouses. Respondents (n=55) were military spouses, recruited through Facebook "Military Spouse" pages. Findings indentified immediate family, peers, and resilience as protective factors for suicidal ideation in themselves and legal issues, financial issues, and thoughts of ending ones' own life as risk factors in other military spouses. Respondents were more likely to identify risk factors for suicidal ideation for other military spouses and protective factors for suicidal ideation for themselves. Implications for practice and research are provided.

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Introduction

Prevalence

According to the Center for Disease Control and Prevention (2007), suicide is the eleventh leading cause of death. In 2007, there were 34,598 suicides in the U.S. This translates into 94.8 suicides per day, 1 suicide every 15.2 minutes, and an annual suicide rate of 11.5 per 100,000. Every year, almost one million people die from suicide. This is a "global" mortality rate of 16 per 100,000, or one death every 40 seconds (World Health Organization, 2011). Suicide is increasingly becoming a public health crisis. Given suicide's increasing prevalence, it is important to understand the prevalence of suicide ideation and the risk and protective factors for suicide ideation so that clinicians can properly assess and treat signs and symptoms of suicidal ideation.

Suicide risk assessment is a gateway to patient treatment and management (Simon, 2011). The purpose of suicide risk assessment is to identify treatable and changeable risk and protective factors that inform the patient's treatment and safety. If the method of assessment is faulty, the patient's treatment and safety can be negatively affected. When conducting a suicide risk assessment, providers interview clients to identify and analyze a combination of risk and protective factors that will inform the treatment and safety of the patient (Simon, 2011).

Risk and Protective Factors

In order to understand the nature of suicide, it is important to identify risk and protective factors that better guide assessment and prevention. Extensive research has been conducted to identify risk factors that lead to suicidal behaviors in the general population and among service members. Suicidal ideation and behavior exist upon a

continuum. Suicidal ideation precedes a completed suicide (Fairweather, Anstey, Rodgers, & Butterworth, 2006). *Suicide ideation* is "any self-reported suicidal thoughts of engaging in suicidal behavior" (Fairweather et al., 2006, p. 1236). For that reason, this research project defines suicidal ideation as having any thoughts directed toward ending one's life (Fairweather et al., 2006).

Risk factors refer to an individual's characteristics, circumstances, history and experiences that raise the statistical risk for suicide; they are warning signs (DOD/VA, 2011). Suicidal ideation is a significant risk factor for potential suicide. Gender, the elderly, service members, and military families are among these at risk groups (Fairweather et. al., 2006). Those at risk for suicide ideation, who had problems regarding lack of employment, psychiatric illness, physical medical conditions, and significant life stressors were eleven times more likely to have attempted suicide (Fairweather et al., 2006). Bisconer and Gross (2007) identified gender difference as an at risk criteria; men used more lethal methods than women in a suicide attempt. However, these different characteristics between genders seem to be related to methods of attempts, rather than the cause associated with suicide (Bisconer & Gross, 2007). Pfaff and Almeida (2004) identified several risk factors for suicide in the aging population such as feelings of hopelessness and worthlessness along with physical illness and loss. However, hopelessness and worthlessness were factors observed not only in the aging population but in individuals across the life span (Webb, 2004).

Service Members

Another population at risk for suicide is military service members. Service members that make up the military are in the Army, Navy, Air Force, Marines, and the National Guard. They are active duty, in the reserves, and in the guard. The rate of suicide in the United States military has steadily risen since 2004, despite efforts made by the military and the mental health community to counter this trend (Bryan, 2011). In 2005, suicide was identified as the second leading cause of death in the military (Mahon, Tobin, Cusack, Kelleher, & Malone, 2005). The main approach to suicide prevention in the Marine Corps is via each command through annual Suicide Awareness Training for all Marines (USMC-MCCS, 2011). Commands which are essentially leaders, have a variety of resources available to them, including the training kit, "Suicide Prevention: Taking Action, Saving Lives," which is designed so that any leader can give the presentation. The kit includes an 18-minute video with real life scenarios on a wide variety of issues including a Marine Officer in distress after being passed over for promotion and another Marine whose relationship has recently ended. It also includes a suggested lecture, transparencies, and answers to frequently asked questions about suicide (Leaders Guide for Managing Marines in Distress, 2011). The Army has targeted their efforts on suicide-prevention awareness, specifically to Soldiers and leaders as part of their professional military education system. It has become institutionalized during the deployment process and is integrated across the entire Army (Lorge, 2008). The Navy also has a similar process like the Army and Marines in place that encourages leadership to address issues when they are apparent. Commanding officers are required to refer service members for treatment swiftly if they appear to be at risk of suicide and must put

in place safety measures that restrict their access to means of suicide, according to the instruction. They also should communicate with mental health providers and reintegrate service members into their units after treatment. The Suicide Prevention Research Center was created following publication of the National Strategy for Suicide Prevention in 2001. Since 2007, it has trained nearly 20,000 mental health clinicians, including 1,300 in the Air Force and 450 in the Marine Corps (Chief of Naval Personnel Public Affairs, 2011). Yet, suicide is still an ongoing crisis in the military. Military spouses and their families are not a population that is addressed in these programs yet they are still a population that is dealing with stressful situations in connection to their service member (Staal, 2004).

Historically, service members and their families have had to deal with prolonged stress and repeated loss due to war, deployments, and family separation. Men and women serving in the modern military are a reflection of the American society in terms of demographics such as age, ethnicity, education, and socioeconomic status (SES) (Staal, 2004). However, significant differences exist in types of stress and loss that contribute to suicide risk among the military population. Prolonged stress, along with hopelessness, intense fear, and loss of security are dynamic factors directly related to the development of chronic trauma, which is important to identify in potential suicide (Webb, 2004).

Trauma

Trauma is linked to risk factors for suicidal behavior. Research has found that trauma being related to psychiatric illnesses such as depression, anxiety, and posttraumatic stress can result in hopelessness, guilt, shame, and worthlessness (Webb,

2004). In addition, each of these illnesses has been linked to suicidal ideation. Having mental or psychiatric illnesses do not always proceed suicidal ideation. Suicidal ideation could be a result of various emotional troubles. Suicidal ideation is a feature of identifying a possible suicide (Van Orden and Nice, 2007).

Within the military environment, numerous stressors can affect service members' mental and physical health. Trauma can occur directly and indirectly. *Indirect trauma* or *secondary trauma* may occur when individuals learn of information involving death, harm, or threat of life or injury, that pertains to a family member or a close associate. Thus individuals become traumatized without experiencing direct physical or threatening harm (Figley, 1995). As a result of residing in close proximity of service members experiencing direct traumatic experience, spouses can indirectly become victims of that trauma (Figley, 2002). Although military spouses are not directly exposed to combat, they demonstrate symptoms of Posttraumatic Stress Disorder (PTSD), which can result in psychological disturbances.

This suggests that an assessment of this population is necessary to better understand biopsychosocial functioning. It appears that most of the current research focuses on the service member because of his or her direct exposure to acute and chronic traumas. However, it would be beneficial to investigate the prevalence of risk and protective factors that could be linked to suicidal ideation among military spouses.

Military Spouses

Military spouses experience many of the same challenges and emotions service members do. For the purpose of this study, a *military spouse* is a male or female who is married to a service member who is either active duty, reserve, or guard status in the

military. The life of a military spouse has unique concerns. Among the major issues are adjustment to a mobile lifestyle, isolation from the civilian community and extended family, adjustment to the rules and regulations of military life, and frequent family separations. In addition to this, job worries, childrearing, and household duties are additional stressors. During any separation, but especially during combat operations, the demands placed on military spouses often increase as they take on new roles and responsibilities while their spouse is deployed. Spouses are expected to maintain their everyday lives as well as deal with the constant uncertainty regarding the well-being and safety of their deployed spouse (Eaton, Hoge, Messer, Whitt, Cabrera, McGurk, Cox, & Castro, 2008).

Upon entry into military service, service members are taught the value of group bonds and are provided with opportunities to be part of a larger purpose and mission. Belonging to a defined group with a defined identity, emotional bonding, purpose, and strong leadership may potentially present a beneficial effect that reduces suicide risk (McLaren & Challes, 2009; Werner & Smith, 2001). Intimate relationships and military unit support may be protective factors for suicide in a clinical military sample (Skoop, Luxton, Bush ,& Sirotin's ,2011). However, spouses of service members' are not taught to value a bond with other spouses and do not have a specific purpose and mission. While the service member is away, they can feel very isolated and may be separated from their extended family.

Accessing mental health services often holds a stigma that implies one is weak if they ask for help. One strategy used with military service members is providing screenings when the service member accesses primary care. Within the military, nearly

all service members access primary care annually; the Defense Health System data suggest usage to be 90-95% (Gibson, 2005). Military spouses and children, have primary medical care available to them on the military installation, but must use civilian health care services for specialty mental health care needs (Eaton et al., 2008). Although studies have shown that military spouses are more apt to access services for mental health problems than service members, barriers still exist for accessing specialty mental health services. Military spouses may run into difficulty with child care and getting time off from work as well as difficulty scheduling an appointment, cost, and not knowing where to get help (Eaton et al., 2008). These barriers could potentially be risk factors for suicidal ideation.

The military unit is another level in which suicide prevention is addressed. Combat leaders are receiving training in mental health and are relating unit mental health goals as an integral part of their unit's morale, performance, and ultimate sustainability (Ghahramanlou-Holloway et al., 2009). Pre and post deployment screenings of suicidal behavior are also being conducted but service members will often answer the questions how they are perceived they should be answered because they are anxious to return home and do not want to be detained any longer (Hoge, Auchterlonie, & Miliken, 2006). While the military spouses' husbands or wives are getting ready to deploy they have their unit for support and a leader keeping an eye out for them. Who is keeping an eye out for military spouses during this time? There may be pre and post deployment trainings for families as well, but spouses do not have a 24/7 support system available to them as their service member's unit would act for them.

