

CDP



Research Update -- July 10, 2025

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<https://doi.org/10.1016/j.jpsychires.2025.06.031>

The prevalence of moral distress and moral injury among U.S. veterans.

Litz, B. T., Walker, H. E., Pietrzak, R. H., & Rusowicz-Orazem, L.

Journal of Psychiatric Research

Volume 189, September 2025, Pages 435-444

Moral injury is a syndrome that involves adverse outcomes stemming from experiences violating deeply held moral beliefs. Moral injury has emerged as a distinct mental health concern, yet its prevalence among U.S. veterans remains uncertain. The aim of this study was to determine the prevalence of potentially morally injurious events (PMIEs), moral distress, and moral injury among U.S. veterans. This cross-sectional study surveyed a nationally representative sample of 3002 U.S. veterans using KnowledgePanel. The Moral Injury Outcome Scale assessed PMIE exposure, moral distress (subclinical), moral injury (clinical syndrome), and their functional impact. Among respondents, 44.7 % (95 % CI, 42.1–47.2) endorsed PMIEs; 45.2 % reported witnessing inhumanity, 40.2 % were directly affected by others' transgressions, and 14.0 % reported perpetrating transgressive acts. The weighted prevalence of moral distress and moral injury among PMIE endorsers was 9.1 % (95 % CI, 7.1–11.2) and 13.1 % (95 % CI, 9.9–16.3), respectively. In the full sample, prevalence was 4.1 % (95 % CI, 3.1–5.0) for moral distress and 5.9 % (95 % CI, 4.4–7.4) for moral injury. Moral injury was associated with significant functional impairment, with most cases characterized by shame-related (47.8 %) or blended subvariant symptoms (33.3 %). Approximately 664,000 and 955,000 U.S. veterans report functionally impairing moral distress and moral injury, respectively. These findings highlight the need for surveillance, mitigation, and treatment for these unique mental health challenges.

<https://doi.org/10.1080/15402002.2025.2499136>

Rates of Sleep Disorders Based on a Structured Clinical Interview in US Active-Duty Military Personnel with Acute Suicide Risk.

Zhu, Y., Pruiksma, K. E., Taylor, D. J., Khazem, L. R., Baker, J. C., Young, J., Bryan, C. J., Wiley, J., & Brown, L. A.

Objectives

Individuals who are at higher risk for suicide commonly report sleep disorder symptoms. There is a need for increased precision in understanding which sleep disorder symptoms are most reported in at-risk populations, as well as variability in sleep disorder symptoms. The current study comprehensively evaluates sleep problems in US Active-Duty Military Personnel with acute suicide risk.

Methods

Active-duty treatment-seeking US Marines (N = 40) were recruited based on suicide ideation with intent/plan/suicide attempt in the past month. Marines completed a structured clinical interview for sleep disorders and self-report questionnaires.

Results

Almost all (97.5%) of the participants met criteria for at least one sleep disorder, including insomnia (75.0%), nightmare disorder (50.0%), circadian rhythm sleep–wake disorders (27.5%), and possible obstructive sleep apnea–hypopnea syndrome (25.0%). There was not able variability in total sleep duration (5.45–7.01 hr per night) and bedtimes (19:30–1:00 workdays; 19:30–5:30 weekends), and poor average sleep efficiency (63.28% on weekdays and 69.43% on weekends).

Conclusions

These results underscore our hypothesis that sleep problems are prevalent among military personnel at high risk for suicide. There is a need for a more precise assessment of sleep disorder symptoms among service members who are at high risk for suicide, as well as expanded intervention opportunities in this group.

<https://doi.org/10.1001/jamapsychiatry.2025.1273>

Mental Health Antecedents and Correlates of 2 Distinct Developmental Pathways to Suicidal Ideation.

Geoffroy, M. C., MacNeil, S., Paquin, V., Inja, A., Girard, A., Chartrand, É., Castellanos-Ryan, N., Notredame, C. É., Colman, I., Orri, M., Turecki, G., & Côté, S.

Key Points

Question

What are the developmental pathways to suicidal ideation, from teenager to young adult?

Findings

In a representative cohort of 1635 youth born between 1997 and 1998 in Québec, Canada, 3 distinct trajectories were identified. Most participants did not or minimally reported suicidal ideation at ages 13 to 25 years, some reported ideation as young teenagers, persisting into adulthood, with externalizing/internalizing symptoms since childhood, and the third trajectory reported suicidal ideation starting only in young adulthood, associated mostly with internalizing symptoms from teenage years.

Meaning

Results suggest that suicidal ideation is age and mental health specific, and developmentally informed suicide prevention strategies should be emphasized.

Abstract

Importance

Suicidal ideation is increasingly common in youth. Trajectories and associated mental health symptoms across development remain poorly understood.

Objective

To describe trajectories of suicidal ideation from early adolescence to young adulthood and identify preceding and co-occurring mental health symptoms to inform optimal prevention.

Design, Setting, and Participants

This cohort study used data from a contemporary, longitudinal cohort study, the Québec Longitudinal Study of Child Development (QLSCD), including reports from participants, parents, and teachers. The QLSCD is a population-based birth cohort study of 2120 singletons born between 1997 and 1998 in Québec, Canada, and followed up to age 25 years (2023). Data were analyzed from September 2024 to February 2025.

Main Outcomes and Measures

Serious suicidal ideation in the past 12 months was assessed by a question to participants at ages 13, 15, 17, 20, 23, and 25 years.

Exposures

Mental health symptoms (eg, internalizing, externalizing) as reported by parents, teachers, and self-reports on validated questionnaires and standardized across 5 developmental periods: preschool (3-5 years), childhood (6-12 years), early adolescence (13 years), mid-late adolescence (15-17 years), and young adulthood (20-25 years).

