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# Moderating Effects of Religiosity on the Relationship between Traumatic Deployment Experiences and Suicidal Behaviours among Military Veterans in North East Nigeria

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## Abstract

Studies have shown that exposure to traumatic experiences, such as wars and other life-threatening events can increase risk of suicidal behaviors, whereas participation in religious activities and certain religious beliefs can reduce risk. However, despite the increasing rates of suicidality among Nigerian military personnel and their high affinity to religious beliefs and practices, it still remains unclear the mechanism through which religiosity operate in moderating the relationship between combat experiences and their reported suicidal behaviours. The current study examined the moderating effects of religiosity on the relationship between traumatic experiences and suicidal behaviors in 325 military personnel who were returnee combatants in the North-Eastern Nigeria. The study adopted a cross-sectional survey design and participants who met inclusion criteria were purposively sampled across three randomly selected states that make-up the North East zone. Participants responded to five standardised measures assessing combat experiences, moral injury, social support, religiosity and suicidal behaviours. Bivariate and Multivariate analyses using Pearson correlation and Hierarchical regression were utilized to test the main and moderating influence. Results indicated a strong positive association between traumatic experiences and suicidal behaviors. Likewise, moral injury correlated positively with suicidal behaviours, while religiosity was found to be inversely associated with suicidal behaviors. Result further indicated a significant interaction between religiosity and traumatic experiences in their effect on suicidal behaviors. These findings suggest that religiosity may play a role in reducing the risk of traumatic experiences-induced suicidal behaviors among military veterans and therefore recommend incorporation of psychospiritual intervention as a veritable tool for suicide control in military veterans.

***Keywords:*** suicidal behaviours, traumatic experiences, military veterans

## Introduction

More than ever before, suicidal behaviours in military veterans are increasingly becoming very common and a serious global problem (United States (US) Department of Veterans Affairs, 2019). Over the past few years, suicide has become one of the most serious public health concerns in many countries across the United States, Europe and Africa (Garnett et al., 2022; Heron, 2021; Ursano et al., 2018). Previous reports have shown that suicide is currently the second cause of death worldwide, and rate of suicide in military is 1.5 times higher than the general population (Centre for Disease Control and Prevention, 2017; U.S. Department of Veterans Affairs, 2020). As in the civilian population, suicide is also a prominent concern among military veterans. In Nigeria for instance, since 2010, > 200 veterans have lost their lives to suicide, accounting for about 11.7 % of all suicide-related deaths in the country (Ebiai et al, 2023). Thus, despite increased prevention efforts, veteran suicide rates have continued to rise, which necessitates the need for understanding risk factors for veteran suicides along with potential moderating mechanisms so as to facilitate prevention and intervention efforts.

Before now, suicidal behaviours were uncommon occurrence in Nigeria, and the military in particular. However, within the past few years, combat-related pressure orchestrated by insecurity in the North East has significantly increased vulnerability of military personnel to a spectrum of suicidal behaviours, ranging from self-directed negative thoughts, self-injury, attempted suicide and actual suicide (Ebiai et al., 2023; Ursano et al., 2018). Extant literature has revealed that traumatic events including certain combat experiences are potential risk factors for suicide among military service members (Bryan et al., 2013; Nichter et al., 2020). For example, high exposure to combat experiences involving death or injury have been associated with greater levels of suicidal ideation, attempts and acquired capability for suicide, which is characterized by fearlessness about death and increased pain tolerance and enhances the likelihood of acting on suicidal thoughts (Bryan et al., 2018; Mahon et al., 2018; Nazarov et al., 2020; Nichter et al., 2020; Orak et al., 2023). However, while prior research has identified combat experiences as a potential risk to

suicide among veterans, the mechanism that may moderate these association are still largely unknown.

This gap is consistent with the current need in the general suicide literature to move beyond determining which factors confer risk for suicide, and toward understanding how certain factors may exert moderating influence (Orak et al., 2023; Yildiz et al., 2020). Thus, elucidation of these potential mechanisms can be crucial in guiding intervention efforts geared towards reducing suicide among veterans in Nigeria. One approach that may provide useful information in explaining this moderating mechanism of the association between combat experiences and suicidal behaviours is the stress process model (Pearlin et al., 1981).