The military culture among spouses of service members of the United States is distinctive in terms of its organizational foundation, belief systems, and family structure, geographical variably, and multiple sub-groups (Wells, 2008). Based on research, it would be beneficial for clinical social workers to understand the risk factors and protective factors that are indicative for suicidal ideation among military spouses so that they can assess and treat accordingly. By identifying risk and protective factors in this population, this research study hopes to aid professionals in understanding and conceptualizing the impact, both positive and negative, these factors can have on military spouses.

Literature Review

This literature review shall examine salient definitions, theories, and previous research that will promote a better understanding of possible risk and protective factors for suicidal ideation among spouses of military service members. Theoretical context will be given as to what military spouses of service members look like. Risk and protective factors for suicidal ideation among military spouses will also be explored and risk and resilience will be indentified within this population.

Spouses of Military Service Members

In order to gain an appropriate perspective of military spouses' of service members, it is important to understand who the military spouse is. Military spouses are both males and females; however approximately 95% of the spouses of active duty service members are female (Sanchez, 2011). A 2010 report indicated that there are currently 1,417,370 active-duty servicemen in the United States Military (Department of Defens, 2010). Of them, 798,921, or 56.4% of all military members, are married (DoD, 2010). The fact that more than half of the active-duty military members have families makes today's military very different from that of the past. Prior to World War II era, the military was made up of single men who rarely had families (Knox & Price, 1995). Norwood, Fullerton, and Hagen (1996) reviewed the dramatic changes of the military since the Vietnam era. The authors stated that there are now more women in the military, more dual career couples, more married servicemen, more servicemen with children, and more military wives working out of the home.

The military spouse is married to a service member. Service members are those men or women who serve in the National Guard, Reserves, or Active Duty. National

Guard serves both state and federal governments. The difference between the Guard and other branches is that while Guard units are combat-trained and can be deployed overseas, they are just as likely to serve in their home communities. They train just one weekend per month, and one two-week period each year (National Guard Bureau, 2011). Reservists are required to perform, at a minimum, 39 days of military service per year. This includes monthly drill weekends and fifteen days of annual training. While organized, trained, and equipped nearly the same as the active duty, the reserve components often have unique characteristics. Reserve components often operate under special laws, regulations, and policies. Unlike the National Guard, the reserves serve only the federal government (National Guard Bureau, 2011). Active Duty is full-time duty in the active military service of the United States. This includes members of the Reserve Components serving on active duty or full-time training duty, but does not include full-time National Guard duty (DOD, 2011). This means that each military spouse experiences different stressors within the military culture.

Military culture. Military Culture has been defined as "the deep structure of organizations, rooted in the prevailing assumptions, norms, values, customs, and traditions which collectively, over time, have created shared individual expectations among the members" (Snider, Don, & Orbis, 1999, p.12). This culture is sometimes difficult for military spouses to understand. Military spouses who are surrounded by this culture have to obey adhere to official and non-official codes of conduct. Enforced rules include strict on-base driving regulations and vehicle inspections, limited freedom of expression, and stringent on-base housing policies, including following aesthetic rules and consenting to random residence inspections. In comparison, non-enforced social

rules relate to social customs. One such example of a social custom within the military culture is the role of the military spouse (Fledderjohan, 2008).

Spouses' role. Military culture expects spouses to forgo professional careers in favor of their service members' constant reassignment and subsequent relocations. Many spouses take on the role of "housewife" or "stay at home dads" and those who have careers may find it difficult to move to senior positions because of the need to frequently relocate. These spouses are often forced to move from one entry level job to another, in a series of lateral moves which could result in demoralization (Rosen, Ickovics, &Moghadam, 1990). It is hypothesized that military spouses are underemployed which in turn has a negative psychological impact on well-being (Fledderjohan, 2008).

Stressors experienced by spouses. Overall, a number of stressors have been associated to military deployment. For example, the Status of Forces survey administer by Hosek et al. (2006) found that time away from home increased the likelihood of higher than usual personal stress, which is consistent with the strain that deployments place on families. Women facing deployment of a spouse reported greater parenting stress (Kelley et al., 1994, Palmer, 2008), as well, some feelings of emotional and physical distance are felt prior to deployment which may increase fears and anxiety for both the service member and the spouse about the future relationship (Pincus et al., 2006). As Pincus (2006) stated, "the soldier's departure creates a hole which can lead to feelings of numbness, sadness, being alone, and abandonment". Fear, anxiety, numbness, sadness, being alone, and feelings of abandonment could all be risk factors for suicidal ideation for military spouses.

Effect of deployment on spouse. Much of the existing literature explains that periods of deployment are marked with high levels of stress (Hiew, 1992; Hardaway, 2004; Pincus et al., 2006). The Cycles of Deployment survey administered to military spouses by the National Military Family Association revealed that families felt the most stress at the beginning and in the middle of the deployment (2005). A significant number began feeling affects of stress upon notification of impending deployment. Spouses reported reactions to deployment that include feelings of numbness, shock, irritability, tension, disbelief, and increased emotional distance from others (National Military Family Association, 2005).

The literature has shown that many hardships such as: communication with deployed service member, time and distance apart from deployed service member, and anxiety of the dangers of war have been identified as experiences due to deployments (Dimiceli & Smith, 2009). Spouses have been shown to report that the effects of deployment include: loss of emotional support, loneliness, depression, role overload, role shifts, and anxiety and fear about the safety and well –being of the deployed service member (Dimiceli & Smith, 2009; Faber et al., 2008). Results of these stressors have been linked to completed suicides, divorce, financial hardship, and medical issues in military families.

The effects of stressors are significant and potentially harmful to the psychological and physical well-being of the military spouse. Palmer, in 2008, studied the Theory of Risk and Resilience Factors on Military Families. Palmer (2008) assessed that the spousal reaction to deployment may include emotional distress, loneliness, dysphoria, anticipatory grief or fear, somatic complaints, and increased medical care and

depression. An article in USA Today reported that according to one of the largest studies conducted on the emotional impact of war on military spouses, wives with deployed husbands suffer significantly higher rates of mental health issues than those wives whose husbands were not deployed (Zoroya, 2010). It is important to understand the seriousness of the potential harmful effects risk factors of suicidal ideation have on military spouses and to identify protective factors and enable spouses to cope with risk factors through resilience-building.

Risks among Spouses of Military Service Members

Military spouses are subject to stressors related to specific military duties, such as those that arise from the deployments that their deployed service member fufilled and the psychological effects of military duty, such as post traumatic stress disorder (PTSD). Although a significant amount of research has been conducted on the stressors associated with deployment and PTSD, it has typically focused on the military members themselves, rather than the effect to their families (Adleer, Huffman, Bliese, & Castro, 2005; Bolton, Glenn, Orsillo, Roemer, & Litz, 2003; Bolton, Litz, Britt, Adler, & Roemer, 2001). When a military spouses' service member deploys on conflict-related duty, the military spouse may experience feelings of isolation, fear for their service members' safety, concerns about the instability in their environment, anxiety due to change, and insecurity in their relationships (Adleer et. al., 2005; Glenn et. al., 2003). Once a military spouses' deployed service member returns from a conflict assignment, spouses may have to face the realities of living with their returned service member who has PTSD. In fact, being subject to a PTSD environment could lead to military spouses' suffering the same symptoms, as reported by one such study that looked at the perceptions of nine wives of

Israeli veterans with PTSD (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005). The study found that the whole family, including children, suffered from the same symptoms of the disorder, including heightened levels of anxiety and diminished range of interests and activities (Dekel et. al., 2005).

Another study by Manguo-Mire, Sautter, Lyons, Myers, Perry, Sherman, Glynn, & Sullivan (2007), explored psychological distress among cohabitating female partners of combat veterans with PTSD was examined in a cross-sectional study. A convenience sample of 89 cohabitating partners of male veterans in outpatient PTSD treatment were interviewed by telephone using a structured interview. Severe levels of psychological distress, depression, and suicidal ideation were prevalent among partners (Manguno-Mire et. al., 2007).

Secondary trauma. *Secondary Traumatic Stress* has been defined as "the natural consequent behaviors and emotions resulting from knowledge about a stressful event experienced by a significant other" (Figley, 1998). Secondary Traumatic Stress occurs when an individual is caring for, helping or wanting to help another person who has experienced a traumatic event. It can lead to emotional exhaustion and emotional burnout (Dirkzwager, Brammsen, Ader, & Ploeg, 2005). According to Fals-Stewart and Kelley (2005), the active duty service member uses up the emotional and external resources of military dependents. This conclusion is based on the research by Figely (1998) in which burnout was attributed to the stress of the military dependent (spouse of family member). Military dependents were seen as primary support for the active duty member during military conflicts and deployments. As a result, military spouses experience caregiver's burden in which they develop parallel psychological symptoms to

the active duty members. The spouse of military service members share and face similar concerns regarding stress and loss along with characteristics of hopelessness and worthlessness. In Dekel, Godlblatt, Keidar, Solomon, & Polliack's (2005) study, one vital theme that pertained to military spouses with a service member diagnosed with PTSD, was a feeling of loss. Spouses felt that their military service member was physically present but psychologically absent. These military service members are no longer involved with their families in the same way they once were, and as a result, their spouses may experience symptoms of depression, anxiety, guilty, and distressing dreams (Dekel, et al., 2005).

