

CDP



Research Update – March 5, 2026

What's Here:

- Suicide Risk Factors Among Explosive Ordnance Disposal Technicians.
- Predicting Suicidality in Veterans/Service Members Over 5 Years After TBI: A VA Model Systems Study.
- Association of Social Network Size and Attachment Style With Future Suicide Attempt Among US Army Soldiers.
- Moral Injury in Student Military Veterans and Academic Success: A Pilot Study in the USA.
- Moral Injury and Nicotine Dependence from Electronic Cigarettes Among Women Veterans: A Behavioral Economic Perspective.
- Staying Relevant in the Digital Age: Exploring the Evolving Frontier of Telehealth for Mental Health in the Military Health System and Veterans Health Administration.
- A Psychometric Analysis of the Military Stigma Scale.
- US Army Reserve and National Guard soldiers' motivations for joining the military and their effects on post-deployment mental health.
- Predicting externalizing symptom trajectories in U.S. National Guard recruits: The role of adverse childhood experiences.
- A historical narrative of mental health and war: from antiquity to the twenty-first century.

- A Dyad Approach to Understanding Intimate Partner and Family Distress as Risk Factors for Poor Warfighter Brain Health Following Mild Traumatic Brain Injury in Military Couples.
- Unlocking potential: Commanders' perspectives on the work efficiency and skillsets of autistic adults in non-combat military roles.
- Mediating roles of tinnitus and sleep disturbance in the effects of military noise on cognition: a structural equation modeling study with multi-method noise exposure assessment.
- Clinician Assessed Rates of PTSD and Complex PTSD in a Medical-Rehabilitation Sample of Active-Duty Military Personnel in the Armed Forces of Ukraine.
- Purpose in life and posttraumatic stress symptoms among military veterans: A network analysis.
- The association of deployment stressors and PTSD and depression symptoms in military mothers.
- Negative non-deployment emotions, substance use, and marital satisfaction among never-deployed military couples.
- Views of aging and symptoms of posttraumatic stress disorder among older adult war veterans in the context of renewed war.
- Links of Interest
- Resource of the Week: Problematic Substance Use in the Military: Prevention, Treatment, and Research Efforts (Congressional Research Service)

<https://doi.org/10.1093/milmed/usaf593>

Suicide Risk Factors Among Explosive Ordnance Disposal Technicians.

Wood, D. S., Reeves, C., Larisch, I., Ikenoyama, M. K., & Ingerson, M. C.

Military Medicine

Published: 19 December 2025, usaf593

Introduction

Explosive Ordnance Disposal (EOD) technicians' roles and responsibilities place them in dangerous and morally challenging situations, and they also experience disproportionately high suicide rates compared to both the general population and other military personnel. Although previous research has identified several risk factors for suicide among military personnel, the extent to which these factors apply to EOD technicians remains unclear.

Materials and Methods

This exploratory study examined the role of previously validated risk factors, such as those comprising the Interpersonal Theory of Suicide (IPTS), in differentiating low- and high-risk EOD technicians. We gathered survey data from 698 EOD technicians using validated measures. We employed chi-squared analyses to identify demographic variables that significantly varied between low and high suicide risk EOD technicians.

Results

Logistic regression analyses revealed that 2 factors of IPTS, acquired capability (adjusted odds ratio [aOR] = 1.14, $P < .01$) and perceived burdensomeness (aOR = 1.07, $P < .001$), increased the odds of high suicide risk, even after controlling for demographic covariates. Moral injury similarly had a statistically significant effect on increased suicide risk (aOR = 1.05, $P < .01$). Additional demographic risk factors included being between the ages of 45-49 (aOR = 2.73, $P < .01$) and being legally separated (aOR = 2.63, $P < .05$).

Conclusions

Our preliminary findings highlight the necessity of targeted suicide prevention efforts that actively integrate both psychological variables as well as high-risk demographic characteristics. By identifying key differentiators of suicide risk among EOD technicians, this study contributes to the refinement of intervention strategies aimed at reducing military personnel suicide rates.

<https://doi.org/10.1016/j.apmr.2025.07.009>

Predicting Suicidality in Veterans/Service Members Over 5 Years After TBI: A VA Model Systems Study.

Malhotra, B., Ketchum, J. M., Klyce, D. W., Finn, J. A., Fisher, L. B., Talley, K. G., Juengst, S. B., Pasipanodya, E. C., Niemeier, J. P., & Perrin, P. B.

