

CDP



Research Update – May 25, 2023

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<https://doi.org/10.1002/jclp.23485>

Informing measurement of gender differences in suicide risk and resilience: A national study of United States military veterans.

Smolenski, D. J., McDonald, K. L., Hoffmire, C. A., Britton, P. C., Carlson, K. F., Dobscha, S. K., & Denneson, L. M.

Journal of Clinical Psychology
2023 May; 79(5): 1371-1385

Objective:

To inform measure selection when examining gender differences in suicide risk, this paper evaluates measure performance for a set of gender-relevant constructs and examines gender differences in mean scores.

Methods:

A national sample of veterans ($n = 968$) who had recently attempted suicide (past 6 months) completed measures assessing life experience-, psychosocial-, and health-related constructs. A multigroup latent variable model was used to assess similarity of measurement properties between women and men.

Results:

Metric and scalar invariance indicated that the latent variables functioned similarly between women and men. Women had higher scores on negative coping, institutional betrayal, and social rejection; men had higher scores on self-compassion, autonomy, and suicide ideation.

Conclusions:

Measurement properties and gender differences in mean values support the use of these measures for research on gender differences. Findings also suggest further investigation of social rejection, institutional betrayal, and negative coping among women veterans at risk for suicide.

<https://doi.org/10.1080/08995605.2023.2209006>

Military experiences, connection to military identity, and time since military discharge as predictors of United States veteran suicide risk.

Emily Edwardsn, Terra Osterberg, Brettland Coolidge, Ashley L. Greene, Gabriella Epshteyn, Daniel Gorman, Danny Ruiz & Paul El-Meouchy

Military Psychology

Published online: 19 May 2023

Veterans navigating the military-to-civilian transition appear at elevated risk for suicide. However, research on the transition-suicide association often fails to consider co-occurring risk factors. The independent association of time since military discharge and suicide among veterans therefore remains unclear. Data from 1,495 post-Vietnam community veterans provided estimates of suicide risk, military-based stressful experiences, connection to military identity, and recency of military discharge. Hierarchical regression analyses examined independent, incremental utility of factors associated with suicide risk after controlling for quality of life, age, and duration of military service among the total veteran sample and a subsample discharged from military service within five years prior. The resulting model explained 41% of variance in suicide risk in the total veteran sample and 51% of variance in suicide risk in the recently discharged subsample. Recency of discharge, combat exposure, moral injury, poor quality of life, and poor psychological wellness showed statistically significant, independent associations with suicide risk, whereas connection to military identity did not show significant, independent associations. Results highlight the salience of the military-to-civilian transition as an independent risk factor for veteran suicide even after controlling for military-based stressful experiences, military identity, quality of life, age, and service duration.

<https://doi.org/10.1001/jamanetworkopen.2023.13563>

Estimated Rates of Incident and Persistent Chronic Pain Among US Adults, 2019-2020.

Nahin, R. L., Feinberg, T., Kapos, F. P., & Terman, G. W.

JAMA Network Open
2023 May 1; 6(5): e2313563

Importance:

Chronic pain risk and prognosis estimates are needed to inform effective interventions.

Objective:

To estimate rates of chronic pain and high-impact chronic pain (HICP) incidence and persistence in US adults across demographic groups.

Design, setting, and participants:

This cohort study examined a nationally representative cohort with 1 year of follow-up (mean [SD], 1.3 [0.3] years). Data from the 2019-2020 National Health Interview Survey (NHIS) Longitudinal Cohort were used to assess the incidence rates of chronic pain across demographic groups. The cohort was created using random cluster probability sampling of noninstitutionalized civilian US adults 18 years or older in 2019. Of 21 161 baseline participants in the 2019 NHIS who were randomly chosen for follow-up, 1746 were excluded due to proxy response(s) or lack of contact information, and 334 were deceased or institutionalized. Of the 19 081 remaining, the final analytic sample of 10 415 adults also participated in the 2020 NHIS. Data were analyzed from January 2022 to March 2023.

Exposures:

Self-reported baseline sex, race, ethnicity, age, and college attainment.

Main outcomes and measures:

Primary outcomes were the incidence rates of chronic pain and HICP, and secondary outcomes were the demographic characteristics and rates across demographic groups. A validated measure of pain status ("In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?") yielded 3 discrete categories each year: pain free, nonchronic pain, or chronic pain (pain "most days" or "every day"). Chronic pain present in both survey years was considered persistent; HICP was defined as chronic pain that limited life or work activities on most days or every day. Rates were reported per 1000 person-years (PY) of follow-up, and age standardized based on the 2010 US adult population.

Results:

Among 10 415 participants included in the analytic sample, 51.7% (95% CI, 50.3%-53.1%) were female, 54.0% (95% CI, 52.4%-55.5%) were aged 18 to 49 years, 72.6% (95% CI, 70.7%-74.6%) were White, 84.5% (95% CI, 81.6%-85.3%) were non-Hispanic

or non-Latino, and 70.5% (95% CI, 69.1%-71.9%) were not college graduates. Among pain-free adults in 2019, incidence rates of chronic pain and HICP in 2020 were 52.4 (95% CI, 44.9-59.9) and 12.0 (95% CI, 8.2-15.8) cases per 1000 PY, respectively. The rates of persistent chronic pain and persistent HICP in 2020 were 462.0 (95% CI, 439.7-484.3) and 361.2 (95% CI, 265.6-456.8) cases per 1000 PY, respectively.

Conclusions and relevance:

In this cohort study, the incidence of chronic pain was high compared with other chronic diseases. These results emphasize the high disease burden of chronic pain in the US adult population and the need for early management of pain before it becomes chronic.

<https://doi.org/10.1007/s41347-023-00299-1>

Evaluation of a Psychoeducational Group to Expand Mobile Application Knowledge and Use in a Veteran Residential Treatment Program.

Harned, M., Dhimi, M. & Reger, G.M.