Psychological distress. Manguo-Mire et. al. (2007) studied effects of psychological distress and caregiver's burden on female partners of combat veterans with PTSD. The results were able to identify the presence of significant psychological distress in military dependents, which resulted in depression and suicidal ideation. Manguo-Mire et al (2007) suggested that "partner burden" is associated with increased stress within the family environment causing marital conflicts.

Greater than 20% of spouses reported that stress and emotional problems had a significant effect on their lives. Using the DMS-IV-TR (American Psychiatric Association, 2000) broad screening definition, 20% of spouses met screening criteria, while almost 8% of military spouses screened positive for major depression or generalized anxiety disorder using the strict definition which requires a report of significant impairment in daily life as a result of mental health problems (Eaton et al., 2008).

The study showed that primary care-seeking military spouses exhibit similar rates of mental health problems as soldiers returning from combat and that spouses are less likely to be concerned with stigma than soldiers and indicated more willingness to use specialty mental health services if they were available (Eaton et al., 2008).

It is important to identify risk factors for suicidal ideation among military spouses; the literature shows that military service members' who show symptoms of depression, PTSD, and experience a sense of loss, are at a higher risk for suicidal ideation (Webb, 2004). Spouses often exhibit depression, secondary trauma, and experience a sense of loss as well which could be risk factors for suicidal ideation (Dekel, et al., 2005; Eaton et. al., 2008).

Protective/ Resiliency Factors among Spouses of Military Service Members

Resiliency is defined as "a phenomenon or process reflecting positive adaptation despite experiences or significant adversity or trauma" (Military Family Research Institute (MFRI), 2008). Although resiliency factors have been studied extensively in other areas of research, the focus has not been on resiliency factors of military spouses in regards to suicidal ideation. For example, the importance of protective factors in the prevention of illness has been well established (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). *Protective factors* are defined as individual or environmental safeguards that enhance a person's ability to resist stressful life events, risks, or hazards and promote adaptation (USMC, 2011). Additionally, developmental researchers have shown that resilience is common among children growing up in disadvantaged conditions (Masten, 2001). There is a lack of resiliency research in the area of suicidal ideation. Bonanno (2004) argues that many researchers "underestimate and misunderstand

resilience, viewing it either as a pathological state or as something seen only in rare and exceptionally healthy individuals" (p. 20). Resilience is important to consider as a protective factor when assessing for suicidal ideation. It appears that resiliency is quite common given that only a fraction of individuals who are exposed to traumatic events develop PTSD (Ozer, Best, Lipsey, & Weiss, 2003).

Based upon the supporting empirical evidence in the literature, one may see how important the construct of resilience is as the foundation for military spouses coping with potentially detrimental effects of military combat deployments (MFRI, 2008). The Military Family Research Institute (MFRI) at Purdue University conducted a study in 2008 on resiliency in military families and how resilience plays a major role in coping with the negative effects of deployment (MacDermid, Sampler, Schwartz, Nishiba, & Nyaronga, 2008). Again, the MFRI defined resiliency as, "a phenomenon or process reflecting positive adaption despite experiences or significant adversity or trauma". This study on resilience focused on responses to adverse events like military deployments and overlapped with the study of coping.

Several studies indicate that a positive relationship exist between resilience, coping, and psychological well-being (Campbell-Sills et al., 2006; Clauss-Ehlers, 2008; MacDermid et al., 2008; Haddadi & Besharat, 2010). Although that relationship has not been defined universally, empirical data from the studies in the literature make the connection.

Support networks. One of the individual and family characteristics discussed in the studies on resilience was the use of external support from networks in building resilience and coping. Personal characteristics and levels of social support have been

found to buffer the effects of deployment (MacDermid et al., 2008; Palmer, 2008; Wadsworth-MacDermid, 2010).

Social support networks are becoming increasingly important for family members dealing with the stressors of frequent and lengthy deployments. The literature has shown that social support may help decrease the effects of these stressors. Social support is associated with how a person's social relationships help them cope with stressful situations. The premise behind the social support theory is that social support can enhance psychological well-being (Glanz, Rimer, & Lewis, 2002). Social support can encompass four characteristics; emotional support, network support, informational support, and tangible support. One of the most important reasons why people seek social support is to obtain comfort and reassurance that they will be okay in the light of a stressful situation (Nezlek & Allen, 2006). It would not be unlikely to expect military spouses dealing with deployment, to seek out social support networks to assist in dealing with the psychological stressors associated with their military service member being gone to combat.

In 2004, MacGeorge, Samter, Feng, Gilihan, & Graves examined stress, social support, and health among college students after September 11, 2001 terrorists attacks. The role of social support was seen as being beneficial to health in general and in the wake of stressful events (MacGeorge, Samter, Feng, Gilihan, & Graves, 2004). The study found that two types of social support, emotional and tangible, were both negatively related to depression and physical health. Specifically, behaviors of emotional social support that was most beneficial were active listening, validating emotional experience, expressing positive regard and hope, and assuring confidence. Tangible

social support was shown to relieve certain stressors by offering an escape or distractions from the stressful environment.

Manguno-Mire et. al.'s (2007) study also noted family support as a protective factor for suicidal ideation among military spouses. The greater involvement of family with military service members was related to a decrease in psychological distress in family. One explanation for this finding may be that increased involvement with military service member reflects increased family cohesion, which has been associated with improved psychological outcomes and increased quality of life in families of psychiatric patients (Manguno-Mire et al., 2007).

The literature reviewed primarily focused on military service members' mental health post 9/11 deployments and risk and protective/resilience factors in trauma situations and military service members. The literature discussed in this paper clearly demonstrates possible risk and protective factors for suicidal ideation of military spouses, paralleling similar experiences in other populations such as military service members and trauma victims. Many studies have examined the risk and protective factors impacting suicidal ideation of military service members but further research needs to be conducted in exploring risk and protective factors for suicidal ideation among military spouses. The literature has identified specific deployment related stressors and the effects on military spouses and the role that support networks serve in changing the effects of like stressors through resiliency building and deployment coping. This study will contribute to the research base by examining risk and protective factors for suicidal ideation among current military spouses.

Conceptual Framework

A conceptual framework is basically a "lens" used when examining the world. When conducting research, it is important to examine the lenses used to develop and understand the topic being studied. It is necessary to establish a foundation for thinking about what influences ideas and what shapes the way the research is completed. Examining personal assumptions, values, and theoretical definitions helps build self-awareness about the impact the researcher has on the research (Monete et. al., 2008). The research lens helps explain where the research ideas came from, what the research meant to the researcher, and how personal experiences may have influenced the research. This section will focus on the theoretical, professional, and personal lenses that influenced this research.

Theoretical Lens

This research is being conducted from a Person-in-Environment Theory. The military spouse is being viewed in his or her environment. The military spouses' environment includes understanding the risk of suicide, understanding the military spouse, risk and protective factors along with resilience, and military cultural competence. The example below illustrates how each of these factors overlaps with one another and influences one another. Therefore, it is impossible to understand the military spouse by only looking at one aspect of their life. By viewing them in their environment, a clearer picture is constructed of what impacts their identity as a military spouse.

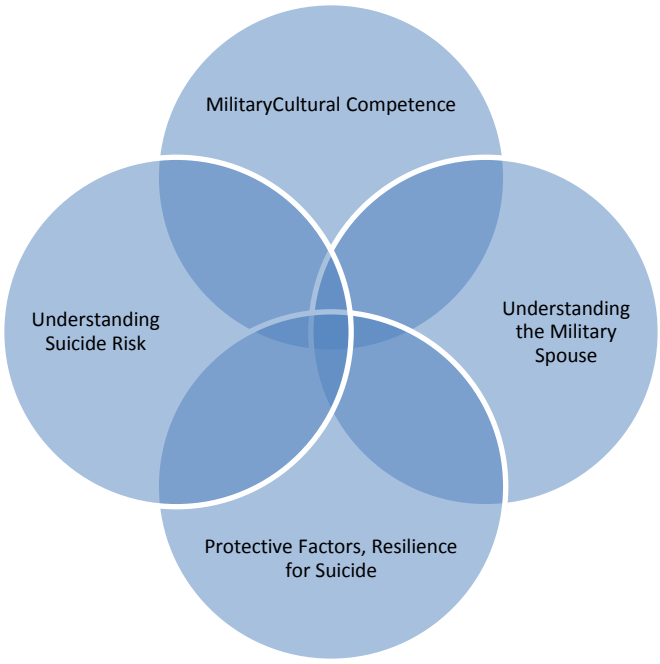

Figure 1. Military Spouse in Environment

Ecological systems theory. A systems based framework that is used in the field of developmental psychology is the ecological systems theory. This was proposed by Urie Brofenbrenner. This theory describes the roles and interactions of different levels of systems form the immediate environment (such as family and school) to a larger cultural and social context (such as economic and political structures) (Bronfenbrenner, 1977). Therefore this systems theory can be used to address suicidal ideation by examining elements of the societal system. For example, a military spouse of a service member in the Army interacts with his or her family, the Army, or his or her church. This immediate environment of the military spouse interacts with him or her therefore producing either risk or protective factors for suicidal ideation in the military spouse's life.

The societal system consists of three levels: micro, mezzo, and macro. A microsystem is the complex relations between the developing person and the environment in an immediate setting containing that person, such as the home, school, or

workplace (Bronfenbrenner, 1977). A setting is defined as a place with particular physical features in which the participants engage in particular activities in particular roles, like a parent, wife, or employee, for particular periods of time. A military spouse, if employed, could possibly interact with co-workers. As a developing person, his or her work environment would have an effect on this development.

