

# CDP



## Research Update -- September 25, 2025

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- Links of Interest
- Resource of the Week – MilLife Guide: Suicide Prevention (Military OneSource)

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<https://doi.org/10.1016/j.amepre.2025.107945>

## **Evaluating Equity in Universal Suicide Screening: Race/Ethnic Differences in Screening Acceptance and Results.**

Richelle L. Clifton, Kate Beemer, Marybelle Camacho, Molly C. Adrian

American Journal of Preventive Medicine  
Volume 69, Issue 4, October 2025, 107945

### **Introduction**

Youth suicide is a critical public health issue. Universal screening in healthcare settings can provide clinical pathways for early identification of suicide risk by assessing suicidal thoughts and behaviors and connection to care. This study aimed to examine whether participation in universal suicide risk screening varies by demographic factors, including race/ethnicity, given documented disparities in suicide rates across racial/ethnic groups.

### **Methods**

Patient responses on the Ask Suicide-Screening Questions, demographics, and service use factor data were drawn from patient medical records for ambulatory and acute care visits within a large children's hospital system between June 1, 2021, and September

12, 2023, for patients aged  $\geq 10$  years who presented for in-person visits in an eligible clinic and were asked to complete a suicide risk screening.

### Results

A total of 160,228 visits for patients aged between 10 and 25 (mean age=14.35) years were included in final analyses. Screening was accepted in 76.95% of visits, and of those screens, 15.87% were positive. After controlling for within-patient correlations, race/ethnicity, sex, and age were significant predictors of screening acceptance and result. White and Latine youth were more likely to accept screening, whereas youth of other races/ethnicities, including Asian and Black youth, were less likely to accept screening. White and multiracial youth were more likely to screen positive, whereas Latine, Asian, and Pacific Islander youth were less likely to screen positive.

### Conclusions

Racial/ethnic differences in screening acceptance and results indicate disparities in suicide risk identification among youth. More work is needed to understand the factors impacting engagement in screening and to ensure equitable suicide risk identification.

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<https://doi.org/10.1016/j.amepre.2025.107961>

## **Sex Differences in Life-Course Suicide Rates by State Firearm Policy Environment.**

Nathaniel J. Glasser, Jacob C. Jameson, Nabil Abou Baker, Harold A. Pollack, Elizabeth L. Tung

American Journal of Preventive Medicine  
Volume 69, Issue 4, October 2025, 107961

### Introduction

Male sex and permissive state firearm policy environments have been independently associated with suicide mortality. Few recent studies quantify how these factors interact, or how interactions vary across the life course. This study investigates how state firearm policy environments moderate sex differences in firearm, nonfirearm, and overall suicide rates across the life course.

### Methods

Employing Center for Disease Control and Prevention data, linear regression was used

to model sex differences in firearm, nonfirearm, and total suicide mortality rates per 100,000 across the life course and interactions with state firearm policy environments (categorized as permissive versus strict using Giffords Gun Law Scorecard Grades). Data were collected in 2018–2022 and analyzed in 2024–2025.

## Results

Across all ages and state policy environments, male sex was associated with higher firearm (18.95; 95% CI=16.97, 20.92), nonfirearm (7.07; 95% CI=6.63, 7.14), and total (26.02; 95% CI=23.94, 28.10) suicide rates. Compared with strict state policy environments, permissive environments were associated with increased firearm (5.84; 95% CI=3.84, 7.84) and total suicide rates (5.96; 95% CI=3.32, 8.60). In interacted models, permissive environments augmented the associations of male sex with higher firearm (9.02; 95% CI=5.75, 12.29) and total (9.24; 95% CI=5.96, 12.52) suicide rates. Sex also moderated the associations of age with suicide rates.

## Conclusions

Males die from suicide at higher rates than females across the life course, exhibiting particularly high rates within states that implement permissive firearm policies. At older ages, dramatically higher male suicide rates are seen in both permissive and strict state environments, suggesting that males face unique challenges associated with aging that require focused clinical attention.

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<https://doi.org/10.1001/jamanetworkopen.2025.31442>

## Parental Diseases of Despair and Suicidal Events in Their Children.

Brent, D. A., Hur, K., Gibbons, J. B., Porta, G., & Gibbons, R. D.

JAMA Network Open

Published Online: September 12, 2025

## Key Points

### Question

Are parental diseases of despair (DoD; ie, substance use disorder, alcohol-related disease, or suicidal behavior) associated with an increased risk for suicidal events in their children?

## Findings

In this cohort study of 561 837 parents with DoD and 1 180 846 parents without DoD, coming from a family with a parent with DoD was associated with an increased hazard of suicidal events in exposed children.

## Meaning

The findings of this study suggest that the rise in teenage suicide and suicidal behavior may be in part associated with concomitant increases in parental DoDs.

## Abstract

### Importance

Suicide and suicidal behavior among US adolescents has increased dramatically over the past 2 decades, without a clear explanation. Deaths of despair in midlife adults, due to suicide, alcohol-related disease, or drug overdose, have doubled in the past decade, with parallel increases in corresponding diseases of despair (DoD), indicating that there could be an association between these 2 epidemics.

### Objective

To assess associations of parental DoD with suicidal events (SE) in their offspring.