Journal of Technology in Behavioral Science

Published: 15 February 2023

Despite the availability of free, evidence-informed mental health mobile applications (apps) to support Veterans and Service Members, interventions are needed to ensure patients are aware of the developed resources. A psychoeducational group was developed and evaluated by a quality improvement project in the context of a Department of Veterans Affairs residential treatment program. Four weekly group sessions introduced 82 Veterans to two similarly themed apps at each group and supported Veteran installation, introduction to the clinical subject matter, app orientation and demonstration, and device/app troubleshooting. Although 94% owned a smartphone, prior to the group, seven of eight apps introduced during the group had been used by fewer than 10% of participants. Following group participation, the proportion of participants agreeing that they were comfortable using mental health apps increased from 33% at baseline to 75%. Similarly, relative to 54% of participants at baseline who agreed that they were aware of available mental health mobile applications, the proportion rose to 89% after the group. Most participants rated three apps as “helpful” or “very helpful” (Breath2Relax, Mindfulness Coach, and PTSD Coach) and most participants reported they were likely to use these apps in the future. Results and qualitative feedback identified needed improvements to the group, including

the replacement of some featured apps and the inclusion of automated app usage metrics. Well-designed implementation studies of dissemination strategies are needed to inform best practices for the adoption of these promising interventions.

<https://doi.org/10.1093/milmed/usac134>

The Lived Experience of Military Women With Chronic Pain: A Phenomenological Study.

Peppard, S. W., Burkard, J., Georges, J., & Dye, J.

Military Medicine

2023 May 16 ;188(5-6): 1199-1206

Introduction:

Chronic pain, a persistent or recurrent pain lasting more than 3 months, is a widespread problem among military women due to combat-related injuries and post-deployment stressors. Risk factors associated with chronic pain include gender, mental health, post-traumatic stress disorder, and prior physical or military sexual trauma. The most common prevalence of chronic pain is musculoskeletal (e.g., low back and neck), migraine, osteoarthritis, and fibromyalgia. Following deployment, 25% of military women are at risk for chronic pain. Military women are prescribed opioids for pain at a higher rate than men and are at risk for prescription opioid addiction. The unique medical needs of military women, including chronic pain, are poorly understood by health care providers and need to be addressed to achieve full integration into the military. The purpose of this study was to explore a typical day for military women living with chronic pain by examining the participants' daily life experiences.

Material and methods:

Using van Manen's approach, 13 active duty, retired, and veteran women were interviewed to explore these lived experiences. The study was approved by the Institutional Review Board at the University of San Diego.

Results:

Eight themes emerged from an analysis of the participants' experiences: (1) chronic pain is a frustrating, persistent, daily, and an hourly struggle; (2) resilience in living with chronic pain is the new normal; (3) mission first and the impact of invisible pain; (4) self-care management and internal locus of control with nonpharmacological therapies; (5)

pain accepted and managed to improve quality of life; (6) coronavirus disease 2019 (COVID-19) diminished social interactions; (7) pain of sexual trauma is not reported; and (8) disparities in health care due to self-perception of provider bias as pain is not understood.

Conclusions:

The study generated new knowledge in Force Health Protection, ensuring (1) a fit and operational readiness force; (2) pre- to post-deployment care for women warriors; and (3) access to health care. The study findings supported previous research and could help direct future research into nursing, medicine, and allied health treatments for military and veterans' gender-specific health care, education, and training. Furthermore, the military women in this study provided insight into the need for future research to explore unconscious gender bias, health disparities, and a raised awareness of military women living with chronic pain. Findings from this study merit further exploration using other qualitative research methodologies including mixed methods.

<https://doi.org/10.1093/milmed/usab471>

Mental Health Stigma in Department of Defense Policies: Analysis, Recommendations, and Outcomes.

Campbell, M., Auchterlonie, J. L., Andris, Z., Cooper, D. C., & Hoyt, T.

Military Medicine

2023 May 16; 188(5-6): e1171-e1177

Introduction:

Mental health stigma is one of the most frequently reported barriers to mental health help-seeking in the military. Previous research has identified that stigma-increasing language in the United States military policies was a potential deterrent to treatment-seeking. In response to a 2016 Government Accountability Office report recommendation, the current study conducted a comprehensive review of Department of Defense and military service-specific policies to identify stigmatizing language provisions and recommend appropriate language changes.

Methods:

This review of policies comprised three sequential phases. First, a key-term search strategy was conducted on mental health (Phase 1) and substance misuse policies

(Phase 2) to identify language that may contribute to stigma. Recommended language changes were identified, and the results of each phase were briefed to service-level Directors of Psychological Health. Approximately three years after initial identification, all mental health policies from Phase 1 for which language change recommendations had been made were examined to determine whether or not recommended changes had been incorporated (Phase 3).

Results:

Out of 285 mental health and substance misuse policies, 191 (67%) contained potentially stigmatizing language. Subsequent review of implementation showed that partial or full recommended language changes had been made in 58.9% of 129 mental health-related policies that had been re-issued.

Conclusions:

This collaborative effort to identify and modify potentially stigmatizing language contributed to a substantial reduction in problematic policies across the military services. Future efforts should focus on reviewing new and re-issued policies to ensure that stigma-increasing language is not present as part of routine issuance. These efforts are part of ongoing work to address the association that language and terminology have on stigma and barriers to care.

<https://doi.org/10.1093/milmed/usab472>

Literature Review of Sex Differences in mTBI.

Haynes, N., & Goodwin, T.

Military Medicine

2023 May 16; 188(5-6): e978-e984

Introduction:

Traumatic brain injury (TBI) remains a significant source of morbidity worldwide and is of particular concern for the military. Scientific literature examining sex differences in TBI is highly contradictory with some reporting better outcomes in men, others reporting better outcomes in women, and others reporting mixed results or no difference. While the exact cause is currently debated, the existence of such differences has important implications for surveillance techniques, treatment options, and management of long-term consequences. As the number of women within the U.S. military ranks increases

and with the opening of combat roles to women in 2013, increased awareness of probable sex differences regarding TBI responses will enable better standard of care.

Materials and methods:

Using the PubMed database, a keyword search using gender, "sex factors", "sex dependent", "gender disparity", TBI, "traumatic brain injury", mTBI (mild TBI), and "cranial trauma" was used to identify articles of interest. Results were filtered for written in the last 5 years, English, and free full text. References of relevant articles were cross-checked for additional publications. Articles familiar to the authors were also included.