A mesosystem is a system of microsystems. It is the interactions among major settings containing the developing person at a particular point in his or her life (Bronfenbrenner, 1977). Examples of mesosystems of a military spouse would be interactions among family, peer groups, church groups, and the workplace. An extension of the mesosystem is the exosystem. The exosystem embraces specific social structures, both formal and informal. These social structures do not contain the developing person but rather impinge on the immediate setting in which the person is found, therefore influencing what goes on there (Bronfenbrenner, 1977). Examples of exosystems include the neighborhood, the mass media, agencies of government, and informal social networks.

The macrosystem differs from the preceding levels in that it refers not to the specific contexts affecting the life of a particular person but rather general examples, existing in the culture or subculture, which set the pattern for the structures and activities occurring at the concrete level (Bronfenbrenner, 1977). Such systems are economic, social, educational, legal, and political systems. These systems interact with the physical and social factors.

Person-in-environment. The profession of social work has taken the ecological systems theory and has put their own perspective on it. Social work views the individual in the

context of his/her surrounding social systems. This view has developed into the theory of person-in-environment (PIE). PIE was discussed and applied to the military spouse in the literature review.

The theory of PIE views human behavior as a result of intrapersonal and interpersonal forces interacting with one another. The sources of these forces are created from an individual's personal life experience or from social context. In the PIE approach to practice, social workers examine how behavior and personality are influenced by biological factors, such as sex, race, age, abilities or disabilities, and genetics, along with psychological influences such as intelligence, personality, self-image, and sociological influences such as the nuclear family and the community in which one is raised (Ashford, Lecroy, & Lortie, 2001). Military spouses are living in the "military community," this along with their sex, race, and age can influence their interactions with others and the behaviors they exhibit.

This theory has impacted how I interpret previous research, the creation of the survey I will be administering, and will impact the interpretation of my collected data. I believe that acknowledging the environment a person is interacting with allows the person to be viewed as whole. Systems that are present within this environment and each system and subsystem impacts all other parts and the whole system. For example, a military spouse may be separated from their spouse, experiencing financial problems, and attending a church group. All of these factors or separate systems are going to affect the military spouse in some way. By understanding the interactions between the micro-meso-macro levels of organization, it enriches the contextual understanding of the military spouses' behavior and allows he or she to be viewed as a whole.

Professional Lens

After receiving my undergraduate degree in social work, I started working at a nursing home as a transitional care unit (TCU) social worker. I was working with the elderly population. As patients in the TCU, most of my clients had recently experienced a crisis and were now facing many changes and challenges at that point in their lives. Working with this population was the first time I encountered a suicidal client. I remember thinking that I was not prepared to handle this and was not sure of what the nursing home's policy was regarding this issue.

This experience with my first suicidal client led me to learn more about suicidal ideation and suicide and what I could do to help. I learned who I could refer my client to so that they did not fall through the cracks when they discharged home. I learned to look for signs and symptoms. And I learned that it was absolutely okay to ask a client if they were having thoughts of ending their life. More often than not, they were relieved that someone had asked and they could share their thoughts and feelings with someone.

Personal Lens

Personal experiences that I have had have influenced the development of this research. I was in a three year relationship with someone who was in the military. During our relationship, he went to basic training, was stationed, was deployed, and returned home. I became a part of the "military culture" so to speak. I was given a glimpse of what the life of a military spouse was like and some of the things that they struggled with. I formed opinions on the support they were receiving and the support that was available to them.

Five years later, I am currently a social work intern at the Minneapolis VA Health Care System (MVAHCS) in Primary Care. Once again, the population I am generally working with is the elderly and most of the veterans are male. I spend a lot of time working with the veteran but also with their family members. There is extensive training on assessing veterans for suicidal thoughts at the MVAHCS but a population I often think of as invisible is the spouses of the veterans. This thought has influenced the development of my research study. My desire is to identify risk and protective factors of suicidal ideation among military spouses in order to raise awareness of this population.

Methodology

Research Design

The purpose of this study is to identify risk factors and protective factors for suicidal ideation among military spouses before, during, and after deployment. The two inclusion criteria for this study are that participants must be a military spouse of a current military service member and must be eighteen years of age or older. Spouses of veterans or spouses under the age of eighteen years are not eligible to participate in the study. A quantitative survey was created and administered online via Facebook "Military Spouse" pages to military spouses. The survey was developed based on the themes identified in the literature review. The survey looks at demographics, location of the spouse, relationship/deployment, impact of deployment, protective factors for suicidal ideation, and risk factors for suicidal ideation for military spouses.

Content validity of the survey (Monette, Sullvan, & Dejong, 2008) was strengthened by having a committee to review the content of the survey and the research methods (see Appendix A). The committee for this research study consisted of three Licensed Independent Clinical Social Workers with content expertise in the field of suicidal ideation and military culture. The survey was created using the electronic survey software, Qualtrics, made available through the University of St. Thomas. The records for this study were kept confidential. Computer records were created and protected by a password. Following the creation of the Qualtrics survey, a pilot survey was launched to test the logistics and natural flow of the survey.

Sample

The sample consisted of fifty five respondents. Respondents were located throughout the United States. The majority, 17% (*n*=9), were located in Kansas state. Due to the limits of the study, the sample was a non-probability sample and cannot be used to infer from the sample to the general population (Monett et al., 2008). The population for this study is military spouses. For the purpose of this study, military spouse, is operationalized as a legal marriage as recognized by the respondents' place of residence, not limited to any gender. The population of military spouses was chosen specifically over significant others due to the additional benefits that military spouses have access to such as health care and family readiness groups.

The data from this study was collected using convenience and snowball sampling. Convenience sampling (Monette et al., 2008) was used by this researcher by posting the link to "Military Spouse" Facebook pages. Snowball sampling (Monette et al., 2008) was used by asking respondents to forward this survey on to people whom they know, who were then asked to forward it on to people they know, and so on and so forth.

This study had some potential risks. The survey asked for personal and sensitive information, by doing so it could stir up emotional issues or cause distress for the participant. To reduce this risk, participants were encouraged to leave any questions they felt uncomfortable with blank. They were also provided with links to multiple self-assessment tests to help identify risk factors for suicide along with a list of resources of more formal support services. The resources included a list of mental health provider search websites and crisis hotlines that would be able to assist them in finding mental

health service in their area if the participant decided this was needed. The respondents were also given the option to discontinue taking at any point in time.

Protection of Human Subjects

Recruitment process. Participants were recruited through a flyer (see Appendix B) being posted to "Military Spouse" Facebook pages. A link to the survey was included in the recruitment flyer. Participants' Facebook pages were not linked to the survey in any way and the researcher had no way of knowing which Facebook pages accessed the survey.

Suicidal ideation is a very delicate topic and this study asked questions in the survey that could identify risk and protective factors for suicidal ideation. The participants first read a Letter of Invitation (see Appendix C), that was followed by a Consent Form (see Appendix D) which informed the participant of the risks and educated them regarding the voluntary nature of the survey. Possible risks to participants included eliciting emotional issues regarding current life situations. The participants were considered a vulnerable population due to their possible identification as needing therapeutic intervention; however complete anonymity was reassured to the participants. Data collection began once the St. Thomas IRB had approved the research project.

Measures to assure confidentiality/anonymity. Participants were notified of the risks of participation as well as the benefits of participation. No identifying information was collected about the participants and they were assured of complete anonymity. By completing the online Qualtrics survey (see Appendix A), participants were allowed to review and print the informed consent form. Participants were informed that by beginning completion of the survey they were giving consent to participate in the study.

Data Collection Instrument and Process

There survey included 31 variables addressing demographic information (age, gender, race, years of marriage, number of children, branch of military spouse is in), levels of distress related to issues (financial, legal, relationship, depression), and protective factors (immediate family, church, peers, spouses' military branch). The participants had access to a link via the "Military Spouse" Facebook page which led them to the survey. The following links to common psychotherapy search websites will be provided after participants either decline consent or complete the survey: www.psychologytoday.com, www.goodtherapy.org, they can call 211, militaryhelpline.org, or they can call 888-457-4838.

Findings

The findings section attempts to demographically describe the respondents, their place of residence, and their experience with deployment. The surveys were accessed through a 'Military Spouse' Facebook page. The recruitment letter (see Appendix B) encouraged respondents to pass on the information to others. A total of 55 surveys were completed.

Descriptive Statistics

Demographics. Of the completed surveys, 55 (or 100%) were completed by women. The median age range was 25 to 29 years old, with an n=38 (or 36.36%). In the ethnicity breakdown, White respondents (of Non-Hispanic origin) were heavily represented, encompassing 89.09% (n=49) of the responses. Two respondents (or 3.63%) identified their ethnicity as Hispanic, Puerto Rican, or Mexican American and two respondents (or 3.63%) identified themselves as Biracial. None of the survey respondents in this survey identified as African American, Asian, or Native American. The majority of respondents, 65.45% (n=36), had children. Nearly half, 48.15% (n=26), of respondents had been married between one and five years (see Table 1).

Table 1

Demographics: Gender, Age, Ethnicity, Children, and Length of Marriage

	Military spouses *n*=55 (%)
Gender	
Male	0 (0.00%)
Female	55(100%)
Age	
18-19	0 (0.00%)
20-24	18 (32.73%)
25-29	20 (36.36%)
30-34	10 (18.18 %)
45-39	5 (9.09%)
40+	2 (3.64%)
Ethnicity	
White (Non-Hispanic Origin)	49 (89.09%)
African American	0 (0.00%)
Hispanic, Puerto Rican, Mexican American	2 (3.63%)
Asian	0 (0.00%)
Native American	0 (0.00%)
Other	4 (7.27%)[b]
Have children	
Yes	36 (64.45%)
No	19 (34.55%)
Length of marriage[a]	
Less than 1 year	12 (22.22%)
1-5 years	26 (48.15%)
5-10 years	10 (18.52 %)
10-15 years	2 (3.70%)
15+ years	4 (7.41%)

Note. [b] indicates that four respondents chose other, two of the four respondents indicated they were biracial, the other two left the question blank.
[a] indicates that the n for length of marriage was only 54.