Results

A total of 1635 participants (845 female [51.7%]; participant number is weighted to account for selective attrition) provided answers on suicidal ideation, with survey weights applied. A total of 3 trajectories were identified: minimal/no ideation (1433 [87.6%]), onset in early adolescence (117 [7.1%]), and onset in young adulthood (86 [5.2%]). Relative to minimal/no ideation, onset in early adolescence was associated with elevated symptoms across nearly all mental health indicators from childhood through adulthood. This included both internalizing (eg, childhood depressive symptoms: risk ratio [RR], 1.75; 95% CI, 1.45-2.05) and externalizing (eg, childhood disruptive symptoms: RR, 1.60; 95% CI, 1.29-1.91) symptoms and maternal antisocial symptoms (RR, 1.39; 95% CI, 1.11-1.66). In contrast, onset of suicidal ideation in young adulthood was associated with internalizing symptoms (eg, mid-late adolescence depressive symptoms: RR, 1.84; 95% CI, 1.28-2.39) emerging in adolescence and worsening mental distress in young adulthood.

Conclusions and Relevance

Results of this cohort study revealed 2 pathways to suicidal ideation: onset in early adolescence, with persistent childhood internalizing/externalizing symptoms, and onset in young adulthood linked to internalizing symptoms emerging in adolescence without prior distress. Findings suggest timely addressing of mental health symptoms and developmental stage-specific prevention.

<https://doi.org/10.1001/jamapsychiatry.2025.0812>

Anorexia Nervosa-Facts, Frustrations, and the Future.

Phillipou, A., Schmidt, U., Neill, E., Miles, S., McGorry, P., & Eddy, K. T.

JAMA Psychiatry

Published Online: June 4, 2025

Importance

Anorexia nervosa is a prevalent psychiatric illness associated with exceptionally poor outcomes, including high rates of morbidity and premature mortality. Current evidence-based treatments for anorexia nervosa were developed several decades ago and have limited efficacy. The anorexia nervosa field—and the eating disorders field more broadly—has yet to make significant scientific breakthroughs that lead to acceptable outcomes for people with anorexia nervosa.

Findings

This Special Communication highlights how the concurrent psychological and physical symptoms of anorexia nervosa contribute to 2 major problems that have held the anorexia nervosa research field back and hindered research innovations: (1) overspecialization and siloing of the field and (2) an overly narrow focus on weight restoration in treatment.

Conclusions and Relevance

Specific recommendations are made to help progress the field, including taking a multidisciplinary and collaborative approach to research with colleagues from related disciplines, as well as taking a more holistic approach to understanding and treating anorexia nervosa.

<https://doi.org/10.1186/s40621-025-00584-y>

Geospatial estimates of suicidal ideation and suicide attempt prevalence in the U.S. veteran population (2022).

Kittel, J. A., Monteith, L. L., Holliday, R., Morano, T. T., Schneider, A. L., Brenner, L. A., & Hoffmire, C. A.

Injury Epidemiology

2025 Jun 10; 12:32

Background

Veteran suicide remains a major public health concern; rates increased 64.3% from 2001 to 2022 and substantial geospatial variation exists, with state-level rates ranging from 15.4/100,000 (Maryland) to 87.1/100,000 (Montana). Surveillance of suicidal

ideation (SI) and suicide attempts (SA) can provide insights to reduce suicide risk within communities.

Methods

A population-based, cross-sectional survey of 17,949 Veterans residing in all 50 U.S. states, the District of Columbia, Puerto Rico, and U.S. Pacific Island (PI) Territories, was conducted in 2022 to assess SI and SA prevalence. Lifetime and post-military SI and SA and past-year SI prevalence were estimated by Census region, division, and state. Prevalence ratios were calculated for post-military SI and SA to assess differences by division, accounting for demographic covariates (i.e., age, race, gender, rurality, and time since military separation). Methods used in lifetime SA and considered in past-year SI were also examined by region.

Results

The West had the highest prevalence of lifetime (36.94%; 95%CI = 34.65–39.23) and post-military SI (28.73%; 95%CI = 26.51–30.96), significantly higher than all other regions except for PI Territories and Puerto Rico. PI Territories had the highest prevalence of past-year SI (15.68%; 95%CI = 10.91–20.44) and lifetime (9.86%; 95%CI = 6.36–13.37) and post-military SA (5.67%; 95%CI = 3.21–8.14). At the divisional level, the Pacific West (29.12%; 95%CI = 26.01–32.23) and West South Central (29.09%; 95%CI = 26.18–32.00) divisions had the highest prevalence of post-military SI, while West South Central had the highest prevalence of post-military SA (6.89%; 95%CI = 5.07–8.70), and the PI Territories remained highest for lifetime SA. After adjusting for covariates, numerous significant differences across divisions were observed. Differences in suicide methods considered and used were also observed across regions.

Conclusions

Variability in SI and SA prevalence among Veterans at state, divisional and regional levels supports the need for nuanced surveillance efforts, along with targeted prevention efforts in areas at greatest risk.

<https://doi.org/10.1002/jts.23162>

Posttraumatic stress disorder and hypertension in older adult Vietnam Era male and female veterans.

Hypertension is a known risk factor for cardiovascular disease, a leading cause of death for older adults. Posttraumatic stress disorder (PTSD) may increase the likelihood of developing hypertension; however, little is known about this association in older adult male and female veterans. To better understand the ways in which aging and biological sex impact the link between PTSD and hypertension, the present study used data from two cohorts of older adult Vietnam Era veterans (women: $N = 4,104$, $M_{age} = 67.4$ years; men: $N = 5,767$, $M_{age} = 61.9$ years). Veterans completed a telephone structured clinical interview assessing lifetime PTSD and self-reported hypertension diagnosis, age of onset, and past-year treatment. Weighted logistic regression analyses adjusted for relevant covariates revealed an association between PTSD and a higher likelihood of hypertension in male veterans, $OR = 1.57$, 95% CI [1.30, 1.91]. There was no association between lifetime PTSD and hypertension in female veterans, $OR = 0.93$; 95% CI [0.77, 1.11]. Exploratory secondary analyses suggested an association between PTSD and hypertension onset in early and middle adulthood in men. PTSD was not associated with past-year hypertension treatment. Overall, these findings suggest that PTSD may contribute to hypertension risk in older adult male veterans, which has important implications for their long-term cardiovascular health. The association between PTSD and hypertension may differ across the lifespan and for male and female veterans. Additional prospective research is needed to confirm these findings and further clarify the association between PTSD and hypertension to inform veteran clinical care.