According to this model, exposure to stressors constitutes a challenge to an individual's capacity to function, which may increase risk for mental and behavioural health problems including suicide. Combat exposure, similar to other stressors, may indirectly increase or decrease suicide risk through other intervening variables like religion, which is very important to Nigerian military population.

Participating in religious activities may be protective against suicidal behaviours. Spirituality and religion, though separate concepts, are indeed intertwined. According to Sacks (2002), spirituality changes people's mood but the religion changes their lives. Both act as a subordinate interconnection and coping strategy which enables people to deal with an event or stimulus that causes stress, leading to better mental functioning (Corrigan et al., 2003). Research conducted in religious countries have established that individuals with more religious involvement exhibit lower risks of suicidal attempts (Resic et al., 2011). It has been reported that people with higher intrinsic religiosity prayed at least daily, read their holy books regularly, tended to participate more in religious activities and were better able to overcome the symptoms of depression as compared to other patients (Koenig et al., 1998), which also reduced their risk of suicidal attempts (Resic et al., 2011). The mechanism for this may be explained in three ways: (a) religious involvement provides a support system by increasing social support (Koenig et al., 1997), most religious doctrines and tenets discourage suicide (Dervic et al., 2011), and (c) religious beliefs may

serve as a coping behaviour when dealing with traumatic stressors, or may reduce the likelihood of experiencing stressors by doctrines that discourage high risk behaviours (Evans, 2014).

Nigerians (including the military) are deeply religious people and rely heavily on religious doctrines and teachings. In times of stress, it is common that traumatized individuals like Nigerian military population, who place a high value on religion, may turn to religion to seek spiritual support, community support, and to cope with the stress related to the deployment (Dauda et al., 2016). More than 70% of Nigerian military personnel consider religion as an important aspect of their life (Binan et al., 2018) Approximately 64% of Nigerian military personnel profess either Islam or Christianity, and religious practice and participation is a key component of Nigerian military practice (Binan et al., 2018). This means resorting to God (through prayers, increased religious participation, meditation) to overcome difficulties and may be common and help prevent stressed military personnel from suicidal acts. However, compared to many studies conducted in Western countries, religion and suicide may not have been studied exhaustively in Nigeria.

The increasing rates and potential consequence that suicidality portends on military operational efficiency, mental health and national security, are worrisome. Various correlates of suicidal behaviours in military veterans have been reported, including lack of social support, depression, posttraumatic stress disorder, self-esteem and moral injury (Conner et al., 2014; Nock et al., 2013; Pruitt et al., 2019). In Nigeria, one study found that military veterans exposed to morally injurious events, including perpetration and omission, were at greater risk of attempting suicide after homecoming (Ebiai et al., 2023). Furthermore, literature have found strong association between traumatic experiences and suicidal behaviours in general (Shireen et al., 2014) and military population (Nock et al., 2019) in particular. For example, victims of bullying (Shireen et al., 2014) and adverse childhood experiences often report higher levels of suicidal ideation and attempts.

Although one study found a significant influence of religiosity on mental health among veterans (Binan et al., 2018), it did not explain whether religious participation would reduce negative mental health outcome in deployed personnel. As a result, the role that

religiousity plays in decreasing risk of suicidal behaviours among those suffering traumatic experiences emanating from the insurgency combat operation remains unclear, particularly in the North East. In recognition of this obvious gap, our study sought to examine the moderating effects of religiousity on the relationship between combat traumatic experiences and suicidal behaviours using a four-step hierarchical regression model. This study hypothesized that religiousity may play an important role in reducing trauma-related suicidal behaviours by its buffering effects on the psychological distress produced by those experiences.

## Method

### Participants and procedure

This cross-sectional survey was conducted among Nigerian military personnel who were returnee combatants from insurgency operation in the North East. Six military barracks located in Borno, Bauchi and Taraba States were selected. A multi-stage sampling method was adopted. The first stage was random selection of three out of the total of six states that make-up the zone. At the second stage, military barracks where returnee combatants are being accommodated were chosen. The final stage, 325 veterans who met inclusion criteria were selected and approached to participate in the survey. To be eligible, returnee combatants were required to give consent, had no history of mental health problem and a post-deployment experience of at least six months.