### Design, Setting, and Participants

This retrospective cohort study used the MarketScan commercial claims and encounter database, encompassing 164 million individuals, with claims data from 2010 to 2020. Prelinked parents aged 30 to 50 years and their children aged 8 to 15 years were included. Data were analyzed from November 2023 to May 2025.

### Exposure

Parent with or without a DoD, defined as a suicide attempt, alcohol-related disease, or substance use disorder according to diagnostic codes.

### Main Outcomes and Measures

The primary outcome was child SE, either a suicide attempt or self-harm, adjusted for age and sex. Children were followed until their SE, disenrollment from commercial health insurance, or 730 days after the parental DoD index diagnosis. Data were analyzed using a Cox proportional hazards model, with families with and without DoD balanced in terms of potential confounders through inverse probability weighting.

## Results

The study included 561 837 families with at least 1 parent diagnosed with a DoD (291 463 male [51.9%]; 244 943 [43.6%] aged 30-39 years) and 1 180 546 control

families (591 976 male [50.1%]; 498 778 [42.2%] aged 30-39 years), from which 817 133 children from families with DoD (417 770 male [51.1%]; 383 810 [47.0%] aged 8 to 11 years) and 1 744 182 children from control families (889 308 male [51.0%]; 884 749 [50.7%] aged 8-11 years) were identified. Exposure to parental DoD was associated with an increased hazard for an SE (hazard ratio [HR], 1.67; 95% CI, 1.54-1.82). Youths with 2 parents with DoD had a larger hazard for an SE than those with 1 affected parent (interaction HR, 1.95, 95% CI, 1.58-2.39). There was a significant age by sex interaction in girls aged 8 to 11 years (HR, 3.12; 95% CI, 2.05-4.74) but not boys (HR, 0.99; 95% CI, 0.63-1.54). Maternal DoD was associated with a higher risk for a child SE than paternal DoD (interaction HR, 1.44; 95% CI, 1.13-1.84).

### Conclusions and Relevance

This cohort study found an association of parental DoD with youth SE; this finding may be underlying the increase in adolescent suicidal behavior observed in the US over the past 2 decades. Improved access to care for parents with DoD and systematic screening and referral of their offspring could help to reduce the adolescent suicide rate.

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<https://doi.org/10.1016/j.amepre.2025.108131>

### **Risk of Suicide among US Adults with Work Disability.**

Mark Olfson, Candace M. Cosgrove, Melanie M. Wall, Carlos Blanco

American Journal of Preventive Medicine

Available online 22 September 2025, 108131

### Introduction

Prior research has not evaluated whether US adults with federally qualified work disability have an increased risk of suicide. A basic understanding of their suicide risk could help inform preventive interventions.

### Methods

A nationally representative sample, ages 20-61 years, from the 2008 American Community Survey (N=2,403,000) was followed through 2019 to calculate suicide rates with 95% confidence intervals per 100,000 person-years. Cox models estimated hazard ratios of suicide for adults with compared to without work disability controlling for age, sex, race and ethnicity, marital status, education, residence, employment, and income. Separate models were stratified by age, sex, and functional impairment (hearing, visual,

cognitive, mobility, self-care, and independent living skills). Data were collected in 2008-2019 and analyzed in 2025.

## Results

Annual suicide rates per 100,000 persons were 34.6 (95%CI=31.0-38.4) for adults with disability and 13.5 (95%CI=13.1-38.4) for those without work disability. After controlling for age, sex, race and ethnicity, marital status, education, residence, employment, and income, the adjusted hazards of suicide for work disability were 1.44 (95%CI=1.26-1.64). In fully adjusted models, hazards of suicide for work disability were 1.90 (95%CI=1.52-2.38) for females and 1.30 (95%CI=1.11-1.52) for males and 1.84 (95%CI=1.46-2.31) for younger adults and 1.29 (95%CI=1.11-1.51) for older adults. Adults with work disabilities and each functional impairment, except hearing, had significantly increased hazards of suicide.

## Conclusions

Relative to US adults without work disability, US adults with work disability were at increased risk of suicide, including especially women, younger adults, and those with a visual, cognitive, mobility, self-care, or independent-living impairment.

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<https://doi.org/10.1177/0095327X25137>

## **Sexual Assault and Sexual Harassment in Military Services: Culture, Hypermasculinity, and the Futility of Zero-Tolerance Approaches.**

Rubinfeld, S., & Lucas, J. W.

Armed Forces & Society

First published online September 16, 2025

This introduction to the Special Forum on Sexual Assault and Sexual Harassment in Military Services begins with a discussion of zero-tolerance approaches to sexual assault and sexual harassment, arguing that such approaches tend to be ineffective and result in problematic outcomes. Furthermore, zero-tolerance approaches are associated with the same hypermasculine cultural practices that contribute to the prevalence of sexual assault and sexual harassment within the military. The articles that are summarized in this Forum cover a range of inquiries, which apply differing substantive, theoretical, and methodological approaches to address issues related to sexual assault and sexual harassment. Together, the articles in this compendium demonstrate the

importance of aligning structural interventions with the cultures of the institutions in which the interventions will be implemented. They also reinforce the futility of zero-tolerance approaches and the importance of recognizing the significant complexities associated with sexual assault and sexual harassment in military services.