<https://doi.org/10.1001/jamanetworkopen.2025.19047>

Passive Smartphone Sensors for Detecting Psychopathology.

Ringwald, W. R., King, G., Vize, C. E., & Wright, A. G. C.

Key Points

Question

What forms of psychopathology relate to behavior assessed by smartphone sensors?

Findings

This cross-sectional study of data continuously collected from smartphone sensors from 557 adults for 15 days found that 6 transdiagnostic psychopathology domains were

associated with passively sensed behaviors. Passively-sensed behavior markers of the p-factor were also identified.

Meaning

These findings suggest that major forms of psychopathology are detectable from smartphone sensors, indicating that this technology could potentially be used for symptom monitoring and research on wide-ranging psychiatric problems.

Abstract

Importance

Smartphone sensors can continuously and unobtrusively collect clinically relevant behavioral data, allowing for more precise symptom monitoring in clinical and research settings. However, progress in identifying unique behavioral markers of psychopathology from smartphone sensors has been stalled by research on diagnostic categories that are heterogeneous and have many nonspecific symptoms.

Objective

To examine which domains of psychopathology are detectable with smartphone sensors and identify passively sensed markers for general impairment (the p-factor) and specific transdiagnostic domains.

Design, Setting, and Participants

This cross-sectional study collected data from the Intensive Longitudinal Investigation of Alternative Diagnostic Dimensions study from January 1 to December 31, 2023, including a baseline survey and 15 days of smartphone monitoring. Participants were recruited from the community via a clinical research registry. A volunteer sample was selected for mental health treatment status.

Main Outcomes and Measures

Transdiagnostic psychopathology dimensions of internalizing, detachment, disinhibition, antagonism, thought disorder, somatoform, and the p-factor; 27 behavior markers derived from a global positioning system, accelerometer, motion, call logs, screen on or off, and battery status.

Results

A total of 557 participants were included in the study (463 [83%] female; mean [SD] age, 30.7 [8.8] years). The coefficient of multiple correlation (R) showed that the domain most strongly correlated with sensed behavior was detachment (R = 0.42; 95% CI, 0.29-0.54) followed by somatoform (R = 0.41; 95% CI, 0.30-0.53), internalizing (R = 0.37), disinhibition (R = 0.35; 95% CI, 0.19-0.51), antagonism (R = 0.33; 95% CI, 0.16-0.59),

and thought disorder ($R = 0.28$; 95% CI, -0.19 to 0.75). Each psychopathology domain was associated with 4 to 10 smartphone sensor variables. Detachment, somatoform, and internalizing had the most behavioral markers. Of the 27 smartphone sensor variables, 14 (52%) had associations with psychopathology domains. After adjusting for shared variance between psychopathology dimensions, all domains except thought disorder retained significant, incremental associations with sensor variables, reflecting unique behavioral signatures (eg, antagonism and number of calls [standardized $\beta = -0.11$; 95% CI, -0.20 to -0.02] and disinhibition and battery charge level [standardized $\beta = -0.24$; 95% CI, -0.40 to -0.08]). The p-factor was associated with lower mobility (standardized $\beta = -0.22$; 95% CI, -0.32 to -0.12), more time at home (standardized $\beta = 0.23$; 95% CI, 0.14 to 0.32), later bed time (standardized $\beta = 0.25$; 95% CI, 0.11 to 0.38), and less phone charge (standardized $\beta = -0.16$; 95% CI, -0.30 to -0.01]). The p-factor was modeled as a latent factor estimated from common variance of the 6 psychopathology domains. All domains loaded moderately to strongly onto the p-factor as expected (standardized loadings: 0.89 for internalizing, 0.76 for somatoform, 0.70 for disinhibition, 0.62 for thought disorder, 0.51 for detachment, and 0.40 for antagonism).

Conclusions and Relevance

This cross-sectional study shows how tethering transdiagnostic domains to concrete behavioral markers can maximize the potential of mobile sensing to study mechanisms driving psychopathology. Insights from these results, and future research that builds on them, can potentially be translated into symptom monitoring tools that fill the gaps in current practice and may eventually lead to more precise and effective treatment.

<https://doi.org/10.1093/milmed/usaf260>

An Analysis of Research Trends on Sleep Hygiene in Soldiers Using a Scoping Review.

Kim, R., Joe, S., & Kim, M.

Military Medicine

Published: 23 June 2025

Introduction

Soldiers often experience poor sleep quality and insufficient sleep, exacerbated by deployments, which significantly impact on their mental and physical health, including

increased risks of psychological disorders and chronic illnesses, ultimately affecting military readiness and morale. This study aimed to identify research trends on sleep hygiene among soldiers through a scoping review to provide foundational data for the development of health promotion programs and policies.

Materials and Methods

A scoping review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) process. This study was performed using 9 databases, including PubMed, Cumulative Index to Nursing and Allied Health Literature, PsycINFO, Web of Science, KMBASE, KISS, KNBASE, ScienceOn, and DBpia. Of 4,796 publications identified, 16 studies were ultimately included in this scoping review. Factors associated with soldiers' sleep hygiene were categorized based on the socio-ecological model, which included individual, organizational, and intervention related factors. The study was deemed exempt by the Institutional Review Board of the Korea Armed Forces Nursing Academy.

Results

Most studies reported significant challenges to sleep hygiene among soldiers, with common issues including insufficient sleep duration and poor sleep quality, especially under high-stress conditions such as deployment and shift work. A total of 41 factors influencing soldiers' sleep hygiene were identified: 20 at the individual level, 12 at the organizational level, and 9 at the intervention level.

Conclusion

This review analyzed research trends on sleep hygiene among soldiers. It highlights the need for programs and policy support to improve sleep hygiene in soldiers, which, in turn, can enhance their health and strengthen overall combat readiness.