A research team comprising two military personnel, a clinical psychologists and two research assistants administered the survey during a 2-month period in each barrack. A standardised questionnaire comprising all the variables in the study was distributed to the personnel in their various units and collected at the same time. Ethical procedures as stated in Helsinki's declaration, were duly followed. Participants completed the questionnaire anonymously, and no identifying information was collected. Informed consent was obtained from all participants. The study was approved by relevant military authorities. At the time of the data collection, 580 veterans across the barracks were found eligible to participate in the research. Out of this, a total of 525 veterans across the six barracks (more than 70%) completed the questionnaire and were included in the final

analysis. The remaining veterans either declined participation or responded to the instrument in an inappropriate manner, hence their responses were discarded and not included in the final analysis.

## Instruments

Data was collected using standardised instrument that sought information on demographic, psychosocial and suicidal behaviours of the veterans. The questionnaire requested demographic characteristics (religion, rank, age, marital status and ethnicity) and also contained a battery of psychosocial measures (moral injury, deployment experiences, social support, religiousity and suicidal behaviours.

**Suicidal Behaviours:** The suicidal behaviour questionnaire–revised (SBQ-R; Osman et al., 2011) was used to assess the primary dependent variable, that is suicidal behaviours. The SBQ-R has four items, each measuring different dimension of suicidality, ranging from lifetime suicidal ideation/attempts, the frequency of suicidal ideation in the past one year, threats of suicidal attempts and self-reported likelihood of indulging in future suicidal behaviours (Osmanet et al., 2011). The instrument has a total score that ranges from 3 to 18, where higher scores (scores ≥7) indicate greater risk of suicidal behaviours. The scale has been widely used and proven to have sound psychometric properties in young population (Chad et al., 2013) and from our pilot research, found to have acceptable Cronbach's of .078.

**Moral Injury (MI):** Moral injury was assessed using the Expressions of Moral Injury Scale (EMIS, (Currier et al, 2018). EMIS is an 11-item self-report measure that uses 5-point Likert scoring format to assess prominent feelings, beliefs and behaviours for moral injury directed at self and others. Although the scale has been established to have two factors-perceived transgression and perceived betrayal, in the current study, we combined this scale by summing each participant's responses to the item, with higher scores reflecting higher MI levels. The scale has high reported internal reliability (Cronbach's alpha = 0.90), concurrent validity, and discriminant validity (Currier et al., 2018). Higher scores are taken

to indicate worse outcomes reflective of maladaptive responses associated with moral challenges.

**Deployment Experiences:** Military deployment experiences were assessed using the 15-item Combat Experience subscale extracted from the Deployment Risk and Resilience Inventory (Vogt et al., 2013). The scale is designed to assess traumatic combat experiences that may precipitate suicidal-related behaviours (Vogt et al., 2013) and has been robustly used in military research with acceptable psychometric properties (Vogt et al., 2013). Veterans rated their combat experiences on a 6-point Likert response format, where 1= never to 6= daily or almost daily. Possible scores ranged from 15 to 90, with higher scores indicating greater exposure to trauma that may precipitate suicidal behaviours. Previous studies in Nigeria found Cronbach's alpha ranging between 0.73 to .084 (Anongo et a., 2018; Abel et al., 2019).

**Social Support:** Social support was assessed using the 12-item multidimensional scale of perceived social support (Zimet, Dahlem, & Farley, 1988). Participants rated each question with a 7-point Likert-type response resulting in a total score range from 12 to 84, where the higher scores indicate greater social support. The scale has acceptable reliability and validity studies involving Nigerian military (Anongo et al. 2018).

**Religiousity:** This was assessed religiosity using a revised Intrinsic Extrinsic Religiosity Scale (Gorsuch & Mcpherson, 1989). The scale has 14 items, and responses to each item are measured on a Likert-type scale from 1 (strongly disagree) to 5 (strongly agree). Total scores for the scale ranged from 14 to 70, and higher scores indicate higher religiousity. The scale has been widely used in military research and reported to have acceptable reliability and validity scores (Lew et al., 2018).