Results:

We review literature that includes analysis of age as an interaction in TBI, hypothesized mechanisms to explain variations in outcomes between men and women, and the need for inclusion of sex as a criterion in future studies.

Conclusions:

Emerging studies underscore the complexity of interpreting sex differences in TBI. The long-held belief that women have a neuroprotective advantage compared to men based on higher levels of sex hormones is being re-evaluated. Past conclusions have relied extensively on clinical studies that include a disproportionate number of men or do not stratify results based on sex. While sex hormones may be neuroprotective, underlying mechanisms are far from clarified. Future TBI studies must include women and gonadal hormone levels should be measured to address potential variables. Given the significant number of TBIs within the military, an improved understanding of TBI pathophysiology and outcomes is important considerations for mission success and servicemember longevity.

<https://doi.org/10.1093/milmed/usab532>

Depression and Anxiety as Mediators of PTSD Symptom Clusters and Pain in Treatment-Seeking Canadian Forces Members and Veterans.

Roth, M., King, L., & Richardson, D.

Military Medicine

2023 May 16; 188(5-6): e1150-e1155

Introduction:

Chronic pain (CP) commonly presents alongside psychiatric conditions such as depression, PTSD, and generalized anxiety. The current study sought to better understand this complex relationship by determining whether anxiety and depression symptom severity mediated the relationship between DSM-5 PTSD symptom clusters and pain symptoms in a sample of 663 Canadian Armed Forces (CAF) personnel and veterans seeking treatment for mental health conditions.

Materials and methods:

Generalized anxiety disorder, depression, and PTSD symptom severity were measured using self-report scales provided as part of a standard intake protocol. Pain symptoms were measured using the Bodily Pain subscale of the SF-36 (SF-36 BPS). Linear regressions were used to explore the relationship between PTSD symptom clusters, depression, anxiety, and pain. Bootstrapped resampling analyses were employed to test mediation effects.

Results:

The average SF-36 BPS score in this sample was 36.6, nearly 1.5 SDs below the population health status, enforcing the salience of pain symptoms as a concern for veterans and CAF seeking treatment for military-related psychiatric conditions. The effects of PTSD symptom clusters avoidance, negative mood and cognitions, and arousal on pain were fully mediated by anxiety and depression severity. However, the effect of intrusion on pain was not mediated by depression and only partly mediated by anxiety.

Conclusion:

Findings emphasize the importance of including anxiety and depression in models of PTSD and pain, particularly in samples where psychiatric comorbidity is high. Clinically, results highlight the need for improved treatment regimens that address pain symptoms alongside common psychiatric comorbidities.

<https://doi.org/10.1093/sleepadvances/zpad001>

Probable trauma associated sleep disorder in post-9/11 US Veterans.

Taylor, K. A., Mysliwiec, V., Kimbrel, N. A., Augustine, A. V., VA Mid-Atlantic MIRECC Registry Workgroup, & Ulmer, C. S.

Sleep Advances

2023 Jan 12; 4(1): zpad001

Study objectives:

The purpose of this study was to (1) estimate trauma associated sleep disorder (TASD) prevalence among post-9/11 era veterans and to describe differences in service and comorbid mental health clinical characteristics among individuals with and without probable TASD, and (2) estimate TASD prevalence and characteristics of reported traumatic experiences stratified by sex.

Methods:

We used cross-sectional data from the post-deployment mental health study of post-9/11 veterans, which enrolled and collected baseline data from 2005 to 2018. We classified veterans as having probable TASD using self-reported measures: traumatic experiences from the traumatic life events questionnaire (TLEQ) and items from the Pittsburgh sleep quality index with Addendum for posttraumatic stress disorder (PTSD) mapped to TASD diagnostic criteria and ascertained mental health diagnoses (PTSD, major depressive disorder [MDD]) via Structured Clinical Interview for DSM-IV. We calculated effect sizes as prevalence ratios (PR) for categorical variables and Hedges' g for continuous variables.

Results:

Our final sample included 3618 veterans (22.7% female). TASD prevalence was 12.1% (95% CI: 11.1% to 13.2%) and sex-stratified prevalence was similar for female and male veterans. Veterans with TASD had a much higher comorbid prevalence of PTSD (PR: 3.72, 95% CI: 3.41 to 4.06) and MDD (PR: 3.93, 95% CI: 3.48 to 4.43). Combat was the highest reported most distressing traumatic experience among veterans with TASD (62.6%). When stratifying by sex, female veterans with TASD had a wider variety of traumatic experiences.

Conclusions:

Our results support the need for improved screening and evaluation for TASD in veterans, which is currently not performed in routine clinical practice.

<https://doi.org/10.1136/military-2022-002332>

Veterans' experiences of moral injury, treatment and recommendations for future support.

Bonson, A., Murphy, D., Aldridge, V., Greenberg, N., & Williamson, V.

BMJ Military Health
2023 May 16; e002332

Introduction:

Moral injury (MI) significantly impacts the lives of many UK military veterans however, there is a lack of manualised treatment to address the needs of this population. To develop future treatments that are acceptable and well tolerated, veterans should be consulted on their experiences of existing psychological treatments and suggestions for future treatments.

Methods:

10 UK military veterans were interviewed about their experiences of receiving treatment for psychological difficulties after MI, and beliefs about core components of future treatments. Thematic analysis of these interviews were conducted.

Results:

2 superordinate themes were identified: experiences of previous mental health treatment and perceptions of the proposed treatments. Reflections on cognitive behavioural therapy were mixed, with some describing that it did not ameliorate their guilt or shame. In future treatments, focusing on values, using written letters and including therapy sessions with close companions were considered beneficial. Veterans reported that a strong rapport with therapist was key for MI treatment.

Conclusion:

Findings provide a useful account of how current post-trauma treatments may be experienced by patients with MI. Although limited by sample size, the results highlight therapeutic approaches that may be helpful in future and provide important considerations for therapists treating MI.

<https://doi.org/10.1093/milmed/usab454>

Post-Traumatic Stress Disorder Treatment Outcomes in Military Clinics.