Objective

To examine demographic and injury-related predictors of suicide attempt (SA) and suicidal ideation (SI) during the 5 years after traumatic brain injury (TBI) among Veterans and Service Members (V/SMs) enrolled in the Department of Veterans Affairs (VA) Polytrauma Rehabilitation Center (PRC) TBI Model Systems study.

Design

Multicenter, longitudinal observational cohort study.

Setting

Inpatient rehabilitation at one of the VA's 5 PRCs.

Participants

A sample of 812 V/SMs with TBI enrolled within 14 months of injury and survived to at least the year 1 data collection.

Main Outcome Measures

Past year SA and past-2-week SI were assessed at follow-ups.

Results

SA prevalence rate across the years varied between 2.2% and 2.5%, with 4.8% of the sample reporting SA at least once. SI rates were higher and varied between 13.2% and 14.3%, with 21.7% reporting SI at least once. After controlling for other predictors, V/SMs aged <30 years had 5.32 times greater odds of SA post-TBI compared with those aged ≥ 50 years. Those with a preinjury history of mental health treatment or psychiatric hospitalization had 3.89 times greater odds of SA over time. Nonviolent TBI etiologies increased SI odds by 1.94 times. Preinjury history of mental health treatment or psychiatric hospitalization increased SI odds by 1.69 times; and those with a preinjury history of SA had 2.86 times greater SI odds.

Conclusions

These rates, though high, are likely underestimates of 5-year post-TBI suicidality among V/SMs with TBI. V/SMs with TBI should be screened regularly for suicidality—even years after injury. Future research should explore the contributions of the identified risk factors to inform targeted screening and appropriate mental health referral to prevent, assess, monitor, and treat SA and SI.

<https://doi.org/10.1002/cpp.70207>

Association of Social Network Size and Attachment Style With Future Suicide Attempt Among US Army Soldiers.

Shor, R., Herberman Mash, H. B., Edwards, E. R., Naifeh, J. A., Wang, J., Aliaga, P. A., Fullerton, C. S., Kao, T. C., Kessler, R. C., Stein, M. B., & Ursano, R. J.

Clinical Psychology & Psychotherapy
2026; 33, no. 1: e70207

Background

Understanding the relationship of social support network (SSN) and attachment style to suicide attempt (SA) among US Army soldiers can inform prevention efforts. Small SSN and insecure attachment styles are associated with SAs. The current study examines the extent to which these factors may relate to SA risk during the first 2 years of military service, a period of elevated risk.

Methods

A representative sample of US Army soldiers entering service ($n = 21,772$) was surveyed and followed via administrative records for their first 24 months of service. Insecure attachment styles (preoccupied and dismissing) and SSN size were assessed at baseline. Administrative records identified SAs over the 2-year period of assessment. Discrete-time survival analysis examined associations of SSN and attachment style with future SA during service, adjusting for socio-demographics and service-related characteristics.

Results

During this period, 154 soldiers attempted suicide. Examined in a multivariable model, small SSN and insecure attachment styles were associated with increased SA risk. This persisted after accounting for previous mental health diagnosis: Small SSN (OR = 1.8 [95% CI = 1.3–2.4]); preoccupied (OR = 1.7 [95% CI = 1.1–2.8]) and dismissing (OR = 1.6 [95% CI = 1.0–2.4]) attachment. Soldiers with a small SSN consistently had higher SA risk across time in service, whereas among soldiers with a large SSN, SA risk decreased between the first and second years. Two-way interactions between attachment styles and SSN were non-significant.

Conclusions

Our findings underscore the importance of understanding the impact of SSN size and attachment style on SA risk among soldiers as they enter military service, as a means to identify risk and potential interventions.

Summary

- This is the first study that prospectively examined the associations of preoccupied and dismissing attachment styles, social support network (SSN) size and their interactions, with administratively documented suicide attempts among US Army Regular enlisted soldiers.
- Small SSN and insecure attachment styles (i.e., preoccupied or dismissing-avoidant attachment) are independently associated with increased risk for suicide attempt.
- The number of individuals with whom soldiers identify within their SSN (i.e., feel close to, feel care for them and would be there if the soldiers needed them), and how soldiers interpersonally relate to those individuals can both shape suicide attempt risk early in military service.
- As suicide attempt risk has been shown to be particularly high for soldiers in their first 2 years of service, our finding that soldiers with smaller SSNs during this period consistently experienced higher suicide attempt risk relative to those with larger support networks underscores the importance of interventions that foster interpersonal support during this vulnerable early phase of service.
- Leaders and clinicians should monitor and assess early-career soldiers' interpersonal connectedness, particularly SSN size, as a means to identify people who are at higher risk for suicide.