Survey respondents were asked to answer demographic questions related to where they live and the length of time they have lived in that community. When asked if they lived on base or in the community, the majority of respondents, 41 (or 75.93%) indicated that they live in the community. Twenty four respondents (or 44.44%) indicated that they had lived in their community for less than one year, with 19 respondents or (35.19%)

following at one to five years. Only seven respondents (or 12.97%) had lived in their community longer than 10 years. When the respondent was asked if they felt they had access to supports or a support system, the majority, 48 respondents (or 88.89%), indicated that they had access to supports while six respondents (or 11.11%) indicated that they did not feel they had access to supports or a support system (see Table 2).

Table 2

Respondents Identify Location, Length Lived in Community and Access to Support

	Military spouses *n*=54 (%)
Location	
On base	13 (24.04%)
In community	41 (75.93%)
Length lived in community	
Less than 1 year	24 (44.44%)
1-5 years	19 (35.19%)
5-10 years	4 (7.41%)
10-15 years	3 (5.56%)
15+ years	4 (7.41%)
Access to support	
Yes	48 (88.89%)
No	6 (11.11%)

Note. Support is defined as an individual or environmental safeguard that enhances a person's ability to resist stressful life events, risks, or hazards, an promote adaptation and competence.

A series of Likert scale questions were asked to collect data pertaining to impact of deployment and stressfulness of the deployment cycle. See Table 3 for format of Likert scales. Respondents were asked whether their spouse had ever been deployed; 79.63% (*n*=43) reported that their spouse had been deployed. Of those 43, 53.66% (*n*=22) had experienced a deployment during their marriage. Thirteen respondents (or 30.23%) indicated that deployment had "very much so" impacted their lifestyle while 13 respondents (or 30.23%) indicated that deployment had impacted their relationships "less than moderately". The period of post-deployment was found to be "not at all" stressful

by four respondents (or 9.76%), while both pre-deployment and the period of deployment were found to be 0.00% (*n*=0) “not at all” stressful. The period of deployment was perceived to have a highest “very” stressful level with 14 respondents (or 33.33%), the pre-deployment period followed with 10 respondents (or 23.26%), and the period of post deployment was perceived to have the least amount of “Very” stressful with 4 respondents (or 9.76%) (see Table 3).

Table 3

Impact of Deployment on Relationship

	Military spouses *n*=54 (%)
Spouse ever been deployed	
Yes	43 (79.63%)
No	11 (20.37%)
Number of deployments that have occurred during marriage[a]	
1	22 (53.66%)
2	10 (24.39%)
3	4 (9.76%)
4	4 (9.76%)
4 or more	1 (2.44%)
Length of all deployments[b]	
0-5 months	0 (0.00%)
5-11 months	16 (38.1%)
12-18 months	16 (38.1%)
18-24 months	4 (9.52%)
24+ months	6 (14.29%)
Extent deployment impacted your lifestyle[c]	
Not at All	2 (4.65%)
Less than Moderately	4 (9.30%)
Moderately	19 (44.19%)
More than Moderately	5 (11.63%)
Very Much So	13 (30.23%)
Extent deployment impacted your relationships[c]	
Not at All	7 (16.28%)
Less than Moderately	13 (30.23%)
Moderately	10 (23.26%)
More than Moderately	9 (20.93%)
Very Much So	4 (9.30%)
How stressful is pre-deployment period[c]	
Not at All	0 (0.00%)
Less than Moderately	6 (13.95%)
Moderately	16 (37.21%)
More than Moderately	11 (25.58%)
Very	10 (23. 26%)
How stressful is deployment period[b]	
Not at All	0 (0.00%)
Less than Moderately	4 (9.52%)
Moderately	13 (30.95%)
More than Moderately	11 (25.58%)
Very	10 (23.26%)
How Stressful is Period of Post-deployment[a]	
Not at All	4 (9.76%)
Less than Moderately	14 (34.15%)
Moderately	14 (34.15%)
More than Moderately	5 (12.20%)
Very	4 (9.76%)

Note. Respondents were not required to answer every question, therefore N fluctuates.
[a]:*n*=41, [b]: *n*=42, [c]: *n*=43

Protective factors. Respondents were asked to identify what they felt were important supports as a military spouse to protect against suicidal ideation for themselves and for other military spouses. Respondents most frequently reported that "immediate family" 94.44% (*n*=51) was a support for themselves for suicidal ideation. Following this, respondents identified their "peers" at 79.63% (*n*=43), and "resilience" at 75% (*n*=39) for themselves and suicidal ideation (see Table 4).

A total of 15 respondents (or 65.22%) chose "other" as a protective factor for self. Out of these 15 respondents, 10 of them provided qualitative answers. One theme that emerged from these qualitative answers was receiving support through an outside source. About 40% (*n*=4), answered the "family readiness groups" (FRG), "counseling", and "venting". Another theme was recreation or leisure. Spouses, *n*=2 (or 20%), indicated that staying busy and having a hobby was a protective factor for themselves for suicidal ideation (see Table 4).

Table 4

Supports Identified by Military Spouses for Suicidal Ideation for Self and Other Military Spouses

	Self *n*=54 (%)	Other military spouses *n*=54 (%)
Immediate family	51 (94.44%)	3 (5.56%)
Church[a]	24 (46.15%)	28 (53.85%)
Religious/spiritual beliefs[b]	32 (60.38%)	21 (39.62%)
Peers	43 (79.63%)	11 (20.37%)
Spouse's military branch[c]	24 (47.06%)	27 (52.94%)
Other military spouses[c]	36 (70.59%)	15 (29.41%)
Resilience[a]	39 (75%)	13 (25%)
Other:[b]	15 (65.22%)	8 (34.78%)
Solid return date		
Counseling		
Rationality		
FRG		
FRG		
Husband		
Venting		
Hobby		
Stay busy		
Knowing that this will pass, they are safe, and we have a future together		

Note. Because respondents are not required to answer all the survey questions, *n* fluctuates.
[a]: *n*=52, [b]: *n*=53, [c]: *n*=51

Risk factors. Respondents were asked to identify what they felt were significant stressors that would put themselves or other military spouses at risk for suicidal ideation. Respondents indicated that "legal issues" were a significant stressor for suicidal ideation for other military spouses, *n*=42 (or 84%) were reported. With slightly lower numbers, *n*=38 (or 79.17%), "financial issues" were also identified as a risk factor for other military spouses for suicidal ideation. And "thoughts of ending your life" was also identified as a risk for suicidal ideation among other military spouses at 77.55% (*n*=38) (see Table 5).

Twenty five respondents completed the question that indicated that they felt there were “other” factors not listed that contributed to the risk for suicidal ideation among themselves and other military spouses. For themselves, five respondents (or 20%) indicated “other” and their qualitative answers indicated that “anxiety”, “arguing”, “homesickness”, and “relatives without a clue” were risk factors for suicidal ideation for themselves. Twenty respondents (or 80%) identified “other” for other military spouses. Their qualitative answers indicated “death of a spouse” twice, “lack of communication of a spouse”, and “not having a job or distraction and just sitting on the computer dwelling all day” as potential risk factors for suicidal ideation among other military spouses (see Table 5).

Table 5

Risk Factors Identified for Suicidal Ideation for Self and Other Military Spouses

	Self *n*=51	Other military spouses *n*=51
Financial issues	10 (20.83%)	38 (79.17%)
Legal issues	8 (16.00%)	42 (84.00%)
Relationship issues	16 (31.37%)	35 (68.63%)
Feeling lonely	17 (34.00%)	33 (66.00%)
Feeling worthless	17 (35.42%)	31 (64.58%)
Feeling blue	15 (30.61%)	34 (69.39%)
Feeling no interest in things	14 (28.57%)	35 (71.43%)
Feeling hopeless about the future	14 (28.57%)	35 (71.43%)
Thoughts of ending your life	11 (22.45%)	38 (77.55%)
Medical issues	16 (33.33%)	32 (66.67%)
Feelings of loss	19 (38.78%)	30 (61.22%)
Other:	5 (20.00%)	20 (80.00%)
Death of spouse		
Death of spouse		
Anxiety		
Arguing		
Homesickness		
Lack of communication with spouse		
Relatives without a clue		
Not having a job or distraction and just sitting on the computer dwelling all day		

Note. Respondents were allowed to leave questions blank, therefore *n* fluctuates.
[a]: *n*=50, [b]: *n*=49, [c]: *n*=48, [d]: *n*=25

Inferential Statistics

In an attempt to determine if there is a relationship between the extent deployment has impacted military spouses' lifestyles and how stressful the period of deployment is perceived, a correlation test was ran and the results were graphed using a scatterplot (see Figure 1). The correlation, r =0.462, gave a P-Value = 0.002. This indicates that the relationship between the extent deployment has impacted spouses' lifestyle and how stressful the period of deployment is perceived is statistically significant. Figure 1 illustrates this relationship with a scatterplot. It has a positive slope indicating that the

variables change in the same direction. As the perceived stressfulness of the period of deployment increases so does the extent that deployment has impacted the spouses' lifestyle. A moderate to strong relationship has a r value of .600 or higher, therefore this correlation is less than moderately strong with r = 0.462.