**Design and Statistics**

This study used cross-sectional survey design. Statistical Package for Social Sciences (SPSS-V23) was used to analyse all data collected in this study. Firstly, we conducted a Pearson correlation to test the relationship amongst study variables. Secondly, we employed multivariate analyses using hierarchical linear regression at 0.05 level of statistical significance to test the moderating effects of religiosity on the relationship between

traumatic experiences and suicidal behaviours (Xiang et al., 2014). In order to avoid multicollinearity, we included variables in the model that has less than .80 correlations (Toothaker, 1994). In the first step, moral injury and social support were entered into the model; in the second step, traumatic experiences were entered; in the third step, religiousity was included; and in the fourth step, the interaction term between religiousity and traumatic experiences was included to examine whether religiosity moderated the relationship between traumatic experiences and suicidal behaviours.

**Result**

**Bivariate Analyses**

As can be observed in correlational analyses (Table 1), veterans' exposure to traumatic combat experiences and moral injury inflicted from these experiences were positively correlated with suicidal behaviours (r = .66; r = .111, p<.05), whereas religious participation correlated negatively with acts suicide (r = -.617, p<.05). This implies that having more experiences of trauma that also inflict moral pain could increase risk of suicidal behaviours in military veterans, while greater religious participation may decrease risk.

**Table 1.**

**Bivariate Correlation Between Suicidal Behaviours and Psychosocial Variables**

| Variable | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. Combat experiences | 1 | | | | |
| 2. Moral injury | 0.97* | 1 | | | |
| 3. Social support | 0.09 | .03 | 1 | | |
| 4. Religiosity | 0 .28** | .34* | -.05* | 1 | |
| **5. Suicidal behaviours** | **0 .66*** | **.111*** | **-.03** | **-.617*** | **1** |

** Correlation is significant at 0.01; * correlation is significant at 0.05 level.

**Multivariate Analyses**

Multivariate analyses were conducted using 4-step hierarchical regression. In the first step (Model 1), psychosocial factors were included in the model (overall $F$ = 1.992, $p$ < .05, $R2$

= .012). Although the model was not significant in explaining suicidal behaviours, moral injury (β = .11, $p < .05$) emerged to have a significant positive relationship with suicidal behaviours.

In the second step (Model 2), combat experiences were introduced into the model (overall $F = 4.719$, $p < .05$, $R2 = .42$, $\Delta R2 = .30$), indicating a strong positive correlation between traumatic experiences and suicidal behaviors. Analysis of the third model (Model 3) on religiosity was significant (overall $F = 51.930$, $p < .05$, $R2 = .39$, $\Delta R2 = .035$), indicating a strong negative correlation between religiosity and suicidal behaviors. The final model (Model 4), which examined interaction between religiosity and combat experiences was added in the model and the result (overall $F = 41.48$, $p < .05$, $R2 = .40$, $\Delta R2 = .02$), indicated that religiosity has a slight moderating influence in the relationship between combat experiences and suicidal behaviours (β = –.21, $p < .05$).

*Table 2.*

**Hierarchical Regression Analysis Examining Psychosocial Factors Associated with Suicidal Behaviours in Military Veterans.**

| Models | | B | Std. Error | Beta | F | FΔ | R | $R^2$ | $R^2\Delta$ |
|---|---|---|---|---|---|---|---|---|---|
| **Step 1** | (Constant) | | | | **1.992** | **1.992** | **.111** | **.012** | **.012** |
| | Moral injury | .054 | .027 | .111* | | | | | |
| | Social support | -.003 | .021 | -.007 | | | | | |
| **Step 2** | (Constant) | | | | **4.719*** | **10.060*** | **.206*** | **.042*** | **.030*** |
| | Moral injury | .393 | .110 | .804* | | | | | |
| | Social support | .015 | .022 | .038 | | | | | |
| | Combat experiences | -.236 | .074 | .718* | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Step 3** | (Constant) | | | | **51.930*** | **35.2** | **.62** | **.39** | **.35** |
| | Moral injury | .027 | .092 | .054* | | | | | |
| | Social support | .018 | .017 | .046 | | | | | |
| | Combat experiences | -.056 | .061 | .171* | | | | | |
| | Religiosity | | | | | | | | |
| **Step 4** | | .285 | .021 | -.64* | **41.48*** | **0.223** | **.63*** | **.40*** | **.02*** |
| | Moral injury | .027 | .092 | .055 | | | | | |
| | Social support | .127 | .017 | .045 | | | | | |
| | Combat experiences | -.056 | .061 | .171 | | | | | |
| | Religiosity | .285 | .121 | -.65* | | | | | |
| | Com* Religiosity | .062 | .130 | .-021* | | | | | |