<https://doi.org/10.1007/s10943-025-02493-2>

Moral Injury in Student Military Veterans and Academic Success: A Pilot Study in the USA.

McDaniel, J. T., Henson, H., Hunter, Y., Albright, D. L., & Robinson, A.

Journal of Religion and Health

Published: 16 December 2025

Moral injury is highly correlated with several adverse outcomes among veterans; however, no research has examined the impact of moral injury on academic outcomes.

As part of a 17-week pilot longitudinal educational program study, veteran participants (n = 33) completed a baseline survey which included a measure of moral injury. During the first four weeks of the program, the following outcomes were assessed via learning management software: performance on weekly quizzes (POWQ), number of logins (NOL), and module activity completion percentage (CP). Being classified with moral injury was negatively associated with POWQ (b = - 15.59, 95% CI = - 19.89, - 10.96), NOL (b = - 0.69, 95% CI = - 1.86, - 0.19), and CP (b = - 8.76, 95% CI = - 11.29, - 6.80) in bootstrapped linear regression models. Although replication of these results is needed in a larger sample, it is possible that moral injury is associated with poorer academic outcomes among student veterans.

<https://doi.org/10.1080/10826084.2025.2610670>

Moral Injury and Nicotine Dependence from Electronic Cigarettes Among Women Veterans: A Behavioral Economic Perspective.

McDaniel, J. T., Redner, R., Roberts, D., Ezigbo, U., & Higgins, S. T.

Substance Use & Misuse

Published online: 05 Jan 2026

Background

While moral injury is associated with adverse health behaviors among veterans, no studies have examined the association between e-cigarette consumption among women veterans and moral injury.

Methods

Using a nicotine continuum of harm perspective, we recruited women veterans who used e-cigarettes or e-cigarettes + combustible cigarettes (n = 55) via Amazon MTurk and Reddit from June 2023 to September 2024. Women veterans completed the e-cigarette purchase task (e-CPT) assessing the relative reinforcing value (RRV) of e-cigarettes, the e-cigarette Fagerstrom Test for Cigarette Dependence (e-FTCD), and the Moral Injury Symptom Scale (MISS-M-SF). We estimated five e-CPT demand indices and calculated an exponential demand model stratified by moral injury status (i.e., probable vs. unlikely). Comparisons were adjusted for dual user status, length of service, and e-FTCD scores.

Results

Those with probable moral injury were more likely than unlikely morally injured veterans to be dual users ($p = 0.02$). Probable morally injured veterans exhibited significantly higher demand for e-cigarettes than unlikely morally injured veterans ($p = 0.01$). Average e-cigarette consumption at \$0 was significantly higher ($M = 118.6$ vs. $M = 29.9$) in probable versus unlikely morally injured veterans ($p = 0.03$).

Conclusions

This study offers preliminary evidence of the RRV of using e-cigarettes in morally injured women veterans.

<https://doi.org/10.1007/s11920-025-01651-3>

Staying Relevant in the Digital Age: Exploring the Evolving Frontier of Telehealth for Mental Health in the Military Health System and Veterans Health Administration.

Greene, E. A., Serpico, E. J., Legault, G. L., & Williams, S. G.

Current Psychiatry Reports
Volume 28, article number 8, (2026)

Purpose of Review

This review examines recent evidence for the effectiveness of telehealth in treating Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), alcohol use disorder, and insomnia in military veterans and active-duty service members (ADSMs).

Recent Findings

Recent randomized controlled trials and prospective cohort studies provide strong evidence that synchronous video-teleconference based therapy is effective for PTSD, MDD, and insomnia in this population. There is growing evidence for the effectiveness of internet-based self-guided therapy, particularly when combined with coaching support provided by telemedicine, for symptoms of PTSD, MDD, and insomnia. The effectiveness of telehealth in the treatment of alcohol use disorders is less well-supported, as is the effectiveness of mobile applications. These findings are supported by the team's analysis of the literature as well as an analysis provided by an Artificial Intelligence (AI) platform.