Figure 1. **Impact of Deployment on Lifestyle vs. Perceived Stressfulness of Deployment**

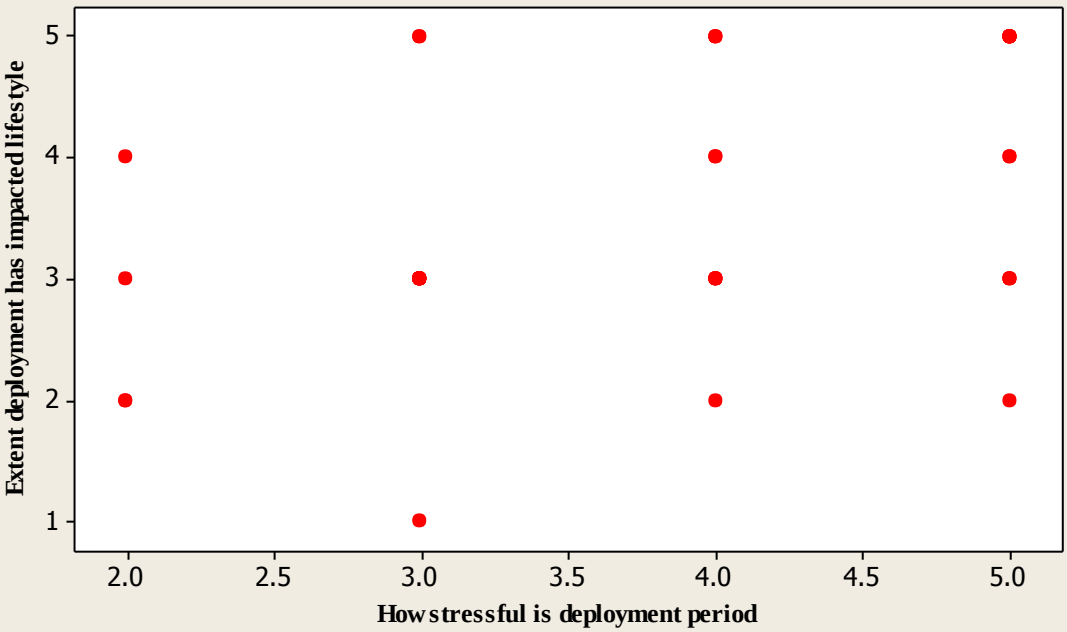

Figure 2. Scatterplot of Correlation between Stress of Deployment and Impact Deployment has had on Lifestyle
r-value = 0.462, p-value = 0.002

Summary

A total of 55 surveys were completed by females (100%). The average age range was between 25 to 29 years old, with an *n*=38 (or 36.36%). The majority of respondents were White (of Non-Hispanic origin), *n*=49 (or89.09%). About 65% of respondents had children and nearly half, 48.15% (*n*=26), of respondents had been married between one and five years. Twenty four respondents (or 44.44%) indicated that they had lived in

their community for less than one year and the majority of them (88.89%) indicated that they felt they had access to support.

Thirteen respondents (or 30.23%) indicated that deployment had "very much so" impacted their lifestyle but only affected their relationships "less than moderately", at (30.23%). The period of deployment was perceived to be the most stressful at 33.33% (*n*=14) and post-deployment, the least stressful at 9.67% (*n*=4).

Respondents identified "immediate family" (94.44%, *n*=51), "peers" (79.63%, *n*=43), and "resilience" (75%, *n*=39) as protective factors. Themes identifying an outside source of support emerged through the qualitative question. Respondents identified "legal issues" (84%, *n*=42), "financial issues" (79.17%, *n*=38), and "thoughts of ending your life" (77.55%, *n*=38) as risk factors for other military spouses. "A death of a spouse" , "lack of communication with spouse", and "not having a job or distraction and just sitting on the computer dwelling" were qualitative answers identifying risk factors for other military spouses.

It was determined that there is a statistically significant relationship between the extent of deployment has impacted military spouses' lifestyles and how stressful the period of deployment is perceived by military spouses.

Discussion

This research study attempted to determine what current military spouses identify risk and protective factors for suicidal ideation for themselves and other military spouses. Because outside systems affect what current military spouses perceive as risk and protective factors, this study attempted to describe the respondents, their place of residence, and their experience with deployment. The findings will be discussed by demographics, place of residence, risk and protective factors, inferential statistics, implications for clinical practice, implications for clinical research, implication for policy, and the strengths and limitations of the study.

Demographics

The demographics of the survey respondents showed that the sample was very homogenous. The population from which the sample was drawn was from a convenience sample/snowball sample through a "Military Spouse" Facebook page. Over 33,500 people have accessed this page at some point in time. The "Military Spouse" Facebook page was a convenient milieu to utilize for this study because it allowed the respondents to remain anonymous and supported the voluntary nature of the study. It also provided a few different ways military spouses could pass the information along if they chose. They could have copy and pasted the link for the survey and passed it on via e-mail or they could have alerted others that this study was being presented on the "Military Spouse" Facebook page via Facebook or word of mouth.

The fact that 100.00% of respondents were female means that only that specific gender responded to the survey and could mean that the population of current male

military spouses does not participate in Facebooks "Military Spouse" pages. This statistic regarding gender of respondent speaks to society's perception of gender roles. The service member is a male and his spouse is a female. The Department of Defense's (2010) research supports this, reporting 14.4% of the Active Duty population as female and 17.8% of the Reserve population. This statistic is also supported by the research conducted in 2010 by the Military Family Life Project, just five percent of active duty service members' civilian spouses are male (Sanchez, 2011). There is a larger population of female military spouses than male spouses.

When asked about ethnicity, 89.09% identified as white (of non-hispanic origin), 3.63% as Hispanic, Puerto Rican, or Mexican American, and 7.27% identified as other. This indicates that African American, Asian, and Native American military spouses were not represented in this sample. This researcher was unable to find demographic statistics regarding ethnicity of military spouses to compare the research study's sample, although the majority of military service members identify themselves as white at 70.0% and 17.0% as Black or African American (DoD, 2010).

The majority of respondents, 65.45% (*n*=36), had children. This included both Active Duty and Reserve military spouse respondents. In 2010, the DoD put out a report which indicated that of the 1,417,370 Active Duty members, less than half (44.1%) have children and of the 367,699 Reserve members 43.3% have children (DoD, 2010). This could be interpreted that the numbers this study produced in regards to respondents that have children was affected negatively by the sample size.

About 69% (*n*=38) of respondents in this study identified themselves between the ages of 20-29 and 44.44% (*n*=4) of respondents that identified their spouses in the

Reserves were under the age of 29. The 2010 report on Demographics of the military community reported that of the 725,877 spouses of Active Duty members, just over half (54.4%) of the spouses are 30 years of age or younger and of the 413.295 Reserve spouses, close to one-third (32.7%) are 30 years of age or younger (DoD, 2010). Although this research sample was small, there are some similarities in the above statistics if they were comparable.

Place of Residence

Survey respondents were asked to answer demographic questions related to where they live and the length of time they have lived in that community. Twenty four respondents (or 44.44%) indicated that they had lived in their community for less than one year, with 19 respondents or (35.19%) following at one to five years. One might make a leap that the shorter length a military spouse has lived in the community the less access to support they have. This would also speak to the "military culture", that military service members and their families move frequently. Only seven respondents (or 12.97%) had lived in their community longer than 10 years. Due to frequent relocation, military spouses often stay at home or are forced to move from entry level job to entry level job (Fledderjohan, 2008). This could be a source of anxiety and financial issues which increase the risk for suicidal ideation. Literature shows that with increased life stressors (financial issues), military spouses report symptoms such as anxiety (Pincus et. al., 2006). When the respondent was asked if they felt they had access to supports or a support system, the majority, 48 respondents (or 88.89%), indicated that they had access to supports while six respondents (or 11.11%) indicated that they did not feel they had

access to supports or a support system. Since the sample for this study is so small, the results cannot be generalized to the rest of the military spouse population.

Deployment

Thirteen respondents (or 30.23%) indicated that deployment had "very much so" impacted their lifestyle while 13 respondents (or 30.23%) indicated that deployment had impacted their relationships "less than moderately" (see Table 3). This is interesting and may indicate that deployment has more of an impact on lifestyle than it does on relationships. Literature has shown that periods of deployment are marked with high levels of stress (Hiew, 1992; Hardaway, 2004; Pincus et. al., 2006) and spouses reported feelings of numbness, shock, irritations, tension, disbelief, and increased emotional distance (NMFA, 2005). Stress and feelings can affect both the spouses' lifestyle and relationships.

The period of post-deployment was found to be "not at all" stressful by four respondents (or 9.76%), while both pre-deployment and the period of deployment were found to be 0.00% (n=0) "not at all" stressful. The period of deployment was perceived to have a highest "very" stressful level with 14 respondents (or 33.33%), the pre-deployment period followed with 10 respondents (or 23.26%), and the period of post deployment was perceived to have the least amount of "Very" stressful with 4 respondents (or 9.76%). This follows the National Military Family Associations research on the Cycles of Deployment (2005); they found that military families felt the most stress at the beginning and in the middle of the deployment.

Risk and Protective Factors

The findings for risk and protective factors for this study were skewed. The construction of the survey questions for risk and protective factors was set up so that respondents could check a risk or protective factor for themselves, other military spouses, or both. Unfortunately, every respondent interpreted that the questions had to be answered with either one or the other and not both. Because of this, the data showed that respondents felt more comfortable identifying protective factors for themselves and it was easier to attribute risk factors to other military spouses (see Tables 4 and 5). This could be because the topic is of a sensitive nature and people in general would rather attribute positive factors for themselves rather than attributing negative factors to themselves. It also could be because admitting to ones' self that they have had experiences with certain risk factors, makes the experience realer or scarier. While identifying the protective factors to ones' self could almost serve as a protective factor.