<https://doi.org/10.1093/milmed/usaf306>

Treatment Responsivity in Service Members With PTSD and a History of Childhood Trauma and Combat.

Morgan, M. A., Smolenski, D. J., Cowansage, K., Kelber, M. S., Belsher, B. E., & Evatt, D. P.

Military Medicine

Published: 20 June 2025

Introduction

Adverse childhood experiences (ACEs) and combat exposure are risk factors for developing posttraumatic stress disorder (PTSD) in adulthood. Higher proportions of military service members (SMs) self-report ACEs than do civilians. Combat exposure subsequent to ACEs has been found to predict PTSD severity beyond the expected effect of combat exposure alone. Adverse childhood experiences appear to impede responsivity to treatment of mood disorders; less is known about their impact on responsivity to treatment of PTSD, including following combat exposure. The current study examined whether SMs receiving treatment for self-reported PTSD differed in symptom severity trajectories based on their childhood sexual and/or physical abuse and combat exposure histories.

Materials and Methods

We conducted a secondary analysis of data from a randomized clinical trial (RCT) that evaluated the effectiveness of collaborative primary care programs for treating SMs with self-reported PTSD (N = 561). Patients completed PTSD, depression, and somatic symptom assessments over 12 months. We used latent growth-curve models to measure symptom trajectories based on childhood sexual and/or physical abuse (ACE status) and combat exposure status. The original RCT was approved by multiple institutional research review boards.

Results

Of 561 patients who screened positive for probable PTSD, 47.2% reported exposure to ACEs and 69.0% to combat; 30.7% of patients reported exposure to both. On average, participants had reductions in PTSD, depression, and somatic symptoms by 12 months ($d = -0.59$, -0.66 , and -0.34 , respectively). We did not find evidence for effect measure modification between ACE and combat exposure for any of the 3 outcome models. The decreases in PTSD and depression did not appreciably differ as a function of ACE or combat exposure. There was weak evidence that combat-exposed individuals had a smaller decrease in depression symptoms and ACE-exposed individuals had a larger decrease in somatic symptoms by 12 months compared to their nonexposed counterparts.

Conclusions

There was only weak evidence of an association between ACEs or combat exposure, alone or in combination, on the symptom improvement shown by SMs with self-reported PTSD. This suggests that SMs with ACEs can benefit from PTSD treatment managed through collaborative primary care to a similar extent as SMs without ACEs. Further research is needed to determine which characteristics of the childhood trauma, adult

trauma, patient population, and trauma-focused therapy interact to best predict responsivity to treatment in SMs with PTSD.

<https://doi.org/10.3390/ijerph22060814>

The Roles of Dissociation and Depression in PTSD Among Soldiers Exposed to Combat.

Shelef, L., Spira, N., Bechor, U., Rotschild, J., & Shadach, E.

International Journal of Environmental Research and Public Health
2025; 22(6), 814

Abstract

Exposure to severe combat situations significantly raises the risk of depression and post-traumatic stress disorder (PTSD). Trauma survivors may use dissociation as a defense mechanism, increasing the likelihood of PTSD. This study aims to explore the roles of dissociation and depression in PTSD among soldiers exposed to combat who sought help from the Israel Combat Stress Reaction Unit. Method: This cross-sectional study involved 927 individuals who participated in a particular military operation in 2014 [98.5% male (n = 906); mean age = 27.08 (SD = 5.93)]. Participants completed three questionnaires: the Dissociative Experiences Scale (DES), the Beck Depression Inventory (BDI), and the Post-Traumatic Stress Symptom Checklist (PCL-5) for PTSD. Results: Our results showed that severe PTSD (PCL score ≥ 33) was found in 30.4% of participants, and 76.6% showed dissociative symptoms (DES score ≥ 30). Additionally, 23.5% experienced moderate depression, while 19.1% reported severe depressive symptoms. A Generalized Linear Model revealed that both depression and dissociation significantly contribute to PTSD. Individuals with depression were three times more likely to experience post-traumatic symptoms compared to 1.23 times for those with dissociative symptoms. Conclusions: Life-threatening situations significantly predicted higher PTSD symptoms, serving as a risk factor for depression and dissociation, which play important roles in PTSD, with depression having notably greater impact.

<https://doi.org/10.1080/08995605.2024.2357993>

Evaluation of the critical warzone experiences scale among Gulf War I-era veterans: Associations with PTSD symptoms, depressive symptoms, and suicidal thoughts and behaviors.

Kimbrel, N. A., Blakey, S. M., Miller, D. R., Patel, T. A., Mann, A. J. D., Pugh, M. J., Beckham, J. C., & Calhoun, P. S.

Military Psychology
Volume 37, 2025 - Issue 4

Prior research has established the psychometric properties of the Critical Warzone Experiences (CWE) scale among post-9/11 Iraq/Afghanistan-era veterans; however, the psychometric properties of the CWE among Gulf War I-era veterans have not yet been established. The first objective of the present study was to examine the psychometric properties of the CWE among Gulf War I-era veterans. The second objective was to test the hypothesis that the CWE would have a significant indirect effect on suicidal thoughts and behaviors via posttraumatic stress disorder (PTSD) and depressive symptoms. To test these hypotheses, a survey packet that included the CWE and measures of PTSD symptoms, depressive symptoms, and suicidal thoughts and behaviors was administered to 1,153 Gulf War I-era veterans. Consistent with prior research in post-9/11 Iraq/Afghanistan-era veterans, the CWE exhibited good internal consistency ($\alpha = .85$), a unidimensional factor structure (RMSEA = .056, CFI = .959, SRMR = .033; average factor loading = .69), and good concurrent validity with PTSD ($r = .47$, $p < .001$) and depressive ($r = .31$, $p < .001$) symptoms among Gulf War I-era veterans. Additionally, as hypothesized, a significant indirect effect from the CWE to suicidal thoughts and behaviors via PTSD and depressive symptoms ($\beta = .35$, $p < .001$) was also observed. Taken together, our findings provide strong support for using the CWE with Gulf War I-era veterans.