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<https://doi.org/10.1037/tep0000496>

**Report of the Council of University Directors of Clinical Psychology (CUDCP) burnout task force: Workload, burnout, and emotional health in clinical psychological trainees.**

Hunt, M. G., Aggarwal, P., Bootes, K., Cummings, J., Daniel, K. E., Davila, J., Kapouleas, E. A., Larson, C. L., & Maranzan, K. A.

Training and Education in Professional Psychology  
2025; 19(2), 85–96

Clinical psychology trainees have been struggling with significant burnout, anxiety, and depressive symptoms since well before the COVID-19 pandemic, but the problem has escalated in recent years. This study reports on a broad survey of trainees in clinical psychology doctoral programs across the United States and Canada ( $N = 984$ ;  $M = 27.5$  years,  $SD = 3.39$ ). We found that trainees feel enormous time pressure despite working long hours (50–60 hr a week) and are suffering from high rates of burnout, especially emotional exhaustion. Most students do not feel they have adequate time for self-care and report that faculty in their programs talk about the importance of work–life balance but do not actually prioritize it. These problems are even more acute for trainees who identify as non-White. Self-care is often framed as an individual competency that trainees are responsible for learning and achieving on their own. However, the demands on trainees may make self-care almost impossible. These are institutional and field-specific problems that require systemic solutions. As a field, we must generate ways of reducing the burdens on all trainees, enhancing their well-being, and ensuring the future of our workforce. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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<https://doi.org/10.1001/jamapsychiatry.2025.2572>

## **Parental Mental Disorders and Offspring Mortality up to Middle Age.**

Wang, H., & László, K. D.

JAMA Psychiatry

Published Online: September 24, 2025

### **Key Points**

#### **Question**

Are parental mental disorders associated with an increased risk of mortality in offspring?

#### **Findings**

In this cohort study including 3 548 788 individuals, all major types of parental mental disorders were associated with increased risks of offspring mortality up to the age of 51 years. The associations were strongest for unnatural deaths and when both parents had mental disorders.

#### **Meaning**

The findings of this study emphasize the importance of providing support for families with parents with mental disorders; further studies are needed to investigate whether such support may reduce the risk of premature death in affected offspring.

### **Abstract**

#### **Importance**

Parental mental disorders are associated with increased risks of infant mortality and with several developmental, mental, and somatic health outcomes, yet their associations with long-term mortality in offspring remain unknown.

#### **Objective**

To investigate the associations between parental mental disorders and the risk of mortality in offspring up to middle age.

#### **Design, Setting, and Participants**

This nationwide register-based cohort study used data for individuals born in Sweden from January 1973 to December 2014. Data were analyzed from October 2024 to March 2025.

## Exposure

Parental mental disorders identified from the Patient Register.

## Main Outcomes and Measures

The outcomes were offspring mortality, including deaths due to any, natural, and unnatural causes, from birth up to December 31, 2023. Cox proportional hazard models were used to estimate hazard ratios (HRs) and 95% CIs for offspring mortality according to parental mental disorders. Cousin comparison analysis was performed to assess familial confounding due to genetic and shared environmental factors.

## Results

Among 3 548 788 offspring, 1 818 232 were male (51.2%; 635 213 exposed to parental mental disorders) and 1 730 556 were female (48.8%; 605 935 exposed to parental mental disorders). The mean (SD) age at index parental diagnosis was 15.8 (13.3) years. During a median (IQR) follow-up of 20.1 (11.5-32.5) years (age range at end of follow-up, 9-51 years), there were 12 725 deaths (7.93 per 10 000 person-years) among offspring exposed to parental mental disorders and 30 087 deaths (3.55 per 10 000 person-years) among unexposed offspring. Offspring exposed to parental mental disorders had increased risks of all-cause mortality (HR, 2.13; 95% CI, 2.08-2.18) and death due to natural (HR, 1.88; 95% CI, 1.83-1.95) and unnatural causes (HR, 2.45; 95% CI, 2.37-2.54). All major types of parental mental disorders were associated with increased risks of offspring mortality, with the HRs ranging from 1.58 (95% CI, 1.40-1.79) for eating disorders to 2.22 (95% CI, 1.89-2.62) for intellectual disability. The associations were strongest if both parents were diagnosed with mental disorders and did not differ significantly according to the affected parents' sex and the child's age at parental diagnosis. The observed associations remained similar in the cousin comparison analyses.

## Conclusions and Relevance

Offspring of parents with mental disorders had an increased risk of mortality up to the age of 51 years. The associations were observed for all major types of parental mental disorders and were strongest in case of unnatural deaths, especially when both parents were diagnosed with mental disorders. These findings emphasize the importance of providing support for families with parents with mental disorders; further studies are needed to investigate whether such support may reduce the risk of premature death in affected offspring.

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## **Military Exposures on Marine Student Psychological Health: The Possible Moderating Role of Resilience in a Cross-sectional Design.**

Barczak-Scarboro, N., Chamberlin, R., McCarthy, R., & Park, G. H.