Mclay, R., Fesperman, S., Webb-Murphy, J., Delaney, E., Ram, V., Nebeker, B., & Burce, C. M.

Military Medicine

2023 May 16; 188(5-6): e1117-e1124

Introduction:

Despite a wide literature describing the impact of PTSD on military personnel, there is limited information concerning the results of PTSD treatment within military clinics mental health. Having such information is essential for making predictions about service members' chances of recovery, choosing best treatments, and for understanding if new interventions improve upon the standard of care.

Materials and methods:

We reviewed data from the Psychological Health Pathways (PHP) database. Psychological Health Pathways is a standardized battery of demographics and psychometric outcome measures, including measurement of PTSD symptom severity, that is collected in military mental health clinics. We examined changes in PTSD symptom severity scores over time and developed logistic regression models to predict who responded to treatment, showed clinical success, or improved to the point that they could likely stay in the military.

Results:

After about 10 weeks in mental health clinics, severity scores for PTSD, sleep, depression, resilience, and disability all improved significantly. Of 681 patients tracked, 38% had clinically significant reductions on the PTSD Checklist (PCL) (i.e., "treatment response"), 28% no longer met criteria for PTSD on the PCL, and 23% did both (i.e., "clinical treatment success"). For the ultimate end point of "military treatment success," defined as meeting criteria for both clinical treatment success and reporting that their work-related disability was mild or better, 12.8% of patients succeeded. Depression scores were the most powerful predictor of treatment failure.

Conclusions:

Recovery from PTSD is possible during military service, but it is less likely in individuals with certain negative prognostic factors, most notably severe depression.

<https://doi.org/10.1093/milmed/usab456>

Combat Deployment Experiences and Soldier Mental Health: Examining the Factor Structure of a Combat Experiences Scale.

Sherman, H., Frye-Cox, N., & Lucier-Greer, M.

Military Medicine

2023 May 16; 188(5-6): e1156-e1165

Introduction:

Researchers and practitioners are invested in understanding how deployment experiences impact the nearly 193,000 U.S. service members who deploy in a given year. Yet, there remains a need to adequately identify salient deployment experiences through survey measurement tools and understand how differential experiences are uniquely related to mental health outcomes. Therefore, this study examined the factor structure of an established combat experiences measure from the Army Study to Assess Risk and Resilience in Service members (Army STARRS) dataset to identify underlying survey constructs that reflect nuanced deployment experiences. Then, we examined the association between diverse combat experiences and current mental health symptoms (i.e., anxiety and depressive symptoms) and the mediating role of coping.

Materials and methods:

Data were drawn from the Army STARRS data (N = 14,860 soldiers), specifically the All Army Study component. A principal component analysis (PCA) was conducted to examine the dimensionality of the combat experiences scale, and then a path model was conducted to examine the relationships between combat experiences, coping with stress following a deployment, and mental health symptoms while controlling for relevant individual and interpersonal factors.

Results:

Results from the principal component analysis suggested that the Army STARRS combat experiences scale encompasses two components, specifically: "Expected combat experiences" and "Responsible for non-enemy deaths." Both "Expected combat experiences" and "Responsible for non-enemy deaths" were associated with higher levels of anxiety and depressive symptoms, respectively, and "Responsible for non-enemy deaths" was also indirectly linked to these mental health outcomes through coping with stress after deployment.

Conclusions:

These findings provide insight into the dimensionality of combat experiences and offer practitioners a more nuanced understanding of how to process unique combat experiences that differentially relate to mental health symptoms.

<https://doi.org/10.1177/0734016823116>

Understanding Criminogenic Risk Factors Among United States Military Veterans: An Updated Literature Review.

Edwards, E. R., Epshteyn, G., Connelly, B., Redden, C., Moussa, C. E. H., Blonigen, D. M., Stimmel, M., Holliday, R., & Osterberg, T.

Criminal Justice Review

First published online March 5, 2023

Justice-involved veterans (JIVs) are a high-priority subgroup within the U.S. judicial system. In recent years, empirical research into the characteristics, needs, and outcomes of this veteran subgroup has developed rapidly. To allow research to better inform efforts to support JIVs, a systematic review was completed to organize existing literature on criminogenic risk within this population through the lens of the Risk-Need-Responsivity Model. Of the eight risk factors theorized by the Risk-Need-Responsivity Model, history of antisocial behavior and substance use had the most robust evidence as criminogenic risk factors for veteran justice involvement. Modest evidence was identified for antisocial personality, educational and occupational difficulties, and disruptions to family and marital relationships as risk factors. However, only limited evidence was identified for antisocial thinking, affiliation with antisocial peers, and lack of prosocial activities as risk factors due to these factors being relatively underassessed in research. Such patterns provide insight into potential interventions and supports for JIVs while also highlighting areas for continued research.

<https://doi.org/10.1016/j.drugalcdep.2023.109833>

Trajectories of alcohol consumption in U.S. military veterans: Results from a 10-year population-based longitudinal study.

PJ Na, J Montalvo-Ortiz, I Petrakis, JH Krystal, R Polimanti, J Gelernter, RH Pietrzak

Drug and Alcohol Dependence

Volume 246, 1 May 2023, 109833

Background

Alcohol use disorder is a public health problem, especially among US veterans. This study examined the nature and predictors of 10-year trajectories of alcohol consumption in US veterans.

Methods

Data were analyzed from the 2011–2021 National Health and Resilience in Veterans Study, a nationally representative, longitudinal study of 2309 US veterans.