## Discussion

Although previous literature in western countries have associated religiosity with less suicidal behaviours, the mechanism through which religious involvement and beliefs can affect suicidal behaviours in military veterans, especially in African context is unclear. In Nigeria in particular, a research enquiry examining moderating role of religiosity in the relationship between combat experiences and suicidal behaviours among military population has become necessary due to recent increase in suicidal behaviours among returnee combatants (Anongo et al., 2022), many of whom are strongly affiliated to the two dominant religions in the country. Consequently, the present study contributes to body of existing literature on religiosity and suicide by examining whether religiosity moderates the relationship between traumatic combat experiences and suicidal behaviours in Nigerian military veterans.

From the results, it can be observed that religiosity has a strong direct influence on suicidal behaviours (β = -.65), and also interacted with traumatic combat experiences to influence

suicidal behaviours reported by sampled veterans (β = -0.21). Therefore, as combat experiences and associated moral pains increase risk of suicide, religious participation may play an important role protecting against suicidal behaviors among veterans who experience these events even in Nigerian context. This research finding is supported by previous studies that have shown the beneficial effect of religious engagement beliefs in protecting against negative influence of trauma. For instance, amongst Turkish civilian populations, having strong faith in and participating in Islamic religious practices have been shown to protect against suicide (Zeynep et al., 2015). Likewise, indulging in Christian religious activities during crises has been shown to reduce suicide risk in victims of war and natural disasters (Osafo, Knizek, Akotia, & Hjelmeland, 2013). Teismann et al. (2017) also found that religious belief buffered against suicidal ideation. Also, Xiang et al. (2014) and He et al., (2019) researches have provided a detailed description of the interactions between religious commitment, attitudes toward suicide, and suicidal behaviors among college students of different ethnic and religious groups, finding that religiosity may help to protect against suicidal behaviors in adolescents.

Our study also found that combat experiences and moral injury were positively correlated with suicidal behaviors, implying that experiences that exposure deployed personnel unpleasant events that also contradict moral values and beliefs can increase post-deployment suicidal behaviours. This has aligned with previous research findings which have shown that high exposure to combat experiences involving death or injury encourage suicidal ideation, attempts and acquired capability for suicide (Nichter et al., 2020; Orak et al. 2023; Bryan et al. 2018; Nazarov et al. 2020; Mahon et al.,2018). However, while social support (especially having emotionally supporting families) has shown to provide buffer against depression and suicidal behaviours (Kleiman et al., 2014), this study has surprisingly found that social support (which is known to protect against suicide), has no relationship with military involvement in a spectrum of suicidal behaviours. The absence of social support to influencing suicidal behaviours is surprising because positive social support is a known buffer against suicide in college students as it has been revealed that promoting positive supportive relationship through encouragement of faith community participation may be an important suicide prevention strategy Hirsch & Barton,2011).

**Limitations**

Although the present study has strong implication for policies on suicide prevention and control, there are potential limitations that must be considered when adopting its findings. First, the study was conducted with a limited sample of insurgency-related veterans, which may affect generalization to other personnel in Nigeria, particularly those who have retired or are on foreign missions. Secondly, we did control for potential factors, such as personality traits, lack of motivation and other adverse experiences that may induce suicidal behaviours in military veterans.

**Conclusion**

In this research, we examined the role that religiosity plays in the relationship between traumatic experiences and suicidal behaviors among Nigerian military veterans. In line with previous studies in western military and civilian population, we found that exposure to combat and the moral conflict created by them has the capacity to significantly promote a spectrum of suicidal behaviours in military veterans. Most interestingly, we found that religiosity has a significant moderating effect on the relationship between traumatic combat experiences and suicidal behaviors, such that those who indulged more in religious activities during and after trauma were less likely to report these behaviours. This finding has highlighted the importance of incorporating psycho-spiritual interventions as a useful suicide prevention strategy in military and therefore call on the military and relevant stakeholders to encourage and promote religious participation among troops during and after combat operations.

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