Military Medicine

Volume 190, Issue Supplement\_2, September/October 2025, Pages 738–745

### **Introduction**

Based on decades of study, researchers have inferred that military service is associated with negative mental health outcomes. Different components of military service, such as deployment, combat, blast, and head injury, have been posited as possible causes. There is additional literature in the sports realm regarding the effect of mild traumatic brain injury (mTBI) on mental health. Some literature to date supports these suppositions, whereas others disagree. The present study is a secondary analysis of data to add to the understanding of these complex relationships.

### **Materials and Methods**

452 young Marine Corps officers (81.46% [n = 334] male;  $25.69 \pm 4.67$  years old) enrolled at The Basic School or Marine Corps University completed an online survey of valid and reliable psychometrics and demographic information. General and generalized linear models, based on variable distribution, were built to test the effects of mTBI history, blast, deployment, and combat exposures on positive (social wellbeing) and negative (moral injury, depression, post-traumatic stress) mental health symptom variance.

### **Results**

Combat had the most consistent effects on negative mental health: moral injury (Wald  $\chi^2(1) = 7.25$ ), depression (Wald  $\chi^2(1) = 5.90$ ), and post-traumatic stress (Wald  $\chi^2(1) = 17.58$ ), all P-values < .05. Resilience tended to have a positive relationship with social wellbeing and negative relationship with moral injury, depression, and post-traumatic stress across models, including models that included various military stressors. Limited statistical evidence was found supporting its buffering effect against said stressors.

### **Conclusion**

Findings from this young and healthy Marine Corps officer sample concur that the established findings that combat exposure is associated with poorer mental health, and

resilience is associated with better mental health. Further research differentiating when, how, and for whom routine military exposures result in negative mental health consequences can directly inform practitioners treating such symptoms and policy around duty cycles and recovery.

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<https://doi.org/10.1089/neu.2024.0126>

## **The Impact of Non-Pain Factors on Pain Interference Among U.S. Service Members and Veterans with Symptoms of Mild Traumatic Brain Injury.**

Kennedy, E., Manhapra, A., Miles, S. R., Martindale, S., Rowland, J., Mobasher, H., Myers, M., Panahi, S., Walker, W. C., & Pugh, M. J.

Journal of Neurotrauma

Published Online: 12 September 2025

U.S. Service members and Veterans (SM/V) experience elevated rates of traumatic brain injury (TBI), chronic pain, and other non-pain symptoms. However, the role of non-pain factors on pain interference levels remains unclear among SM/Vs, particularly those with a history of TBI. The primary objective of this study was to identify factors that differentiate high/low pain interference, given equivalent pain intensity among U.S. SM/V participating in the ongoing Long-term Impact of Military-relevant Brain Injury Consortium-Chronic Effects of Neurotrauma Consortium (LIMBIC-CENC) national multi-center prospective longitudinal observational study. An explainable machine learning was used to identify key predictors of pain interference conditioned on equivalent pain intensity. The final sample consisted of  $n = 1,577$  SM/Vs who were predominantly male (87%), and 83.6% had a history of mild TBI(s) (mTBI), while 16.4% were TBI negative controls. The sample was categorized according to pain interference level (Low: 19.9%, Moderate: 52.5%, and High: 27.6%). Both pain intensity scores and pain interference scores increased with the number of mTBIs ( $p < 0.001$ ), and there was evidence of a dose response between the number of injuries and pain scores. Machine learning models identified fatigue and anxiety as the most important predictors of pain interference, whereas emotional control was protective. Partial dependence plots identified that marginal effects of fatigue and anxiety were associated with pain interference ( $p < 0.001$ ), but the marginal effect of mTBI was not significant in models considering all variables ( $p > 0.05$ ). Non-pain factors are associated with functional limitations and disability experience among SM/V with an mTBI history. The functional effects of pain may be mediated through multiple other factors. Pain is a multi-

dimensional experience that may benefit most from holistic treatment approaches that target comorbidities and build supports that promote recovery.

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<https://doi.org/10.1093/milmed/usaf126>

## **The Evolution of Project Safe Guard in the National Guard: Toward an Integrated Sustained Approach to Firearm Injury Prevention.**

Walsh, A. K., Bryan, C. J., Anestis, M. D., Betz, M. E., Morganstein, J. C., Heintz Morrissey, B. A., Godin, S. J., Kruger, B. J., & Vernon, E.

Military Medicine

Volume 190, Issue Supplement\_2, September/October 2025, Pages 156–162

### Introduction

Research reveals the importance of lethal means safety (LMS) and properly securing firearms in preventing suicide and other harmful behaviors such as child neglect and domestic violence. To prevent harmful behaviors within the military, the DoD urges that primary prevention efforts must be comprehensive, integrated, and evidence-based. This article aims to describe adaptations made to Project Safe Guard (PSG), a continuously evaluated, expanded, evidence-based comprehensive integrated primary prevention training program on secure firearm storage across the U.S. National Guard (NG).

### Materials and Methods

Through lethal means safety counseling (LMC), the first 2 generations of PSG successfully increased secure storage practices and altered beliefs on the relation between access to firearms and risk of injury and death. The third generation of PSG features a continuously evaluated expanded curriculum to reduce multiple harmful behaviors (abuse, harassment, and suicide) and trains NG supervisors to discuss firearm safety with subordinates. It will center on 2 integrated trainings: Universal (for all Guardsmen) and Selected (for NG supervisors), which will be available to all NG States, Territories, and Washington, D.C. (S/T/DC). PSG will grow into a train-the-trainer model for continuous program implementation within the NG. Training will be continuously evaluated through surveys, focus groups, and fidelity checks.