Respondents of the survey, 94.44%, indicated that immediate family was an important protective factor for suicidal ideation for themselves. This could be connected to prior literature which indicated that family support was a protective factor for suicidal ideation (Mago-Mire et. al., 2007). Likewise, 75% of respondents indicated that resilience was an important protective factor for suicidal ideation for themselves. Several studies indicate that a positive relationship exist between resilience, coping, and psychological well-being (Campbell-Sills et. al., 2006; Clauss-Ehlers, 2008; MacDermid et. al., 2008; Haddadi & Besharat, 2010).

Qualitative responses for "other" risk factors for suicidal ideation were reported. Five respondents (or 20%) indicated that "anxiety", "arguing", "homesickness", and

"relatives without a clue" were risk factors for suicidal ideation for themselves. Previous literature showed that spouses have reported loss of emotional support, loneliness, depress, role overload, role shifts, and anxiety and fear about the safety and well being of the deployed service member (Faber et. al., 2008).

Twenty respondents (or 80%) indicated qualitatively that the "death of a spouse", "lack of communication with spouse", and "not having a job or distraction and just sitting on the computer dwelling all day" were potential risk factors for suicidal ideation among other military spouses. Literature has shown that many hardships for deployed spouses include lack of communication with spouse, time and distance apart, and anxiety of the dangers of war (Dimiceli & Smith, 2009). Once again, these statistics show that military spouses preferred to view themselves in light of protective factors and other military spouses in light of risk.

Inferential Statistics

A correlation test indicated that the relationship between perceived stressfulness of the period of deployment and the impact deployment has on the spouses' lifestyle is statistically significant. This can be interpreted in the manner that as the perceived stressfulness of the period of deployment increases so does the extent that deployment has impacted the spouses' lifestyle (see Figure 1). Some stressors that spouses face include adjustment to a mobile lifestyle, isolation from the civilian community and extended family, frequent family separations, job worries, childrearing, and household duties. During any separation, but especially during combat operations, the demand placed on military spouses often increase as they take on new roles and responsibilities while their spouse is deployed (Eaton et. al, 2008).

Implications for Clinical Practice

This study provided exploratory demographic information and identified risk and protective factors for military spouses. Although this study was open to both males and females, every single survey was completed by females. The implications for clinical practice include giving females' perspectives of common risk and protective factors of suicidal ideation. Military spouses identified having a support system as the one of the most important protective factors for suicidal ideation for themselves. It behooves clinicians to be aware of that and use it in their assessment and treatment planning.

The study also showed that respondents were more comfortable identifying risk factors for "other military spouses" rather than themselves. I think this supports the importance of being non-judgmental when working with a client. Deployments are hard; every phase is hard and the clinician should not judge the clients experience nor should they compare it to others.

Implications for Research

Clinical social workers use evidence based research in their practice. By contributing this research, it allows practitioners to view, assess, and possibly conduct their own research using it. This study reiterates the lack of research being conducted on military spouses and suicide. It would be beneficial to conduct suicide research with other demographics allowing comparison between them.

This study showed that when conducting a study on a sensitive topic, such as suicide, respondents may be more vested in self-disclosure when looking at resilience. Another approach may be to work with providers that provide mental health services to

military spouses, as they are not as big of risk as the military population but still close to their experiences.

Implications for Policy

Each military branch has a policy in place to assess for suicidal ideation among service members. Trainings and education are provided among leadership and are passed down the chain of command to address the risk of suicide in the military. Policies that educate about suicide, train for signs and symptoms of suicide, and provide an access to support for suicide are in need for military spouses. A policy that could give the population a voice, allow them to name the problem and risks, and empower them to advocate for themselves and one another This would allow them to feel that what they have to say and what they have experienced matters. It would also provide some accountability in the military culture.

Strengths and Limitations

There are multiple strengths to this study. One strength of this study is that by conducting data through an online survey, it allowed respondents to remain anonymous and share sensitive information they may have not shared if data collection was in person. Conducting the data collection online also allowed for convenience and snowball sampling which could have affected the completion rate of the survey, allowing for a larger sample size. Since the study was quantitative, it allowed relationships to be looked at.

There are also multiple limitations to this study. First of all, because this is a non-probability sample, the results will not be generalizable. This will prevent the results from indicating that all military spouses experience risk factors or do not experience risk

factors of suicidal ideation. Another limitation of this study is the sensitiveness of the information being gathered. Since suicidal ideation is such a sensitive topic, the researcher is unable to directly question the respondent accordingly; rather the survey focuses on identifying risk and protective factors for suicidal ideation among military spouses. The study is quantitative, which means that the data had already been reduced prior to launching the survey. Since the study was quantitative, the researcher was unable to ask any follow up questions and the respondent interpreted the questions at their own will.

Conclusion

Identifying risk and protective factors for suicidal ideation for military spouses' is important to aid practitioners in suicidal risk assessment and in treatment planning. Military spouses are susceptible to depression, anxiety, and secondary trauma just as service member are. Awareness of risk and protective factors for suicidal ideation in military spouses is not only import for practitioners' knowledge but it is also important for the military spouses' support system. Knowledge is power, an issue cannot be addressed if no one knows about it.

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Appendix A

Welcome! Thank you for participating in my study. The survey will take about 20 minutes of your time. Please feel free to leave any question that you are uncomfortable with blank. You are free to stop taking the survey at anytime. Questions that you have answered may still be used in my study. There are a couple of links throughout the survey that will take you to a test for self assessment of risk factors if you to click on them. Clicking these links is not required but may be beneficial to you. At the end of the survey, a list of suicide hotlines/mental health resources will be available to you. Thank you for your time!

Eligibility Criteria

1) I am 18 years of age or older?
   a) Yes
   b) No

(If no, skip function will take participant to the list of resources.)

2) I am married to a current military service member?
   a) Yes
   b) No

(If no, skip function will take participant to the list of resources.)

3) What branch of the military is your spouse in?
   _____(fill in the blank)

4) Is your spouse
   a) Full-Time (Active Duty)
   b) Part-time (Reserve/Guard)
   c) Other_____(fill in the blank)

Demographics

Personal

1) What is your age?
   a) 18-19
   b) 20-24
   c) 25-29
   d) 30-34
   e) 35-39
   f) 40+

2) What is your gender?
   a) Male
   b) Female
   c) Other

3) How would you describe your ethnicity/race?
   a) White (Non-Hispanic origin)
   b) African-American
   c) Hispanic, Puerto Rican, or Mexican American
   d) Asian
   e) Native American
   f) Other (please specify)_____(fill in the blank)

4) Do you have children?
   a) Yes
   b) No

5) If yes, how many?
   a) 1
   b) 2
   c) 3
   d) 4
   e) Other_____

6) What are their ages?
   a) _____

Location of Spouse

7) What state do you live in?
   _____ (drop down box)

8) Where do you live?
   a) On base
   b) Out in the community

9) How long have you lived in this community?
   a) Less than 1 year
   b) 1-5 years
   c) 5-10 years
   d) 10-15 years
   e) 15 + years

10) Do you live with other people besides your spouse and children?
    a) No
    b) Yes

(If no, survey will skip to question 12.)

11) Please check the relationship to you of those you live with.
    a) Mother
    b) Father
    c) Mother-In-Law
    d) Father-In-Law
    e) Brother
    f) Sister
    g) Brother-In-Law
    h) Sister-In-Law
    i) Cousin
    j) Step Mother
    k) Step Father
    l) Step Sibling
    m) Half Sibling
    n) Friend
    o) Other _____(fill in the blank)

Relationship/Deployment

12) How long have you been married for?
    a) Less than 1 year
    b) 1-5 years
    c) 5-10 years
    d) 10-15 years
    e) 15+ years

13) Has your spouse ever been deployed?
    a) No
    b) Yes

(If no, survey will skip to question 25.)

14) Is your spouse currently deployed?
    a) Yes
    b) No

15) How many deployments have occurred during your marriage?
    a) 0
    b) 1
    c) 2

d) 3
e) 4
f) 4 or more

16) Length of all deployments?
a) 0- 5 months
b) 5-11 months
c) 12-18 months
d) 18-24 months
e) 24 + months

17) Where does your spouse fall in the deployment schedule?
a) Currently Deployed
b) Scheduled to Deploy
c) Recently Returned from Deployment (Within the last 3 months)
d) Neither

Impact of Deployment

18) To what extent has deployment impacted your lifestyle?
a) Not at all
b) Less than moderately
c) Moderately
d) More than moderately
e) Very much so

19) To what extent has deployment impacted your relationships?
a) Not at all
b) Less than moderately
c) Moderately
d) More than moderately
e) Very much so

20) How stressful is the pre-deployment period of time?
a) Not at all
b) Less than moderately
c) Moderately
d) More than moderately
e) Very

21) How stressful is the period of deployment?
a) Not at all
b) Less than moderately
c) Moderately
d) More than moderately
e) Very

22) How stressful is the period of post-deployment?
   a) Not at all
   b) Less than moderately
   c) Moderately
   d) More than moderately
   e) Very

23) Which of the following aspects of deployment are most stressful?
   a) Being away from your spouse Y/N
   b) Being alone Y/N
   c) Having to take on more responsibility Y/N
   d) The length of deployment Y/N
   e) Caring for your children alone Y/N
   f) Availability of communication between you and your spouse Y/N

24) With subsequent deployments, do you feel the amount of stressors changed?
   a) Increased
   b) Decreased
   c) Spouse has only been deployed once

Protective Factors: Protective factors are individual or environmental safeguards that enhance a person's ability to resist stressful life events, risks, or hazards and promote adaptation and competence.