Summary

The current evidence supports the use of synchronous video-teleconference and internet-based self-guided therapy with coaching support in the treatment of several common diagnoses in the military veteran and ADSM populations. Other modalities of telehealth require further research.

Human and Animal Rights

This article does not contain any studies with human or animal subjects performed by any of the authors.

<https://doi.org/10.1177/10731911251398039>

A Psychometric Analysis of the Military Stigma Scale.

Cacace, S., Cramer, R. J., Stivers, M., Tucker, R. P., & VanSickle, M.

Assessment

First published online December 25, 2025

U.S. military populations experience a high level of mental health concerns, including post-traumatic stress disorder, clinical depression, and suicide, when compared with their civilian counterparts, and tend to access mental health services at a lower rate. Military health scholars have noted that stigma against mental health help-seeking has multiple sources, including professional, personal, and social components, though these components are rarely separated in examining why military service members avoid clinical help. Valid measurement of these factors is necessary to examine the heart of rising clinical needs. The current study replicates and extends prior work applying a bifactor model to the Military Stigma Scale (MSS). In a sample of $n = 1,832$ Army National Guard members, a bifactor model presented acceptable fit, though invariance testing by rank and education indicates disparate experiences with military service as deviating influences. Specifically, Private Stigma was significantly lower in higher paygrade service members and those with a college degree, while Public Stigma was higher. Results call into question the theoretical viability of a bifactor model of the MSS, especially in the evaluation of Expected Common Variance and specific factor reliability.

<https://doi.org/10.1177/0095327x251317445>

US Army Reserve and National Guard soldiers' motivations for joining the military and their effects on post-deployment mental health.

Hoopsick, R. A., Vest, B. M., Arif, M., Homish, D. L., & Homish, G. G.

Armed Forces & Society
Advance online publication

The link between combat exposure and mental health among military service members has been well-established, and reservists are at increased risk. This study uses a subset of cross-sectional data (N = 239) from Operation: SAFETY, an ongoing study of U.S. Army Reserve/National Guard soldiers, to examine the moderating effects of reasons for joining the military on the relations between combat exposure and post-deployment mental health symptomatology. Soldiers who served for reasons associated with “wanting a military life” had an increasingly higher likelihood of anxiety symptomatology with greater combat exposure. Conversely, soldiers who served for reasons associated with “wanting material benefits” reported fewer mental health symptoms as combat exposure increased.

<https://doi.org/10.1002/jts.70037>

Predicting externalizing symptom trajectories in U.S. National Guard recruits: The role of adverse childhood experiences.

Sloan, A. F., Bron, T., Marquardt, C. A., Disner, S. G., Noorbaloochi, S., Polusny, M. A., & Schaefer, J. D.

Journal of Traumatic Stress
First published: 24 December 2025

Adverse childhood experiences (ACEs) are strongly associated with increased risk of externalizing problems. Despite their prevalence in military populations, limited research links ACEs to longitudinal externalizing problem trajectories during military service transition. This study aimed to identify distinct trajectories of externalizing problems (deviant behavior, alcohol use, and drug use) in U.S. Army National Guard recruits and examine how baseline ACEs predict membership in higher-risk trajectories during the

transition to military service. A longitudinal cohort of 707 Army National Guard recruits was assessed before basic combat training and at four follow-ups over 18 months. Growth mixture modeling was used to identify distinct trajectories for deviant behavior, alcohol use, and drug use, whereas logistic regression analyses were conducted to examine associations between baseline ACEs and trajectory group membership. For each domain, we identified distinct trajectory patterns beyond stable-low: decreasing-increasing and increasing-decreasing deviant behavior trajectories, stable-high and increasing alcohol use trajectories, and a variable drug-users trajectory. Relative to stable-low class membership, higher ACE scores were associated with increased odds of membership in the decreasing-increasing, OR = 1.26, 95% CI [1.12, 1.41], and increasing-decreasing, OR = 1.26, 95% CI [1.15, 1.37], deviant behavior; stable-high alcohol, OR = 1.13, 95% CI [1.03, 1.25]; and drug-users, OR = 1.19, 95% CI [1.11, 1.28], trajectories. Specific ACEs uniquely predicted higher-risk trajectories. These findings suggest that ACEs may have longitudinal effects on the unfolding of externalizing symptom trajectories among military recruits, highlighting the need to address preexisting developmental vulnerabilities when examining pathways to psychopathology during significant life transitions.