Results

Latent growth mixture modeling analyses revealed four trajectories of alcohol consumption (Alcohol Use Disorders Identification Test–Consumption [AUDIT-C]) over a 10-year period: excessive (4.1%; mean [standard deviation] AUDIT-C baseline=8.6 [2.0], slope= -0.33 [0.07]); at-risk (22.1%; baseline=4.1 [1.6], slope=0.02 [0.07]); rare (71.7%; baseline=1.2 [1.3], slope= -0.01 [0.03]); and recovering alcohol consumption (2.1%; baseline=8.4 [1.9], slope= -0.70 [0.14]). The strongest predictors of excessive vs. rare alcohol consumption group were younger age (relative variance explained [RVE]=27.8%), and lower agreeableness (RVE=27.0%); at-risk vs. rare alcohol consumption group were fewer medical comorbidities (RVE=82.3%); recovering vs. rare alcohol consumption group were greater dysphoric arousal symptoms (RVE=46.1%) and current mental health treatment (RVE=26.5%); excessive vs. at-risk alcohol consumption group were younger age (RVE=25.9%), greater dysphoric arousal symptoms of posttraumatic stress disorder (RVE=22.0%), and lower conscientiousness (RVE=19.1%); and excessive vs. recovering alcohol consumption group were current mental health treatment (RVE=61.1%) and secure attachment style (RVE=12.4%).

Conclusions

Over the past decade, more than 1 in 4 US veterans consumed alcohol at the at-risk-to-excessive level. Veterans who are younger, score lower on agreeableness and conscientiousness, endorse greater dysphoric arousal symptoms, and currently not engaged in mental health treatment may require close monitoring and prevention efforts to mitigate the risk of a chronic course of at-risk-to-excessive alcohol consumption.

<https://doi.org/10.1177/20451253231154125>

The potential of ketamine for posttraumatic stress disorder: a review of clinical evidence.

Ragnhildstveit, A., Roscoe, J., Bass, L. C., Averill, C. L., Abdallah, C. G., & Averill, L. A.

Therapeutic Advances in Psychopharmacology
2023 Mar 6; 13: 20451253231154125

Posttraumatic stress disorder (PTSD) is a devastating condition, for which there are few pharmacological agents, often with a delayed onset of action and poor efficacy. Trauma-focused psychotherapies are further limited by few trained providers and low patient engagement. This frequently results in disease chronicity as well as psychiatric and medical comorbidity, with considerable negative impact on quality of life. As such, off-label interventions are commonly used for PTSD, particularly in chronic refractory cases. Ketamine, an N-methyl-D-aspartate (NDMA) receptor antagonist, has recently been indicated for major depression, exhibiting rapid and robust antidepressant effects. It also shows transdiagnostic potential for an array of psychiatric disorders. Here, we synthesize clinical evidence on ketamine in PTSD, spanning case reports, chart reviews, open-label studies, and randomized trials. Overall, there is high heterogeneity in clinical presentation and pharmacological approach, yet encouraging signals of therapeutic safety, efficacy, and durability. Avenues for future research are discussed.

<https://doi.org/10.1017/S0033291723000211>

Associations of polygenic risk scores with posttraumatic stress symptom trajectories following combat deployment.

Campbell-Sills, L., Papini, S., Norman, S. B., Choi, K. W., He, F., Sun, X., Kessler, R. C., Ursano, R. J., Jain, S., & Stein, M. B.

Psychological Medicine
2023 Mar 6; 1-10

Background:

Identification of genetic risk factors may inform the prevention and treatment of posttraumatic stress disorder (PTSD). This study evaluates the associations of polygenic risk scores (PRS) with patterns of posttraumatic stress symptoms following combat deployment.

Method:

US Army soldiers of European ancestry (n = 4900) provided genomic data and ratings of posttraumatic stress symptoms before and after deployment to Afghanistan in 2012. Latent growth mixture modeling was used to model posttraumatic stress symptom trajectories among participants who provided post-deployment data (n = 4353). Multinomial logistic regression models tested independent associations between trajectory membership and PRS for PTSD, major depressive disorder (MDD), schizophrenia, neuroticism, alcohol use disorder, and suicide attempt, controlling for age, sex, ancestry, and exposure to potentially traumatic events, and weighted to account for uncertainty in trajectory classification and missing data.

Results:

Participants were classified into low-severity (77.2%), increasing-severity (10.5%), decreasing-severity (8.0%), and high-severity (4.3%) posttraumatic stress symptom trajectories. Standardized PTSD-PRS and MDD-PRS were associated with greater odds of membership in the high-severity v. low-severity trajectory [adjusted odds ratios and 95% confidence intervals, 1.23 (1.06-1.43) and 1.18 (1.02-1.37), respectively] and the increasing-severity v. low-severity trajectory [1.12 (1.01-1.25) and 1.16 (1.04-1.28), respectively]. Additionally, MDD-PRS was associated with greater odds of membership in the decreasing-severity v. low-severity trajectory [1.16 (1.03-1.31)]. No other associations were statistically significant.

Conclusions:

Higher polygenic risk for PTSD or MDD is associated with more severe posttraumatic stress symptom trajectories following combat deployment. PRS may help stratify at-risk individuals, enabling more precise targeting of treatment and prevention programs.

<https://doi.org/10.1176/appi.ps.20220248>

Prospective Association of Unmet Mental Health Treatment Needs With Suicidal Behavior Among Combat-Deployed Soldiers.

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Psychiatric Services

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Objective:

Military personnel frequently report discontinuing or not pursuing psychiatric treatment despite perceiving a need for services. This study aimed to examine how unmet need for treatment or support among U.S. Army soldiers relates to future suicidal ideation (SI) or suicide attempt (SA).

Methods:

Mental health treatment need and help seeking in the past 12 months were evaluated for soldiers (N=4,645) who subsequently deployed to Afghanistan. Weighted logistic regression models were used to examine the prospective association of predeployment treatment needs with SI and SA during and after deployment, with adjustment for potential confounders.

Results:

Compared with soldiers without predeployment treatment needs, those who reported not seeking help despite needing it had increased risk for SI during deployment (adjusted OR [AOR]=1.73), past-30-day SI at 2–3 months postdeployment (AOR=2.08), past-30-day SI at 8–9 months postdeployment (AOR=2.01), and SA through 8–9 months postdeployment (AOR=3.65). Soldiers who sought help and stopped treatment without improvement had elevated SI risk at 2–3 months postdeployment (AOR=2.35). Those who sought help and stopped after improving did not have increased SI risk during or 2–3 months after deployment but had elevated risks for SI (AOR=1.71) and SA (AOR=3.43) by 8–9 months postdeployment. Risks for all suicidality outcomes were also elevated among soldiers who reported receiving ongoing treatment before deployment.