<https://doi.org/10.1093/milmed/usae513>

Fatigue and Sleep-related Impairment as Predictors of the Effect of Nonpharmacological Therapies for Active duty Service Members With Chronic Pain: A Secondary Analysis of a Pragmatic Randomized Clinical Trial.

Wi, D., Steffen, A. D., Flynn, D. M., Ransom, J. C., Orr, K. P., McQuinn, H. M., Snow, T. J., Burke, L. A., Park, C., & Doorenbos, A. Z.

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages e1458–e1464

Introduction

First-line treatments for chronic pain include selected complementary and integrative health therapies, including spinal manipulation, acupuncture, yoga, and massage; and standard rehabilitative care, including physical and occupational therapies. This study aimed to uncover critical factors that contribute to pain impact and the effectiveness of complementary and integrative health therapies and standard rehabilitative care among people with chronic pain, with a focus on the role of sleep-related impairment.

Materials and Methods

We conducted a secondary analysis of data from a pragmatic randomized clinical trial of 280 U.S. active duty service members with chronic pain.

Results

Our study's multiple mediation analysis examined the indirect effect of complementary and integrative health therapies on pain impact through fatigue ($\beta = -0.43$; 95% CI, -0.99 to -0.07). When stratified by sleep-related impairment, participants with T scores above the median of 62 demonstrated a significant negative indirect effect of complementary and integrative health therapies through fatigue ($\beta = -0.80$; 95% CI, -2.31 to -0.14). This negative indirect effect was not significant for participants with sleep-related impairment T scores below the median ($\beta = -0.64$; 95% CI, -1.48 to 0.07).

Conclusion

These findings suggest that complementary and integrative health therapies are particularly effective in reducing pain impact for individuals with higher levels of sleep-related impairment, and that the effect of complementary and integrative health therapies is supported primarily by reducing fatigue.

<https://doi.org/10.1093/milmed/usae469>

Substance Use and Adverse Mental Health Disparities Between Heterosexual and Sexual Minority Service Members in the U.S. Military.

Kaplansky, G. F., Allman, M. W., Beymer, M. R., Dean, F. M., Anderson Goodell, E. M., & Schaughency, K. C. L.

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages e1608–e1614

Introduction

Nationally representative studies have shown that lesbian, gay, and bisexual adults have higher levels of substance use than heterosexual adults. In the military, substance use is often associated with adverse mental health outcomes and is often comorbid with other mental health conditions and adverse or harmful behaviors. Few military studies to date have comprehensively examined the relationship between sexual orientation, mental health, and substance use.

Materials and Methods

Data from the 2018 Health-Related Behaviors Survey ($n = 17,166$) were used. Univariate and multivariable logistic regression models were used to examine the association between sexual orientation and substance use. Regression models were also used to examine whether measures of mental health moderate the relationship between sexual orientation and substance use.

Results

Compared to heterosexual individuals, lesbian and gay individuals were more likely to engage in illicit drug use (adjusted odds ratio = 3.27; 95% CI, 1.45 to 7.36). Bisexual individuals were more likely to binge drink (adjusted odds ratio = 1.37; 95% CI, 1.08 to 1.74). Individuals with moderate or serious psychological distress were more likely to report binge drinking or smoking tobacco. Individuals with serious psychological distress were more likely to use illicit drugs. None of the interactions tested in this study were statistically significant.

Conclusions

Substance use in the military was more likely among sexual minority individuals compared to heterosexual individuals. These findings reflect the patterns of substance use seen in the general population. Increased levels of psychological distress were associated with both the lesbian, gay, and bisexual population in this study and self-reported substance use behaviors. Further investigation of health disparities by sexual orientation may inform more efficacious treatment and prevention programs.

<https://doi.org/10.1007/s10943-025-02385-5>

Bringing Light into the Dark: Moral Injury and Exploring the Impact of Eliciting Moral Elevation on the Daily Experiences of U.S. Veterans.

McGuire, A. P., Lange, L. L., Bravo, A. J., Gabelmann, J. M., Montgomery, Z. L., Davies, R. L., & Kelley, M. L.

Journal of Religion and Health

Published: 04 July 2025

Moral elevation is described as feeling inspired after witnessing someone engage in virtuous behavior, whereas moral injury is the result of internal conflict that stems from exposure to morally injurious experiences. Building on previous work that used moral elevation to benefit veterans, this study explored the relationship between eliciting elevation, daily motives, and affective experiences for veterans with moral injury-related distress. Using an ABA experimental design, veterans (final $n = 22$) first completed 4 daily surveys that only included brief daily measures (A), followed by 4 days of measures combined with a daily elevation-eliciting exercise (B), then 4 daily surveys with measures only again (A). On days 5–8, elevation was elicited by presenting short video clips featuring moral exemplars performing virtuous acts, consistent with previous work. Using linear mixed effects models, we assessed the concurrent effects of state elevation on daily experiences during days with elevation elicitation. We also fit linear mixed effects models to compare pre-post changes in daily experiences before and after days 5–8 of watching elevation videos. Results indicated state elevation after videos was linked with higher daily positive affect, self-improvement motives, and compassionate motives. Veterans also reported a significant decrease in daily negative affect, fear, hostility, guilt, and sadness, along with significant decreases in suicidal ideation in the four days after watching elevation videos compared to baseline. These findings provide preliminary support for the potential benefits of eliciting elevation in veterans with moral injury distress and suggest elevation elicitation could be associated with desirable outcomes in daily life.

<https://doi.org/10.3389/fpubh.2025.1569263>

Gauging public perceptions of military and police roles in US domestic pandemic response during COVID-19.

Warren, E., Wang, C., Rhodes, M., Polatty, D. P., 4th, & Levine, A. C.

Frontiers in Public Health

17 June 2025

Introduction:

Militaries and police forces have been increasingly deployed in response to humanitarian crises and public health emergencies. Existing studies have largely been concentrated around international interventions, overlooking US domestic contexts and the perceptions of those receiving aid.