<https://doi.org/10.1080/09540261.2025.2606375>

A historical narrative of mental health and war: from antiquity to the twenty-first century.

Abdel Aziz, K., & Aly El-Gabry, D.

International Review of Psychiatry

Published online: 23 Dec 2025

Warfare has repeatedly reshaped psychiatry, compelling societies to confront the psychological, moral, and social consequences of organised violence. This review traces how ideas about war-related mental disorders have evolved from antiquity to today. Conditions once seen as moral weakness or imbalance (such as melancholia, nostalgia, and 'soldier's heart') were reinterpreted over time through medical and social change, leading to modern concepts like post-traumatic stress disorder (PTSD) and moral injury. While clinical attention historically centred on soldiers, modern conflicts demonstrate that civilians-particularly women, children, and displaced populations- bear disproportionate and enduring burdens, with high rates of depression, psychosis, substance misuse, and complex grief. Paradoxical patterns, including wartime declines

in suicide linked to social cohesion, highlight the interplay between individual distress and collective purpose. The post-Vietnam recognition of PTSD advanced legitimacy and care but also exported a Western diagnostic lens that can obscure local expressions of suffering and structural determinants. Case studies from late twentieth- and twenty-first-century conflicts (e.g. the Balkans, Iraq–Afghanistan, Ukraine, Gaza) reveal persistent inequities in access to services, the politicisation of psychiatric categories, and the salience of community, faith, and meaning-making for recovery. Across eras, war psychiatry has oscillated between compassion and control, prevention and surveillance. Bridging historical insight with contemporary practice can better address the diverse and enduring psychological legacies of war, while foregrounding resilience and moral repair alongside symptom reduction.

<https://doi.org/10.1097/HTR.0000000000001060>

A Dyad Approach to Understanding Intimate Partner and Family Distress as Risk Factors for Poor Warfighter Brain Health Following Mild Traumatic Brain Injury in Military Couples.

Brickell, T. A., Ivins, B. J., Wright, M. M., Sullivan, J. K., Baschenis, S. M., Gillow, K. C., French, L. M., & Lange, R. T.

Journal of Head Trauma Rehabilitation
41(1):p E38-E47, January/February 2026

Objective:

Using a dyadic approach with military couples, the current study examined family risk factors for chronic neurobehavioral symptoms in service members and veterans (SMVs) following a mild traumatic brain injury (MTBI).

Setting:

Military Treatment Facility. Participants: SMV (n = 122) and intimate partner (IPs, n = 122) dyads (N = 244). Design: Prospective cohort.

Main Measures:

SMVs completed seven neurobehavioral outcome measures. Their intimate partners completed 12 health-related quality of life (HRQOL) risk factor measures. Both members of the dyad completed three family relationships risk factor measures.

Results:

The number of neurobehavioral measures that were clinically elevated (≥ 60 T) were summed and used to classify SMVs into three outcome groups: (1) None/Few Symptoms [0–1 elevated scores]; (2) Several Symptoms [2–3 elevated scores]; and (3) Many Symptoms [4–7 elevated scores]. SMVs in the Many Symptoms group had significantly higher scores on nine family risk factor measures compared to the None/Few Symptoms group, and seven family risk factor measures compared to the Several Symptoms group. The Several Symptoms group had higher scores on one risk factor measure compared to the None/Few Symptoms group. The largest effect sizes were found for the SMV family relationships risk factor measures. SMVs were 4.2 to 13.0 times more likely to have poor neurobehavioral outcomes when they had negative versus positive family relationships.

Conclusion:

An important and unique addition to the literature was the finding that a range of risk factors in the SMV's family environment were strongly associated with clinically elevated chronic neurobehavioral symptoms following an MTBI. The establishment of the Family Wellness Program within the Defense Intrepid Network will open the door for family wellness to have a long-term place in military TBI treatment programs as a holistic, family-centered interdisciplinary model of care for warfighter brain health and return to duty following a TBI, and healthy, resilient, and military ready families.

<https://doi.org/10.1177/10519815251359956>

Unlocking potential: Commanders' perspectives on the work efficiency and skillsets of autistic adults in non-combat military roles.

Selanikyo, E., Sagie, D., Haas, T., & Erez, A. B. H.