Conclusions:

Unmet or ongoing needs for mental health treatment or support before deployment are associated with increased risk for suicidal behavior during and after deployment. Detecting and addressing treatment needs among soldiers before deployment may help prevent suicidality during deployment and reintegration periods.

<https://doi.org/10.1080/23337486.2023.2188757>

Change in practice: a framework for analysing the transformation of post-conflict masculinities.

Maike Messerschmidt & Hendrik Quest

This article addresses two shortcomings in the existing research on masculinities during or after armed conflict: a strong focus on violent masculinities and a lack of approaches to analysing the transformation of masculinities, especially in the context of peace processes. We suggest understanding masculinities through context-specific masculinity practices and differentiate between societal, institutional, and individual practices. Based on this, we reconceptualize militarized, military, and hypermasculinity as concepts that capture violent masculinity practices at different analytical levels. This offers an intriguing way of grasping masculinities, both violence-centred ones and those that are more conducive to peace, without essentialising them and allows for the fine-grained analysis of even small-scale changes in those practices and the masculinities they perform. For this, we synthesize the existing literature and suggest a way of ordering it as part of an analytical framework. This framework conceptualizes violence-centred masculinities and their peace-conducive counterparts through the masculinity practices performed in societies, security sector institutions, and by individuals. We then identify examples of those masculinity practices and cluster them according to their shared meaning in what we call continua of practices. We thus offer a framework for structuring the plethora of potentially observable masculinity practices in post-conflict contexts. Furthermore, this framework facilitates analysing the transformation of post-conflict masculinities, allowing to situate observed practices somewhere on the continua we identified. As a result, we transcend the understanding of masculinities as static, violent and inherently problematic.

<https://doi.org/10.3390/jcm12052079>

Sleep Quality Disturbances Are Associated with White Matter Alterations in Veterans with Post-Traumatic Stress Disorder and Mild Traumatic Brain Injury.

Rojczyk P, Seitz-Holland J, Kaufmann E, Sydnor VJ, Kim CL, Umminger LF, Wiegand TL, Guenette JP, Zhang F, Rathi Y, Bouix S, Pasternak O, Fortier CB, Salat D, Hinds SR, Heinen F, O'Donnell LJ, Milberg WP, McGlinchey RE, Shenton ME, Koerte IK

Sleep disturbances are strongly associated with mild traumatic brain injury (mTBI) and post-traumatic stress disorder (PTSD). PTSD and mTBI have been linked to alterations in white matter (WM) microstructure, but whether poor sleep quality has a compounding effect on WM remains largely unknown. We evaluated sleep and diffusion magnetic resonance imaging (dMRI) data from 180 male post-9/11 veterans diagnosed with (1) PTSD (n = 38), (2) mTBI (n = 25), (3) comorbid PTSD+mTBI (n = 94), and (4) a control group with neither PTSD nor mTBI (n = 23). We compared sleep quality (Pittsburgh Sleep Quality Index, PSQI) between groups using ANCOVAs and calculated regression and mediation models to assess associations between PTSD, mTBI, sleep quality, and WM. Veterans with PTSD and comorbid PTSD+mTBI reported poorer sleep quality than those with mTBI or no history of PTSD or mTBI ($p = 0.012$ to <0.001). Poor sleep quality was associated with abnormal WM microstructure in veterans with comorbid PTSD+mTBI ($p < 0.001$). Most importantly, poor sleep quality fully mediated the association between greater PTSD symptom severity and impaired WM microstructure ($p < 0.001$). Our findings highlight the significant impact of sleep disturbances on brain health in veterans with PTSD+mTBI, calling for sleep-targeted interventions.

<https://doi.org/10.1097/HTR.0000000000000829>

Racial and Ethnic Differences in Deaths by Suicide, Drug Overdose, and Opioid-Related Overdose in a National Sample of Military Members With Mild Traumatic Brain Injury, 1999-2019.

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Journal of Head Trauma Rehabilitation
38(2): p 114-124, March/April 2023

Objective:

To examine racial and ethnic differences in suicide and drug and opioid-related overdose deaths among a population-based cohort of military service members who were diagnosed with a mild traumatic brain injury (mTBI) during military service.

Design:

Retrospective cohort.

Setting:

Military personnel receiving care within the Military Health System between 1999 and 2019.

Participants:

In total, 356 514 military members aged 18 to 64 years, who received an mTBI diagnosis as their index TBI between 1999 and 2019, while on active duty or activated.

Main Measures:

Death by suicide, death by drug overdose, and death by opioid overdose were identified using International Classification of Diseases, Tenth Revision (ICD-10) codes within the National Death Index. Race and ethnicity were captured from the Military Health System Data Repository.

Results:

Overall crude rates were 38.67 per 100 000 person-years for suicide; 31.01 per 100 000 person-years for drug overdose death; and 20.82 per 100 000 person-years for opioid overdose death. Crude and age-specific rates for military members who self-identified as Other were higher than all other racial/ethnic groups for all 3 mortality outcomes. Adjusting for age, suicide rates for those classified as Other were up to 5 times that of other racial/ethnic groups for suicide, and up to 11 and 3.5 times that of other race/ethnicity groups for drug and opioid overdose death, respectively.

Conclusion:

Findings extend previous knowledge regarding risk for suicide and deaths by drug overdose among those with mTBI and highlight new important areas for understanding the impact of race and ethnicity on mortality. Methodological limitations regarding classification of race and ethnicity must be addressed to ensure that future research provides a better understanding of racial and ethnic disparities in suicide and drug overdose mortality among military members with TBI.

<https://doi.org/10.1093/milmed/usac207>

Telehealth in the Military Health System: Impact, Obstacles, and Opportunities.

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Tracey Pérez Koehlmoos

Military Medicine

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Background

The U.S. Military Health System (MHS) pioneered the use of telehealth in deployed environments in the early 1990s. However, its use in non-deployed environments historically lagged behind that of the Veterans Health Administration (VHA) and comparable large civilian health systems, due to administrative, policy, and other obstacles that slowed or blocked its expansion in the MHS. A report was prepared in December 2016, which summarized past and then-present telehealth initiatives in the MHS; described the obstacles, opportunities, and policy environment; and provided three possible courses of action for expansion of telehealth in deployed and non-deployed settings.