### Results and Conclusions

Findings from the previous generations of PSG show the program's ability to increase

secure storage practices and decrease the risk of harmful behaviors. The third generation of PSG will further expand the program within the NG with the goal of maximizing the number of Guardsmen trained and participating in LMS measures. Continuous evaluation efforts will contribute to adaptations and modifications to the PSG curriculum to ensure utmost training. The results of the third generation will contribute to future iterations of PSG.

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<https://doi.org/10.1093/milmed/usaf149>

## **A Quality Assurance Process Model of the Comprehensive Integrated Primary Prevention Plan to Reduce Harmful Behaviors in the U.S. National Guard.**

Walsh, T. R., Walsh, A. K., Heintz Morrissey, B. A., Naik Olson, R. K., Godin, S. J., & Morganstein, J. C.

Military Medicine

Volume 190, Issue Supplement\_2, September/October 2025, Pages 227–233

### Introduction

In the Department of Defense Instruction (DoDI) 6400.11, The Office of the Under Secretary of Defense for Personnel and Readiness outlined a plan for the National Guard (NG) of each State, Territory, and District of Columbia (“state”) to develop a Comprehensive Integrated Primary Prevention (CIPP) plan, beginning 2024, to outline prevention practices for reducing harmful behaviors. The Center for the Study of Traumatic Stress (CSTS) established a National Guard Program (NGP) to collaborate with the National Guard Bureau (NGB) and the 54 States, Territories, and Washington D.C. (“state”) to provide consultation and quality assurance on CIPP plans in compliance with DoD policies. The CSTS team of scientists and analysts created the QAC guide and process to assist NGB and states in the development of CIPP plans.

### Methods

The QAC was constructed by examining DoD policies, engaging with NGB and key informants from the states, and analyzing the NGB CIPP plan template.

### Results

The QAC guide and process facilitates a streamlined process for CSTS scientists to efficiently provide feedback on NG CIPP plans. It also assists NGB and the 54 states with aligning their CIPP plans with DoD requirements.

## Conclusions

The QAC facilitates growth in the area of quality improvement for NG primary prevention through streamlining the CIPP plan quality assurance process, aiding in strengthening state CIPP plans, promoting CIPP plan evaluation efforts, and fostering collaboration between CSTS, NGB, and the states. It also has spurred the development of common language used in CIPP plan development, a vital aspect in the improvement of CIPP plans and expanding the understanding and utility of CIPP plans throughout the military.

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<https://doi.org/10.1016/j.chiabu.2025.107671>

## **Latent class patterns of adverse childhood experiences and mental health among National Guard recruits.**

Flowers, T. A., Campbell, E. H., Noorbaloochi, S., & Polusny, M. A.

Child Abuse & Neglect

Volume 169, Part 2, November 2025, 107671

## Background

Most studies have relied on a cumulative risk approach when examining adverse childhood experiences (ACEs). This approach assumes equal weighting of adversities and fails to consider how the nature, severity, and combination of ACEs may differentially impact outcomes.

## Objective

Employing a person-centered approach, we identified distinct patterns of ACEs in a sample of Army National Guard recruits and investigated how these patterns relate to internalizing symptoms (i.e., self-reported mental health) and externalizing problems (i.e., substance use and rule-breaking behaviors).

## Participants and setting

Participants were 1201 Army National Guard recruits from the Advancing Research on Mechanisms of Resilience (ARMOR) study.

## Methods

Latent class analysis (LCA) was performed to identify distinct latent classes of recruits

with similar ACEs patterns. Associations between classes and mental health and behavioral outcomes of interest were examined using the Bolck-Croon-Hagenaars (BCH) method.

### Results

LCA revealed four latent classes of ACEs: (1) low adversity (51.1 %), (2) emotional and physical maltreatment (18.3 %), (3) poly-adversity (16.1 %), and (4) parental separation (14.5 %). There were no significant interclass differences found in internalizing symptoms or substance use. However, the emotional/physical maltreatment and low adversity classes showed significantly higher counts of rule-breaking behaviors than the other classes.

### Conclusions

Findings suggest recruits enter military service reporting distinct patterns of ACEs, which are differentially associated with rule-breaking behaviors but not mental health outcomes or substance use.

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<https://doi.org/10.4088/JCP.25m15939>

## **Identifying Factors Linked to a Higher Prevalence of Posttraumatic Stress Disorder Among Younger US Military Veterans.**

Hathorn, J. R., Fischer, I. C., Na, P. J., & Pietrzak, R. H.

Journal of Clinical Psychiatry  
2025; 86(4): 25m15939

### Objectives:

Posttraumatic stress disorder is a significant public health concern in the US, with military veterans disproportionately affected. Although younger veterans exhibit a higher prevalence of posttraumatic stress disorder (PTSD) compared to their older counterparts, the mechanisms driving this age-related difference remain unclear. This study examined sociodemographic, trauma-specific, and psychosocial factors that may contribute to the elevated prevalence of PTSD in younger (age <50) vs older (age 50 and older) veterans.



#### Methods:

Data were analyzed from the National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of US military veterans (n=4,069).