WORK

2026; 83(1), 131-138

Background

Autism Spectrum Disorders (ASD), present challenges, particularly with respect to employment. The Roim-Rachok Program (RRP) trains individuals with ASD for roles in the Israel Defense Forces (IDF), to enhance these individuals' workforce integration. To date, no studies have investigated the professional work performance of RRP participants from the perspective of their military commanders.

Objective

This study evaluated IDF commanders' perceptions of the work performance of RRP soldiers and assessed the support these soldiers need for optimal accomplishment of their job profiles.

Methods

A cross-sectional quantitative study of 45 commanders ($M = 27.0$, $SD = 7.5$) was conducted. Data was collected using a 12-item Commanders' Questionnaire (TCQ) that assessed the task performance, independence, work quality, and perseverance of the 70 ASD soldiers under their orders. Descriptive and non-parametric analyses were applied to explore the associations between the commanders' background and their perceptions of these soldiers' performance.

Results

Varimax rotation yielded four domains: Performance at Work, Work Quality, Independence, and Perseverance. The commanders rated RRP soldiers similarly to non-ASD soldiers, but gave higher ratings for accuracy and task persistence, and lower ratings for work pace. Older and more senior commanders rated the soldiers' perseverance and independence more highly. No significant associations were found for gender or soldiers' length of service.\

Conclusions

RRP soldiers excel on tasks requiring accuracy, perseverance, and routines, but face challenges with task versatility and learning new tasks. The structured military environment accommodates ASD individuals well and can serve as a foundation for future civilian employment.

<https://doi.org/10.1186/s12889-025-25832-0>

Mediating roles of tinnitus and sleep disturbance in the effects of military noise on cognition: a structural equation modeling study with multi-method noise exposure assessment.

Huang, W., Jin, X., Huang, Z., Wang, T., Wang, Y., & He, L.

BMC Public Health

Published: 04 December 2025

Background

Military noise exposure is the most common occupational risk for soldiers. This study aims to investigate the relationships between various noise measurement indicators, tinnitus, sleep disturbance, and cognition, as well as their potential pathways.

Methods

This study conducted a cross-sectional survey in April 2024, enrolling 339 military personnel from China as study participants. Noise exposure was assessed using the cumulative noise exposure (CNE), kurtosis-adjusted CNE (CNE-K), and self-reported hearing protection-adjusted lifetime noise exposure. Tinnitus and sleep disturbance were evaluated using the 6-item tinnitus screener and the Pittsburgh Sleep Quality Index, respectively. Cognition was assessed using the Stroop test. Adjustments were made for covariates including sex, age, hearing loss, education, ethnicity, alcohol consumption, and depressive symptoms. Structural equation modeling (SEM) and bias-corrected bootstrapping were used to assess direct/indirect pathways, with $p \leq 0.05$ or 95% bootstrapped CIs excluded zero taken as significant.

Results

The mean age was 24.82 (SD, 3.80). Males accounted for 97.6% (331/339). A total of 58.7% (199/339) held a junior college degree. SEM results showed that objective exposure influences cognition through both direct and indirect pathways, whereas subjective exposure operates exclusively via indirect mediation. Besides, sleep disturbance explained most of the mediating process. Specifically, sleep disturbance was a significant simple mediator between noise and cognition in all models ($\beta = -0.048$ to -0.062 , all $p < 0.05$). The simple mediating effect of tinnitus was not significant in any model ($\beta = 0.013$ to 0.022 , all $p > 0.05$), but it could form a chain mediating process ($\beta = -0.009$ to -0.016 , all $p < 0.05$) by aggravating sleep disturbance ($\beta = 0.178$ to 0.226 , all $p < 0.01$).

Conclusions

Military noise is associated with tinnitus, sleep disturbance, and cognitive impairment. Critically, it may affect cognition through simple mediation by sleep disturbance and chain mediation from tinnitus to sleep disturbance.

<https://doi.org/10.1111/acps.70050>

Clinician Assessed Rates of PTSD and Complex PTSD in a Medical-Rehabilitation Sample of Active-Duty Military Personnel in the Armed Forces of Ukraine.

Hyland, P., Shevlin, M., Karatzias, T., Bondjers, K., Scherbakova, A., Sulaieva, O., Bibikova, A., Dudin, O., Savchenko, A., Voznitsyna, K., Dosenko, V., & Martsenkovskyi, D.