Methods

Gray literature, peer-reviewed literature, presentations, and direct input were aggregated under the guidance of subject matter experts.

Results

Past and then-current efforts demonstrated significant telehealth capability in use and in development for the MHS, mainly in deployed or operational settings. Policy from 2011 to 2017 demonstrated an environment favorable for MHS expansion, while the review of comparable civilian and veterans' healthcare systems showed significant benefits including increased access and lower cost from use of telehealth in non-deployed settings. The 2017 National Defense Authorization Act charged the Secretary of Defense with promoting telehealth usage for the Department of Defense, including provisions for removing obstacles and reporting progress within 3 years. The MHS has the ability to reduce burdensome interstate licensing and privileging requirements, but still requires an increased level of cybersecurity, compared to civilian systems.

Discussion

The benefits of telehealth fit with the MHS Quadruple Aim of improving cost, quality, access, and readiness. Readiness is particularly served by the use of "physician extenders," which allows nurses, physician assistants, medics, and corpsmen to provide hands-on care under remote oversight and to practice at the top of their licenses. Based on this review, three courses of action were recommended: to focus largely on developing telehealth in deployed environments; to maintain focus in deployed environments and increase telehealth development in non-deployed environments to

keep pace with the VHA and private sector; or to use lessons learned from military and civilian telehealth initiatives to leapfrog the private sector.

Conclusion

This review serves as a snapshot in time of the steps leading to telehealth expansion before 2017, which helped to set the stage for later use of telehealth in behavioral health initiatives and as a response to coronavirus disease 2019. The lessons learned are ongoing and further research is expected to inform additional development of telehealth capability for the MHS.

<https://doi.org/10.1093/milmed/usac354>

Improving the Health and Readiness of Military Women.

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Military Medicine

2023 Mar 6; 188(Suppl 1): 8-14

Why the defense health horizons did this study:

Women comprise approximately one-fifth of the total force in the U.S. Military. Gynecologic and reproductive health issues not only affect the health and wellness of individual servicewomen but may also impact the mission of the DoD. Unintended pregnancies can result in adverse maternal and infant outcomes and can negatively impact the careers of military women and mission readiness. Gynecologic conditions such as abnormal uterine bleeding, fibroids, and endometriosis can also limit women's optimal health and performance, and a significant proportion of military women have indicated their desire to manage and/or suppress menstrual cycles, especially when deployed. Access to the full range of contraceptive methods is an important strategy to allow women to achieve their reproductive goals and address other health concerns. This report reviews rates of unintended pregnancy and contraceptive utilization among servicewomen and examines factors that influence these measures of health.

What defense health horizons found:

Overall rates of unintended pregnancy are higher among servicewomen than the general population and rates of contraceptive use among servicewomen are lower than the general population. Congress mandates that servicewomen have access to

contraceptive options, but the DoD has not established target measures for contraceptive access and use, unlike that present for the civilian population.

What defense health horizons recommends:

Four potential courses of action are proposed to improve the health and readiness of military women. Recommendation 1: The Military Health System (MHS) should develop and maintain reliable sources of data to assess the gynecologic health of servicewomen, including rates of unintended pregnancy. Recommendation 2: When menstrual suppression, treatment for a medical condition, or contraception is desired, servicewomen should have ready access to the information they need to select the option that is best suited for their personal preferences and situation. Recommendation 3: In order to ensure that servicewomen have optimal access to the full range of contraceptive methods, the MHS should determine true access at all their facilities and identify actions to address any barriers. Recommendation 4: The MHS should establish service delivery targets for use of women's preventive health services, particularly contraception, to prevent unintended pregnancies.

<https://pubmed.ncbi.nlm.nih.gov/36881546/>

Incidence and Management of Chronic Insomnia, Active Component, U.S. Armed Forces, 2012 to 2021.

Hsu, N. M., Stahlman, S. L., Fan, M. T., & Wells, N. Y.

MSMR

2023; 30(1), 2–10

The Department of Veterans Affairs and Department of Defense Clinical Practice Guideline (VA/DOD CPG) provides evidence-based management pathways to mitigate the negative consequences of common sleep disorders among service members (SMs). This retrospective cohort study estimated the incidence of chronic insomnia in active component military members from 2012 through 2021 and the percentage of SMs receiving VA/DOD CPG-recommended insomnia treatments. During this period, 148,441 incident cases of chronic insomnia occurred, with an overall rate of 116.1 per 10,000 person-years (p-yrs). A sub-analysis of SMs with chronic insomnia diagnosed during 2019-2020 found that 53.9% received behavioral therapy and 72.7% received pharmacotherapy. As case ages increased, the proportion who received therapy decreased. Co-existing mental health conditions increased the likelihood of receiving

therapy for insomnia cases. Clinician education about the VA/DOD CPG may improve utilization of these evidence-based management pathways for SMs with chronic insomnia.

<https://doi.org/10.1080/07317115.2023.2186303>

Examining the Efficacy of a Brief Cognitive-Behavioral Therapy for Chronic Pain (Brief CBT-CP) Group Delivered via VA Video Connect (VVC) Among Older Adult Veterans.

Amber Martinson, Katherine Johanson & Shan Wong

Clinical Gerontologist

Published online: 07 Mar 2023

Objectives

To evaluate the effectiveness of a Brief CBT-CP Group delivered via VA Video Connect (VVC) among different age groups of Veterans with chronic noncancer pain being seen in primary care. A secondary aim was to evaluate participant characteristics of patients who completed vs. did not complete the group.

Methods

Single-arm treatment study in which outcomes were evaluated by comparing self-reported symptom levels pre- and post-treatment. Dependent variables included generalized anxiety, quality of life, disability, physical health, and pain outcomes.

Results

Following a 2×3 mixed-model ANCOVA, a main effect of time was found for all outcome variables, demonstrating significant improvements in disability rating, physical health, quality of life, generalized anxiety, and pain outcomes from pre- to post-treatment. There were no significant main effects for age group for any outcome variable, suggesting that patients of all ages reported improvements.