Methods:

In recognition of these gaps, this research involved a survey of 1,500 Americans to understand opinions toward the utilization of the US military and local law enforcement as COVID-19 domestic pandemic responders at an unprecedented scale.

Results:

A majority were complimentary of and comfortable with these armed actors' role in the response and supportive of involvement in future crises, with the military regarded more favorably than police. Trust in civilians, the military, and police is found to be role-based; favorability was inherently tied to the nature of services provided, whether healthcare, logistics, or enforcement-related. Perceptions were also strongly linked to one's vaccination status, political party affiliation, ideology, age, and gender. Underlying trust in civilian providers was evident, but often did not preclude one from favorable views of the military and law enforcement.

Conclusion:

Ultimately, these results have implications on domestic policy in future national crisis scenarios and highlight the need for further research exploring if sentiment holds steady beyond the realm of public health and pandemics.

<https://doi.org/10.1017/S0033291725100913>

Brain network dynamics following induced acute stress: a neural marker of psychological vulnerability to real-life chronic stress.

Segal, A., Charquero-Ballester, M., Vaisvasser, S., Cabral, J., Ben-Zion, Z., Vidaurre, D., Stark, E., McManners, H., Woolrich, M., Ehlers, A., Bar-Haim, Y., Hendler, T., & Kringelbach, M. L.

Psychological Medicine

Published online by Cambridge University Press: 07 July 2025

Background

Stress leads to neurobiological changes, and failure to regulate these can contribute to chronic psychiatric issues. Despite considerable research, the relationship between neural alterations in acute stress and coping with chronic stress is unclear. This longitudinal study examined whole-brain network dynamics following induced acute stress and their role in predicting chronic stress vulnerability.

Methods

Sixty military pre-deployment soldiers underwent a lab-induced stress task where subjective stress and resting-state functional magnetic resonance imaging were acquired repeatedly (before stress, after stress, and at recovery, 90 min later). Baseline depression and post-traumatic stress symptoms were assessed, and again a year later during military deployment. We used the Leading Eigenvector Dynamic Analysis framework to characterize changes in whole-brain dynamics over time. Time spent in each state was compared across acute stress conditions and correlated with psychological outcomes.

Results

Findings reveal significant changes at the network level from acute stress to recovery, where the frontoparietal and subcortical states decreased in dominance in favor of the default mode network, sensorimotor, and visual states. A significant normalization of the frontoparietal state activity was related to successful psychological recovery. Immediately after induced stress, a significant increase in the lifetimes of the frontoparietal state was associated with higher depression symptoms ($r = 0.49$, $p < .02$) and this association was also observed a year later following combat exposure ($r = 0.49$, $p < .009$).

Conclusions

This study revealed how acute stress-related neural alterations predict chronic stress vulnerability. Successful recovery from acute stress involves reducing cognitive–emotional states and enhancing self-awareness and sensory–perceptual states. Elevated frontoparietal activity is suggested as a neural marker of vulnerability to chronic stress.

<https://doi.org/10.1080/15402002.2025.2493650>

Sleep in Military Submariners: Exploring its Dynamics in Relation to a Submarine Mission and Interaction with Psychological Factors.

Fernandes, C., Maruta, C., Marques-Dias, C. M., & Reis, C.

Behavioral Sleep Medicine
Volume 23, 2025 - Issue 4

Introduction

Operational work contexts promote sleep and circadian disturbances, especially in extreme environments. To identify mitigation factors, this study aimed to explore submariners' sleep changes in relation to a mission and association with different psychological factors.

Methods

Thirty military submariners were evaluated in real-life conditions on three consecutive periods: pre-mission/baseline, submarine mission, post-mission/recovery. Sleep duration, quality, and sleepiness were collected continuously via diary and actigraphy. Personality traits, coping strategies, locus of control, fatigue, anxiety, and depressive symptoms were assessed through questionnaires.

Results

During the mission, there was a significant decrease in sleep duration and quality and increase in sleepiness compared with baseline, recovering post-mission. Submariners slept a median of 55 minutes less than before the mission and 91 minutes less than after the mission. They also rated their sleep quality 0.45 points lower, while reporting 1.85 points higher sleepiness at the beginning of work shifts. Higher work satisfaction and extraversion trait score correlated with better scores on subjective sleep variables during the mission. Higher neuroticism trait and avoidant coping style had a negative impact on sleep-related parameters in all periods, mediated by anxiety symptoms.

Conclusion

Psychological factors are relevant for sleep in extreme occupational settings, especially regarding subjective parameters, and even in highly selected and trained populations, potentially informing intervention opportunities.

<https://doi.org/10.1037/tra0001760>

Perceived childhood family cohesiveness prior to deployment prospectively moderates risk for war-zone psychopathology in theater among deployed U.S. soldiers.

Cobb, A. R., Hughes, J. A., Lee, H. J., & Telch, M. J.

Psychological Trauma: Theory, Research, Practice, and Policy
2025; 17(5), 941–948

Objective:

Several studies have demonstrated robust protective effects of childhood family support and cohesiveness on adult stress-related psychopathology. However, there is little evidence regarding the prospective relationship between the perceived childhood family environment and the in-theater emergence of war-zone stress-related psychological symptoms. The present report is from data collected from the Texas Combat PTSD Risk Project, which aims to identify risk and resilience factors at predeployment that predict the subsequent impact of war-zone stressors in terms of psychological symptom emergence in U.S. soldiers deployed to Iraq.

Method:

Soldiers (N = 150) completed a battery of standardized interview and self-report assessments at predeployment, including a measure of perceived childhood family cohesion. Once deployed, soldiers completed monthly web-based self-report assessments of war-zone stressors, posttraumatic stress symptoms, depression, and anxiety.

Results:

Consistent with predictions, greater perceived childhood family cohesiveness prior to deployment robustly mitigated subsequent in-theater symptoms. However, contrary to predictions, childhood family cohesiveness did not reliably moderate the linkage between war-zone stressors and in-theater symptoms.