#### Results:

Younger veterans were 3 times more likely to screen positive for PTSD compared to older veterans (weighted 14.7% vs 4.9%,  $P < .001$ ). Mediation analysis revealed that 90% of the association between younger age and PTSD was indirectly mediated by psychosocial and trauma-specific factors. Psychosocial difficulties contributed the most to accounting for this association (42.9%), followed by loneliness (23.6%), avoidance coping (9.7%), adverse childhood experiences (9.5%), and combat exposure severity (4.2%). Secondary analyses identified interpersonal relationship challenges, substance use and self-blame coping strategies, and childhood physical abuse as key mediators of this association.

#### Conclusion:

Psychosocial and trauma-specific factors may mediate the link between younger age and higher rates of PTSD among US military veterans. These findings underscore the importance of targeted interventions designed to address psychosocial challenges, strengthen social connections, and promote adaptive coping strategies among younger veterans who are at risk for or currently living with PTSD.

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<https://doi.org/10.1016/j.sleep.2025.106803>

#### **Probable trauma-associated sleep disorder among Ukrainian combatants with stress-related mental disorders.**

Boiko, D. I., Shkodina, A., Uddin, M. E., Rahman, M. H., & Mohammed Abdul Kader

Sleep Medicine

Volume 136, December 2025, 106803

#### Highlights

- Combatants' nightmares did not differ in different stress-related mental disorders.
- Approximately 80 % of combatants with PTSD or adjustment disorder had severe insomnia.
- More than 80 % of combatants with PTSD or adjustment disorder had probable TASD.

- PTSD or adjustment disorder with severe insomnia require screening for TASD.

## Abstract

The Russian-Ukrainian war has created a mental health crisis among combatants, with sleep disorders representing a critical aspect of combat-related conditions. The objective is to assess the prevalence of insomnia, nightmares, and their association with clinically probable Trauma-Associated Sleep Disorder (TASD) among Ukrainian combatants with stress-related mental disorders. This cross-sectional study included 99 male combatants (aged 18–59) undergoing inpatient treatment for stress-associated disorders (adjustment disorder,  $n = 36$ ; PTSD,  $n = 63$ ). Assessments included psychiatric interviews using ICD-10 criteria, the Insomnia Severity Index, Hamburg Nightmare Questionnaire, and TASD symptom assessment. Clinically significant insomnia was observed in 77.8 % of individuals with adjustment disorder and 82.5 % with PTSD ( $p = 0.562$ ). Nightmares were reported by 86.1 % and 90.5 %, respectively ( $p = 0.533$ ). Probable TASD criteria were met by 80.6 % of those with adjustment disorder and 84.1 % with PTSD ( $p = 0.650$ ). Combatants with clinically significant insomnia had a 2.5 times higher risk of developing TASD compared to those without insomnia (RR = 2.55, 95 % CI 1.41–4.60,  $p < 0.001$ ), with this relationship persisting after adjusting for confounding factors. This study demonstrates a high prevalence of probable TASD among Ukrainian combatants with both PTSD and adjustment disorders. The strong association between insomnia and TASD underscores the importance of insomnia as a clinical marker for TASD screening in combatants with stress-associated disorders.

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<https://doi.org/10.1155/da/5572394>

## **Veteran Reports of Anxiety and Depression Before, During, and After COVID-19: Associations With Race/Ethnicity, Gender, and Traumatic Exposures.**

Chesnut, R., Aronson, K. R., & Perkins, D. F.

Depression and Anxiety

First published: 05 September 2025

The COVID-19 pandemic was a world-wide health emergency that resulted in individuals experiencing challenges in numerous life domains. Life domains affected included physical and mental health, finances, and social isolation. Many health and research professionals evidenced concern that veterans were more likely than civilians

to experience COVID-19 related problems due to their “at-risk” health status. Veterans are at-risk for health problems due to encountering unique military experiences such as traumatic exposures, development of trauma-related mental health symptoms or disorders, combat-related injuries, and disability, exposure to toxins such as burn pits and biological agents, and living with chronic stress during their transition to civilian life. It was suggested that the disruptions and challenges the COVID-19 pandemic created could trigger mental health problems among veterans. Indeed, based on cumulative stress theory, female veterans and veterans from racial and ethnic minority groups were thought to be particularly vulnerable for experiencing mental health challenges. The current study examined changes in the symptoms of depression and anxiety before, during, and after the COVID-19 pandemic among a large and diverse sample of post-9/11 veterans. As predicted, when compared to White male veterans, male and female veterans from racial and ethnic minority groups reported having higher symptom levels of anxiety and depression before, during, and after the COVID-19 pandemic. All veterans, except for females from racial and ethnic minority groups, reported experiencing increases in symptoms over time. Exposure to adverse childhood experiences (ACEs), combat exposure, and length of longest deployment were inconsistently associated with symptoms over time. The results suggest that the COVID-19 pandemic was associated with individuals experiencing increased anxious and depressive symptoms over time, although not in a wholly consistent manner. Future global health emergencies may have differential gender- and race/ethnicity-based effects on veterans; thus, veteran-serving organizations should carefully plan their responses to such crises.