Conclusions

Accommodations and adaptations to telehealth treatment for older adults are proposed and discussed.

<https://doi.org/10.1093/milmed/usac325>

Graduate Medical Education in the Military Health System: Strategic Analysis and Options.

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Military Medicine

Volume 188, Issue Supplement_1, March-April 2023, Pages 1–7

Introduction

At the request of then-Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson, Defense Health Horizons (DHH) examined options for shaping Graduate Medical Education (GME) in the Military Health System (MHS) in order to achieve the goals of a medically ready force and a ready medical force.

Materials and Methods

The DHH interviewed service GME directors, key designated institutional officials, and subject-matter experts on GME in the military and civilian health care systems.

Results

This report proposes numerous short- and long-term courses of action in three areas:

1. Balancing the allocation of GME resources to suit the needs of active duty and garrisoned troops. We recommend developing a clear, tri-service mission and vision for GME in the MHS and expanding collaborations with outside institutions in order to prepare an optimal mix of physicians and ensure that trainees meet requirements for clinical experience.
2. Improving the recruitment and tracking of GME students, as well as the management of accessions. We recommend several measures to improve the quality of incoming students, to track the performance of students and medical schools, and to foster a tri-service approach to accessions.
3. Aligning MHS with the tenets of the Clinical Learning Environment Review to advance a culture of safety and to help the MHS become a high reliability organization (HRO). We recommend several actions to strengthen patient care

and residency training and to develop a systematic approach to MHS management and leadership.

Conclusion

Graduate Medical Education (GME) is vital to produce the future physician workforce and medical leadership of the MHS. It also provides the MHS with clinically skilled manpower. Graduate Medical Education (GME) research sows the seeds for future discoveries to improve combat casualty care and other priority objectives of the MHS. Although readiness is the MHS's top mission, GME is also vital to meeting the other three components of the quadruple aim (better health, better care, and lower costs). Properly managed and adequately resourced GME can accelerate the transformation of the MHS into an HRO. Based on our analysis, DHH believes that there are numerous opportunities for MHS leadership to strengthen GME so it is more integrated, jointly coordinated, efficient, and productive. All physicians emerging from military GME should understand and embrace team-based practice, patient safety, and a systems-oriented focus. This will ensure that those we prepare to be the military physicians of the future are prepared to meet the needs of the line, to protect the health and safety of deployed warfighters, and to provide expert and compassionate care to garrisoned service members, families, and military retirees.

Links of Interest:

Nearly 1 in 3 Female Recruits Were Injured in Army Basic Training Last Year

<https://www.military.com/daily-news/2023/05/18/nearly-1-3-female-recruits-were-injured-army-basic-training-last-year.html>

Targeted Care Pilot Aims to Match Demand for Mental Health Care

<https://health.mil/News/Dvids-Articles/2023/05/17/news444960>

Rules for military base visitors still missing after years of waiting

<https://www.militarytimes.com/news/pentagon-congress/2023/05/19/rules-for-military-base-visitors-still-missing-after-years-of-waiting/>

Audit: Navy has failed to properly run suicide prevention program

<https://www.militarytimes.com/news/your-navy/2023/05/22/audit-navy-has-failed-to-properly-run-suicide-prevention-program/>

Rand survey finds level of extremism among veterans same as public

<https://www.militarytimes.com/flashpoints/extremism-disinformation/2023/05/23/rand-survey-of-veterans-finds-few-espousing-extremist-views/>

- [Prevalence of Veteran Support for Extremist Groups and Extremist Beliefs](#)

Veterans online registry adds 300K more names ahead of Memorial Day

<https://www.militarytimes.com/veterans/2023/05/22/veterans-online-memorial-project-adds-300k-names-ahead-of-memorial-day/>

- [Veterans Legacy Memorial](#)

Resource of the Week: [Domestic Abuse in the Armed Forces: Improving Prevention and Outreach](#)

New, from the RAND Corporation:

Domestic abuse is among many harmful behaviors of concern to the U.S. Department of Defense (DoD) because of its consequences for military personnel, their families, and military readiness. RAND's National Defense Research Institute is conducting a multi-year research effort, requested by Congress in Section 546C of the Fiscal Year 2021 National Defense Authorization Act, to study domestic abuse from a variety of perspectives.

In the first phase of this study, the RAND team focused its work on identifying strategies that can help DoD and the Services prevent domestic abuse among service members and their spouses or partners before it occurs and strategies that could be effective in the military environment for outreach and communication to individuals who might have risk factors for domestic abuse.

The prevention and outreach strategies highlighted in this research were synthesized from recommendations made by 80 experts — domestic abuse survivor experts and advocates, military program or service providers and practitioners, military leaders, and domestic abuse scholars — and a scoping review of relevant literature published in the past two decades.

Key Findings

- Both the expert panel and scoping review results pointed to the need for prevention strategies to address not only individual and relationship risk factors but also the broader social, cultural, and systemic factors, such as social isolation and perceived tolerance of domestic abuse.
- A comprehensive prevention approach would include strategies that fall outside the primary purview of DoD's Family Advocacy Program (FAP) and would require contributions from, for example, the Office of Force Resiliency, the Military Health Agency, training commands, military leaders, community organizations, and military offices tasked with preventing other problematic behaviors.
- Experts cautioned against risk factors being treated as excuses or causal factors for domestic abuse, domestic abuse material becoming too diluted by other content, and non-subject-matter experts addressing sensitive domestic abuse topics.
- Across discussions of strategies, experts noted that existing installation-level staffing, expertise, and resources were insufficient to implement some recommendations. This concern encompassed not only the capacity of FAP but also other potential key actors, such as counselors and medical staff.
- Nearly half of the research studies in this scoping review focused on domestic abuse prevention strategies to educate and teach skills to individuals, couples, and families, and those focused on relationship and individual skills were the most common. Most studies of relationship skills strategies showed a positive impact on reducing the occurrence of domestic abuse.



Research Report

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Domestic Abuse in the Armed Forces

Improving Prevention and Outreach



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