Conclusions:

Consistent with a wealth of other evidence demonstrating protective stress resilience effects of childhood family cohesion that extend across the lifespan, the present findings

suggest they also extend to the war-zone environment among deployed soldiers.
(PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

The present study examined the question “Do soldiers with a history of childhood family cohesiveness influence the latter development of anxiety, depression, and posttraumatic stress disorder (PTSD) symptoms while deployed in the war zone (Iraq)?” Consistent with prediction, soldiers reporting greater ratings of childhood family cohesiveness prior to deployment, displayed lower levels of PTSD, depression, and anxiety during deployment in the war zone (Iraq). (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1111/jpm.13163>

Exploration of Perceptions of Mental Health and Self-Stigma Related to Psychological Care Seeking Among Female Refugees From War-Torn Ukraine.

Artzi-Medvedik, R., Lozynska, Y., Kuperberg, D., Tsikholska, L., & Chertok, I. A.

Journal of Psychiatric and Mental Health Nursing

First published: 20 March 2025

Introduction

War, displacement, and relocation are traumatic events affecting mental health and require professional attention. As the war in Ukraine continues, the mental health needs of refugees persist.

Aim

To explore Ukrainian refugees' perceived mental health, self-stigma related to psychological care-seeking, and mental health services utilisation.

Method

A mixed-methods study was conducted using semi-structured interviews and self-stigma surveys of twenty-one Ukrainian refugee women who relocated to the United States and shared their experiences.

Results

Five themes were identified: perception and knowledge of mental health and illness;

impact of war on mental health; self-management; finding inner peace; and seeking mental health services. Additionally, participants demonstrated a high likelihood of self-stigma.

Discussion

Understanding refugees' perceptions and reducing self-stigma related to mental health can be important for promoting psychological care seeking.

Limitations

Including only female refugees who were interested in participating increased the risk of self-selection bias.

Implications

These findings inform nurses and other healthcare professionals of the unique mental health needs of Ukrainian female refugees to support culturally sensitive and appropriate mental health care.

Recommendations

It is imperative to conduct similar research with male refugees, particularly with those who have been exposed to combat, to identify and mitigate mental health problems.

<https://doi.org/10.1002/jts.23142>

Linking pathological narcissism to posttraumatic stress disorder in veterans.

Nenninger, S., Van Buren, B. R., Greene, A. L., & Meehan, K. B.

Journal of Traumatic Stress

Volume 38, Issue 3, June 2025, Pages 544-551

Combat deployments are stressful life events that confer risk for posttraumatic stress disorder (PTSD) in veterans. Typically, PTSD is conceptualized as being caused by traumatic experiences, leading research to focus predominantly on events while excluding other contributors, such as personality features. Narcissism may contribute to the deleterious effects of trauma exposure because of vulnerabilities in the sense of self, as demonstrated in research on narcissism and the development and maintenance of PTSD in civilians. However, the strength of the association between pathological narcissism features and PTSD has yet to be examined in a veteran sample. The

present study sought to address this gap by comparing how narcissism contributes to variance in PTSD symptoms relative to the contribution of combat experience. In a sample of veterans deployed in support of recent operations in Afghanistan and Iraq (N = 179), regression analysis showed that higher pathological narcissism features accounted for variance beyond combat experience alone in PTSD symptoms, $\Delta R^2 = .13$, $p < .001$. When dimensions of narcissism were examined as separate predictors of PTSD, vulnerable, $\beta = .45$, $p < .001$, but not grandiose, $\beta = -.09$, $p = .293$, features had a significant effect on PTSD. Our results align with recent work demonstrating that personality pathology is an important factor in the study of PTSD in veterans. Further research incorporating a larger variety of variables related to personality functioning, personality traits, and life events is needed to understand the role of pathological narcissism features in the development of PTSD.

<https://doi.org/10.1016/j.psychres.2025.116626>

Daily associations between posttraumatic stress disorder, cannabis use, and negative affect among veterans.

Davis, J.P., Saba, S.K., Leightley, D., Pedersen, E.R., Prindle, J., Castro, C.A., Dilkina, B., Dworkin, E., Cantor, J. and Sedano, A.

Psychiatry Research

Available online 4 July 2025, 116626

Highlights

- PTSD symptoms and negative affect are bidirectionally associated.
 - Cannabis use links to lower PTSD symptoms and negative affect same-day.
 - PTSD and negative affect show strong same-day correlation.
 - Results inform interventions for PTSD and cannabis use in veterans.
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<https://doi.org/10.1016/j.cbpra.2025.06.006>

A Family Member-Focused Lethal Means Safety Intervention for the Prevention of Veteran Suicide: A Clinical Pilot Study.

Sayers, S.L., Brown, L.A., Swinkels, C., May, A., Daniel, S., Crasta, D., Hill, M., Richards, J. and Goodman, M.

Cognitive and Behavioral Practice

Available online 4 July 2025

Highlights

- Family members and others close to military veterans may play an important role in reducing the rate of death by suicide among veterans.
- A new strategy was developed for helping family members learn to collaborate with veterans at risk for suicide in reducing veterans' immediate access to lethal means, such as firearms.
- An initial clinical feasibility pilot involving the family members and friends of veterans at risk for suicide showed that this new strategy has some promise as a feasible, efficient, appropriate, and potentially effective approach to reduce the rate of veteran suicide death.

Abstract

The rate of death by suicide is a significant health concern for veterans and is significantly higher than non-veteran populations, likely due to the relatively higher proportion of veterans using firearms as lethal means of suicide. Family members and other supporters are often highly aware of a veteran's suicidal thoughts and of their firearm ownership; thus, they may play a role in suicide prevention. This paper describes the development and feasibility testing of a lethal means safety strategy with family members and close friends of veterans. A telephone-based coaching strategy was developed using an educational website, worriedaboutaveteran.org, that presents information about suicide, guidelines for communication, and other information about securing lethal means. This coaching strategy is innovative in its approach of working with a concerned family member or friend without the direct involvement of the veteran, while encouraging collaboration with the veteran around reducing access to lethal means. Family members of twenty-three veterans at risk for suicide were engaged in a telephone-based coaching clinical project to encourage the use of a lethal means safety strategy to reduce suicide risk. Results suggested the intervention is feasible and that most participants accessed and integrated information from the website with coaching support and role-play practice of recommended communication methods. These results provide initial support that family members can learn and use the communication strategies and that it can result in a reduction of veterans' immediate access to lethal means.