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<https://doi.org/10.1016/j.psychres.2025.116672>

### **Identification of a subgroup of post-9/11 veterans with unique combat experiences and worse clinical outcomes.**

Kodama, L., Verkuilen, A., Asimakopoulos, G., Chanfreau-Coffinier, C., Merritt, V. C., & VA Million Veteran Program

Psychiatry Research  
Volume 352, October 2025, 116672

#### **Highlights**

- Identification of subgroups of Veterans based on combat experience profiles.

- Veterans with high-combat exposure have worse cognitive and mental health outcomes.
- Combat exposure is independently associated with worse outcomes, regardless of TBI.

## Abstract

### Objectives

Prior studies have examined the influence of military deployments and combat exposure on post-9/11 Veterans' health and well-being. Fewer studies, however, have focused on the extent to which specific combat experiences relate to clinical outcomes in this Veteran cohort. We sought to identify distinct groups of post-9/11 Veterans based on their combat experience profiles and examine the relationship between combat experiences and clinical outcomes.

### Methods

We used data from 21,995 deployed, combat-exposed, Iraq/Afghanistan-era Veterans who enrolled in the VA Million Veteran Program (MVP). Combat experiences were evaluated using the "Combat Experiences Scale" from the Deployment Risk and Resilience Inventory.

### Results

We identified five distinct subgroups of Veterans, one of which was characterized by high frequency of exposure across all types of combat experiences. These Veterans had worse self-reported mental health symptoms, cognitive symptoms, and perceptions of their own health compared to other Veterans. Generalized linear models adjusting for age, sex, race, and ethnicity demonstrated that combat and TBI history were independently associated with worse clinical outcomes, with Veterans in the high-combat/TBI history group reporting the poorest functioning.

### Conclusions

Our findings highlight the utility of examining specific combat experiences to identify at-risk post-9/11 Veterans. These findings could facilitate the development of empirically-informed supportive measures to intervene earlier in the post-deployment period and improve clinical outcomes. Future studies to better characterize this at-risk Veteran group using genetic data available through MVP will further inform these prediction models.

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**Combat exposure, social support, and posttraumatic stress: a longitudinal test of the stress-buffering hypothesis among veterans of the wars in Afghanistan and Iraq.**

Bridges-Curry, Z., Meckes, S. J., Fountain, C., Wagner, H. R., Calhoun, P. S., Kimbrel, N. A., Rowland, J. A., Dedert, E. A., Ponzini, G. T., & VA Mid-Atlantic MIRECC Workgroup

Social Psychiatry and Psychiatric Epidemiology  
Volume 60, pages 2495–2504, (2025)

**Purpose**

While social support is widely viewed as a protective factor against posttraumatic stress disorder (PTSD), few studies have directly tested whether social support buffers the long-term effects of pre-existing PTSD symptoms or baseline combat exposure among Veterans (i.e., the stress-buffering hypothesis).

**Methods**

To address this gap, the current study tested perceived social support as a moderator of the effects of baseline PTSD symptoms and combat exposure on PTSD symptoms at 10-year follow up in a sample of post-911 Veterans (N = 783).

**Results**

Higher levels of combat exposure and baseline PTSD symptoms predicted elevated PTSD symptoms at 10-year follow-up. Perceived social support moderated these effects, such that the impacts of baseline symptoms and combat exposure were attenuated for Veterans with high levels of perceived support. However, buffering effects were less evident at higher levels of combat exposure and were not significant at very high levels of baseline PTSD symptoms.

**Conclusion**

While findings are broadly consistent with the stress-buffering hypothesis, results of the present study suggest that the benefits of perceived social support may be less evident at higher levels of combat exposure. Results also offer preliminary evidence that perceived social support is less protective for Veterans with severe pre-existing symptoms.

<https://doi.org/10.1037/tra0001825>

## **Intergenerational transmission of combat-related posttraumatic stress disorder: The offspring's lived experience.**

Bensimon, M., & Afota Assaf, E.

Psychological Trauma: Theory, Research, Practice, and Policy  
2025; 17(7), 1459–1468

### **Objective:**

The literature points to a wide spectrum of potential symptoms in different life dimensions caused by intergenerational transmission of war trauma. However, qualitative research on intergenerational transmission of combat-related posttraumatic stress disorder (PTSD) from the perspective of adult offspring is scarce. The aim of the present study was to examine Israeli adults' lived experience of growing up with a father coping with combat-related PTSD, including relationship characteristics and consequences.

### **Method:**

Thirty Israeli adult offspring (19 females and 11 males) of combat-related PTSD fathers participated in the study. Data were collected via semistructured interviews and analyzed according to the interpretative phenomenological analysis approach.

### **Results:**

Analysis yielded five themes: (a) Intergenerational transmission of combat-related PTSD symptoms relates to posttraumatic symptoms reported by participants in connection with their fathers' combat-related PTSD; (b) emotional instability in father–offspring relationship relates to participants' caution around their father and fear of his reactions; (c) parent–child role reversal describes excessive responsibility taken by offspring toward their father, leading to overdependence on the father's part; (d) threat to family integrity relates to participants' sense of financial insecurity and the disintegrative effect of their parents' marital problems on their own family; (e) personal development indicates posttraumatic growth experienced by the participants.