25) Do you feel you have access to supports or a support system?
   a) Yes
   b) No

Which of the following do you feel are important supports as a military spouse to protect against suicidal ideation? For:

	Yourself	Other Military Spouses
26) Immediate family	Y/N	Y/N
27) Church	Y/N	Y/N
28) Religious/spiritual beliefs	Y/N	Y/N
29) Peers	Y/N	Y/N
30) Spouse's military branch	Y/N	Y/N
31) Other military spouses	Y/N	Y/N

32) Resilience Y/N Y/N

33) Other, please specify.
a)_____

Risk Factors: Risk factors are an individual's characteristics, circumstances, history, and experiences that raise the statistical risk for suicidal tendencies.

Which of the following do you feel are significant stressors that would put military spouses at risk of suicidal ideation? For:

	Yourself	Other Military Spouses
34) Financial issues	Y/N	Y/N
35) Legal issues	Y/N	Y/N
36) Relationship issues	Y/N	Y/N
37) Feeling lonely	Y/N	Y/N
38) Feeling worthless	Y/N	Y/N
39) Feeling blue	Y/N	Y/N
40) Feeling no interest in things	Y/N	Y/N
41) Feeling hopeless about the future	Y/N	Y/N
42) Thoughts of ending your life	Y/N	Y/N
43) Medical issues	Y/N	Y/N
44) Feelings of loss	Y/N	Y/N

45) Other, please specify.
a)_____

Please take a moment and explore the websites listed below. Multiple self-assessment tests are offered to help identify risk factors for suicide. This is not required but could be beneficial to you.

Mental Health of America – Online Depression Screener:

http://www.depression-screening.org/depression_screen.cfm

DOD/VA Suicide Outreach – Resources for Suicide Prevention:

http://www.suicideoutreach.org/self_assessments

Thank you for taking the survey. Your time and commitment to this project is greatly appreciated. If you are experiencing emotional distress or would like to talk to someone, please consider using the resources below:

You can call:

2-1-1 (Crisis Hotline)

888-457-4838 (Military Helpline)

1-800-273-8255 and press 1 (Veterans Crisis Line)

VeteransCrisisLine.net (Chat online - free, confidential support 24 hrs. a day, 7 days a week, 365 days a year, even if you are not registered with the Department of Veteran Affairs or enrolled in VA health care)

Family Assistance Centers

Bemidji
1430 23rd St. NW
Bemidji, MN 55601
651-282-4031
tabitha.d.steinmetz@us.army.mil

Brooklyn Park
5500 85th Ave. N
Brooklyn Park, MN 55443
651-282-4055
jonell.m.wilson.ctr@us.army.mil

Camp Ripley
15000 Hwy 115
Little Falls, MN 56435
320-616-3117
yvonne.zappa@us.army.mil

Detroit Lakes
915 Lake Ave.
Detroit Lakes, MN 56501
218-844-1721
mark.j.sjostrom@us.army.mil

Duluth
4015 Airpark Blvd.
Duluth, MN 55811
218-723-4852
shawn.valentine1@us.army.mil

Mankato
100 Martin Luther King Jr. Dr.
Mankato, MN 56001
651-268-8413
patrick.corrow@us.army.mil

Marshall
500 Timmerman Drive
Marshall, MN 56258
651-268-8475
jeff.gay@us.army.mil

Rochester
1715 Marion Road Southeast
Rochester, MN 55904
651-268-8587
patrick.corrow@us.army.mil
Staffed one day a week on Thursdays from 10 a.m. - 3 p.m.

Rosemount
13865 S. Robert Trail
Rosemount, MN 55068
651-282-4748 or (651) 282-4749
christina.rost@us.army.mil
vernon.truax@us.army.mil

Saint Cloud
1710 8th St. N

Saint Cloud, MN 56303
320-255-2454 or 651-282-4054
deborah.brumbaugh@us.army.mil

Stillwater
107 E. Chestnut St.
Stillwater, MN 55082
651-282-4138
jill.monson1@us.army.mil

133rd Airlift Wing ~ Air National Guard
631 Minuteman Dr.
St Paul, MN 55111
612-713-2367
jill.lawrence@ang.af.mil

148th Fighter Wing ~ Air National Guard
4680 Viper St.
Duluth, MN 55811
218-788-7833
jennifer.kuhlman@ang.af.mil

934th Airlift Wing ~ Air Force Reserve
760 Military Hwy.
Minneapolis, MN 55450
800-231-3517
family.support.msp@us.af.mil

Or do a web search:

www.psychologytoday.com

www.goodtherapy.org

militaryhelpline.org

Appendix B

Spouse of Military Service Member Research Participants Needed!

Participants are needed to complete a survey for research being done in conjunction with the St. Catherine University/University of St. Thomas School of Social Work about risk and protective factors for suicidal ideation among military spouses. The survey will take no longer than 20 minutes. To participate you must meet the following guidelines:

- Must be 18 years of age or older
- Must be married to a military service member
- Your spouse must currently be in the military

Participation is completely voluntary and will be kept confidential. You will be asked to identify risk and protective factors for suicidal ideation. For more information, please contact researcher Nicole Oman at Oman0827@sthomas.edu. **You may also pass this information on to others who may be interested in participating.**

Thank you!

Survey Link Here

Survey Link Here

Survey Link Here

Survey Link Here

Survey Link Here

Survey Link Here

Survey Link Here

Survey Link Here

Appendix C

Dear Potential Participant,

Thank you so much for your interest in my research study. I am a graduate student in the School of Social Work at St. Catherine University/University of St. Thomas. I am writing a clinical research paper on the topic of risk and protective factors for suicidal ideation identified by spouses of current service members. I will be surveying spouses, both male and female, of current service members ages 18 years and older. I will be asking what spouses of current service memebers consider risk and protective factors for suicidal ideation for themselves and other military spouses.

The survey is completely voluntary. Participating will provide you with a chance to share your opinion of what risk and protective factors are for suicidal ideation. Before participating you will view a consent form that you would need to agree to if you decide to participate in my study. You can view the consent form by entering this link: http://stthomassocialwork.qualtrics.com/SE/?SID=SV_cBnmJYIK4O82jPu into your web browser or by clicking on it. The consent form goes into more detail about what I am asking of you as a participant. Please review the form and contact me with any questions at Oman0827@stthomas.edu. If you do not have any questions and would like to participate, please continue on to the survey. By continuing on to the survey you are giving consent to participate in the study.

Sincerely,

Nicole Oman
Oman0827@stthomas.edu

Research Advisor:
Kari L. Fletcher, ABD, LICSW, MSW
651-962-5807
flet1660@stthomas.edu

Appendix D

Consent Form

University of St. Thomas

What do Spouses of Current Service Members Consider Risk and Protective Factors for Suicidal Ideation?

IRB Tracking # **301894-1**

I am conducting a study to identify risk and protective factors for suicidal ideation among military spouses. I invite you to participate in this research. You were selected as a possible participant because your spouse is serving in a branch of the military and you are 18 years of age or older. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Nicole Oman, a graduate student at the School of Social Work, College of St. Catherine/University of St. Thomas and supervised by Kari L. Fletcher, ABD, MSW, LICSW.

Background Information:
The purpose of this study is: to identify risk and protective factors for suicidal ideation among military spouses.

Procedures:
If you agree to be in this study, I will ask you to do the following things: Complete an online survey regarding risk and protective factors for suicidal ideation. The survey will be created using the electronic survey software Qualtrics, made available through the University of St. Thomas. The expected time commitment of participants is anywhere between 5 to 20 minutes.

Risk and Benefits of Being in the Study:
This study has some potential risks. First, the survey asks for personal and sensitive information. Because of this, the survey will be completely anonymous and no identifying information will be collected to minimize risk. Secondly, the survey may illicit emotional issues for participant or may cause distress. To reduce this risk, participants are encouraged to leave any questions blank they feel uncomfortable with and participants will be provided with a list of resources if needing to seek more formal support services. All charges and fees incurred from seeking professional help will be the responsibility of the participant.

Individuals that participate in this survey will be given the option to participate in some self assessment tests, such as tests for depression or suicidal thoughts, as they complete the survey.

Confidentiality:
The records of this study will be kept confidential. I will be collecting some demographic information about you but not enough that you would be identifiable through this information. In any sort of report I publish or present, I will not include information that will make it possible to identify you in any way. The types of records I will create include computer records which will be stored both on my computer and the schools computer in a password protected file. Any paper generated documents will be kept in my home in a locked file cabinet that only I will have access to. The data is being collected via Qualtrics, an electronic survey software. Only my research advisor and I will have access to the records. The records will be destroyed after June 1st, 2012.

Voluntary Nature of the Study:
Your participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at anytime up to and until completion of the survey. Should you decide to withdraw in that time frame; your data may still be used as you are free to skip any questions that I may ask that you are uncomfortable with.

Contacts and Questions:
My name is Nicole Oman. You may ask any questions you have by contacting me at oman0827@stthomas.edu. My advisor's name and contact information is: Kari L. Fletcher, ABD, LICSW, MSW, research advisor, at 651-962-5807 or flet1660@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341.

You can print this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age and am married to a current military service member.

By submitting the survey, you are indicating that you consent to participate in the study.

Thank you,

Nicole Oman
Oman0827@stthomas.edu

The Clinical social workers use evidence based research in their practice. By contributing this research, it allows practitioners to view, assess, and possibly conduct their own research using it. Although this study cannot be generalized to the whole

population, it does identify important risk and protective factors for military spouses that should be noted when performing a suicide risk assessment.