A Literature Search of Psychological Trauma Related Outcome Measures for Adult Mental Health Services.

Dr Runa Dawood, Dr Amanda Zambon Marques da Silva, Ana Dulce Collado Vasques Marques dos Reis

It is important to measure the impact of psychological trauma within mental health services designed to treat individuals after traumatic experiences. However, there are challenges in capturing the impact of trauma and the recovery from it accurately whilst also considering patient preferences and expectations. This study aims to explore the range of pre-existing outcome measures of trauma symptomatology and determine the relative prevalence of these measures within related research. This is addressed through systematically searching literature for outcome measures available in the assessment of psychological trauma symptomatology across adult mental health populations. Databases Medline, CINAHL and PsychInfo were searched to find papers that described the use of measures within psychological trauma-specific outcome research. 228 articles were found after the exclusion criteria were applied. The most prevalence trauma-specific outcome measures utilised within the evidence base were versions of the Post-Traumatic Disorder Checklist (PCL) and the Clinician Administered PTSD Scale (CAPS). Non-trauma specific measures were also identified within this sample. This paper lists both trauma-specific and non-trauma specific measures found in order of prevalence. Consideration is given to the most frequent measures found. These findings provide insight into gold-standard measures for services wishing to implement outcome measures that will meaningfully capture recovery amongst trauma survivors.

Practitioner points

- The impact of trauma has challenges in its conceptualisation and measurement, and additional attention is needed to ensure that services are capturing helpful treatment outcomes.
- Key measures used within trauma-specific research include gold standard PTSD and CPTSD measures as well as non-specific trauma measures.
- Reviewing the measures most used in trauma research highlights the areas of most critical change within recovery after trauma therapy and therefore provides valuable insights into how service evaluation can capture meaningful change.

Links of Interest

2nd Annual Military Children & Families Conference!

August 14, 2025

Hosted by the DoD Child Collaboration Study team at the Center for Deployment Psychology

[https://deploymentpsych.org/system/files/member_resource/2nd DoD Kids Conf Flyer_0.pdf](https://deploymentpsych.org/system/files/member_resource/2nd_DoD_Kids_Conf_Flyer_0.pdf)

Staff Perspective: From Lab Rats to Life Hacks - What Mice, Pigeons, and Psych Nerds Taught Us About Habits

<https://deploymentpsych.org/blog/staff-perspective-lab-rats-life-hacks-what-mice-pigeons-and-psych-nerds-taught-us-about-habits>

Staff Perspective: Debunking Post-Traumatic Stress Disorder (PTSD) in Service Members - What People Still Get Wrong

<https://deploymentpsych.org/blog/staff-perspective-debunking-post-traumatic-stress-disorder-ptsd-service-members-what-people>

VA and DOD Health Care: Agreements to Share Services and Other Resources Should Be Evaluated

<https://www.gao.gov/products/gao-25-107497>

Veterans Crisis Line: Actions Needed to Better Ensure Effectiveness of Communications with Veterans

<https://www.gao.gov/products/gao-25-108411>

Clinical Practice Guidelines: An Evidence-Based Tool for Providers and Patients

<https://www.dha.mil/News/2025/06/27/15/03/Clinical-Practice-Guidelines-An-Evidence-Based-Tool-for-Providers-and-Patients>

DoD Instruction 1342.30

Dependency Determinations For Incapacitated Adult Children

<https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/134230p.PDF>

Targeted Care Reduces Wait Times for Those Most in Need of Mental Health Care

<https://dha.mil/News/2025/07/02/14/06/Targeted-Care-Reduces-Wait-Times-for-Those-Most-in-Need-of-Mental-Health-Care>

JAMA Patient Page: What Are Eating Disorders?

<https://jamanetwork.com/journals/jama/fullarticle/2835716>

- [PreparED Training](#) (CDP)

Gambling addiction in the military may be going unnoticed, advocates warn

<https://taskandpurpose.com/military-life/research-on-military-gambling-disorders/>

Army to end contract for longtime mental health program for military kids and families overseas

<https://www.stripes.com/theaters/europe/2025-07-03/army-eliminating-mental-health-support-children-18324233.html>

Army will look for false accusations, consider 'credibility' in misconduct cases

<https://taskandpurpose.com/news/army-15-6-investigation-regulation/>

2024 Traumatic Brain Injury Center of Excellence Annual Report

<https://health.mil/Reference-Center/Reports/2025/03/13/2024-TBICoE-Annual-Report>

Ethical Guidance for AI in the Professional Practice of Health Service Psychology

<https://www.apa.org/topics/artificial-intelligence-machine-learning/ethical-guidance-ai-professional-practice>

Resource of the Week – [Military Sexual Trauma: Resources & Recovery Stories](#)

From the VA Office of Mental Health:

Help and resources for survivors of military sexual trauma (MST) are available. Below are key resources—including downloadable fact sheets and educational tools, videos, and podcasts—that can help survivors and supporters learn more about MST and VA's free MST-related services.

What is military sexual trauma (MST)?

Military sexual trauma, or MST, is the term used by VA to refer to experiences of sexual assault or sexual harassment experienced during military service.

More concretely, MST includes any sexual activity that you are involved with against your will. Examples include:

- Being pressured into sexual activities (such as with threats of negative treatment if you refuse to cooperate or promises of better treatment in exchange for sex)
- Sexual contact or activities without your consent, including when you were asleep or intoxicated
- Being overpowered or physically forced to have sex
- Being touched or grabbed in a sexual way that made you uncomfortable, including during hazing experiences
- Comments about your body or sexual activities that you found threatening
- Unwanted sexual advances that you found threatening



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