### **Conclusions:**

Interventions should address the emotional instability in father–offspring relationship, the possibility of a parent–child role reversal, and family disintegration. Interventions

should also encourage secondary posttraumatic growth among offspring. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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<https://doi.org/10.1037/tra0001848>

**Associations between posttraumatic stress symptoms, moral injury, and parenting among Israeli male veterans: The mediating role of parental beliefs about children's anxiety.**

Ne'eman-Haviv, V., Freaman, S., & Zerach, G.

Psychological Trauma: Theory, Research, Practice, and Policy  
2025; 17(7), 1469–1480

**Objective:**

Posttraumatic stress symptoms (PTSS) and moral injury (MI) are possible negative outcomes of combat military service. While PTSS is known to be associated with impaired paternal parenting, no study has examined the association between MI and parenting. This study examined associations between military-related PTSS, MI, and multiple measures of parenting among veteran fathers. Furthermore, we examined the mediating role of parental beliefs about children's anxiety in the association between PTSS, MI, and parenting.

**Method:**

Participants included 310 combat veteran fathers ( $M_{age} = 34.96$ ,  $SD = 6.31$ ) who were discharged from the Israeli Defense Forces. Participants completed a set of validated self-report online questionnaires in a cross-sectional design study.

**Results:**

Exposure to potentially morally injurious experiences (PMIEs) during military service was associated with higher levels of PTSS and MI outcomes, but not with parenting domains. Both PTSS and MI outcomes were associated with poorer parenting practices and lower levels of parental satisfaction. Importantly, PTSS and shame-based MI outcomes mediated the association between combat exposure, exposure to PMIE, and parenting. Moreover, two-step sequential mediation showed combat exposure and exposure to PMIE indirectly contributed to parenting via PTSS, shame-based MI outcomes, and parental beliefs about children's anxiety.

#### Conclusion:

Our findings imply that beyond the possible negative effects of PTSS on parenting, military-related MI is another risk for problematic paternal parenting among veterans. Clinical implications discussed include the ripple effect of PTSS and MI on veteran fathers' cognitions regarding their children's ability to handle anxiety, and their parenting behaviors to control their painful emotions. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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<https://doi.org/10.1037/tra0001779>

#### **The contribution of maladaptive personality traits to PTSD and depression symptoms among Israeli female veterans.**

Zerach, G., Shem Tov, E., & Shati, S.

Psychological Trauma: Theory, Research, Practice, and Policy  
2025; 17(7), 1525–1533

#### Objective:

Exposure to potentially traumatic events during military service is associated with mental health problems such as posttraumatic stress disorder (PTSD) and depression symptoms. However, knowledge regarding the implications of maladaptive personality traits in psychopathology among female veterans is sparse. The present study aims to use the Diagnostic and Statistical Manual of Mental Disorders, fifth edition—an alternative model of personality disorder, to examine associations between maladaptive personality traits, PTSD and depression symptoms, among female Israeli veterans.

#### Method:

A volunteer sample of female Israeli combat veterans ( $n = 616$ ) and noncombat veterans ( $n = 484$ ) responded to self-report questionnaires in a cross-sectional study.

#### Results:

Combat veterans reported higher levels of combat exposure and PTSD symptoms, but not depressive symptoms, than noncombat veterans. Combat veterans also reported lower levels of negative affectivity but higher levels of disinhibition than noncombat veterans. All five traits were positive predictors of PTSD and depression symptoms, with psychoticism constituting the strongest predictor. A moderated-mediation analysis indicated four traits (negative affectivity, detachment, disinhibition, and psychoticism)



that had a moderating effect on the relationship between combat exposure and PTSD symptoms, and two of the traits (antagonism and disinhibition) that had a moderate effect on the relationship between combat exposure and depressive symptoms.

#### Conclusions:

Maladaptive personality traits play an important role in psychological distress following female veterans' combat service. Future prospective research is necessary to determine the temporal associations between preenlistment maladaptive personality traits and postdeployment mental health of veterans. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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#### Links of Interest

Beyond crisis response: How Compassionate Contact Corps uses human connection to transform suicide prevention

<https://news.va.gov/142685/compassionate-contact-corps-suicide-prevention/>

The Heartbreakingly Common Story of My Military Suicide Attempt

<https://thewarhorse.org/marine-pilot-suicide-story/>

The promise of precise, personalized mental health care

<https://www.apa.org/monitor/2025/09/personalized-mental-health-care>

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#### Resource of the Week – [MilLife Guide: Suicide Prevention](#)

From Military OneSource:

The Defense Department is strongly committed to preventing suicide within our military community through suicide prevention, intervention and postvention initiatives. If you are in crisis, or you know someone who is, there are immediate resources available to support you or your loved ones.

The Military Crisis Line connects those in need to a trained counselor with a single phone call or click of a mouse. This confidential, immediate help is available 24/7 at no cost to active-duty, Guard and reserve members, their

families and friends. Contact the Military Crisis Line at 988, then press 1, or access online chat by texting 838255.

## Suicide Prevention

### IN THIS MILLIFE GUIDE

[Overview](#)

[Suicide is a public health issue](#)

[Suicide is preventable](#)

[Everyone has a role in preventing suicide](#)

[Promote healing and minimize risk for survivors](#)

[Resources and articles for Suicide Prevention](#)

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