Psychiatrica Scandinavica

Volume 153, Issue 2; February 2026; Pages 133-139

Introduction

Millions of people have served in the Armed Forces of Ukraine (AFU) since Russia's invasion in 2014, but there is currently no information about the prevalence of posttraumatic stress disorder (PTSD) in this population. The main purpose of this study was to estimate rates of ICD-11 PTSD and Complex PTSD (CPTSD), and comorbidity with major depression, in a sample of active-duty, combat-exposed AFU military personnel.

Methods

Clinical interviews were conducted with 590 soldiers recruited from military hospitals and rehabilitation centers in Ukraine. All were trauma-exposed during military operations. PTSD and CPTSD were diagnosed using the International Trauma Interview, and a current episode of major depression was diagnosed using the Mini-International Neuropsychiatric Interview.

Results

Overall, 67.4% of soldiers were diagnosed with ICD-11 PTSD or CPTSD, with 45.9% being diagnosed with PTSD and 21.5% with CPTSD. Additionally, 34.4% were diagnosed with major depression, and comorbidity with PTSD (45.0%) and CPTSD (51.2%) was high. Elevated rates of PTSD were observed for current smokers and those who were currently consuming alcohol, while elevated rates of CPTSD were observed for officers (versus enlisted soldiers) and those recruited from rehabilitation facilities (vs. general hospitals).

Conclusion

Although not representative of the entire AFU population, these results imply that hundreds of thousands of soldiers (and veterans) in Ukraine are likely experiencing clinically significant posttraumatic distress related to their combat experiences. Results

are discussed in the context of finding scalable approaches to addressing this mental health challenge.

<https://doi.org/10.1080/08995605.2024.2447650>

Purpose in life and posttraumatic stress symptoms among military veterans: A network analysis.

Kumar, S. A., Taverna, E., Mitchell, K. S., Smith, B. N., & Vogt, D.

Military Psychology
2026; 38(1), 37–49

Researchers have begun to explore factors that might promote better adjustment following exposure to traumatic events, including the extent to which individuals have a strong sense of meaning in their lives. Given that studies have shown the potential benefits of cultivating meaning in alleviating posttraumatic stress reactions, it is important to pinpoint specific aspects of meaning that may better inform individualized trauma-focused treatments. One aspect of meaning that may be particularly relevant to trauma survivors is reflected in perceptions of purpose in life. The current study explored concurrent associations among elements of purpose and posttraumatic stress symptoms (PTSS) in a sample of 423 combat-deployed veterans through the lens of network analysis. We investigated the network structure of purpose and PTSS, as well as which aspects of purpose were negatively associated with PTSS, to identify their connections with resilience and recovery. Most notably, results revealed that having multiple reasons for living and a sense of importance and connection related to everyday pursuits were most strongly linked to lower PTSS. Specific aspects of purpose related to satisfaction and fulfillment were also linked to lower PTSS, though more modestly. Although these findings will need to be confirmed in longitudinal research, they suggest that attending to sense of purpose in veterans and other high-risk populations may facilitate treatment planning in service of fostering greater resiliency to the effects of trauma exposure.

<https://doi.org/10.1080/08995605.2024.2443330>

The association of deployment stressors and PTSD and depression symptoms in military mothers.

Lucke, C. M., Rahl-Brigman, H. A., Cheng, C. H., & Gewirtz, A. H.

Military Psychology

Volume 38, 2026 - Issue 1

Previously deployed mothers report higher levels of posttraumatic stress and depression symptoms than non-deployed mothers. However, the specific stressors encountered during deployment that account for elevated clinical symptoms are not well understood including the impact of Military Sexual Trauma (MST) in the context of other deployment-related stressors. This study examined whether MST during deployment, degree of combat exposure, and length of deployment will each be associated with posttraumatic stress and depression symptoms among previously deployed mothers. Participants included 113 mothers (86.6% White) who had previously been deployed to Iraq or Afghanistan during the post 9/11 conflicts. Logistic regressions revealed that mothers who experienced MST during deployment were five times more likely to report clinically significant posttraumatic stress symptoms and two times more likely to report clinically significant depression symptoms. When controlling for MST, degree of combat exposure and length of deployment were not significantly associated with posttraumatic stress or depression symptoms. The present study fills an important gap in the literature and implicates MST as an important correlate of post-deployment functioning for military mothers. Findings from this study can be used to inform both prevention and intervention efforts.

<https://doi.org/10.1080/08995605.2025.2455788>

Negative non-deployment emotions, substance use, and marital satisfaction among never-deployed military couples.

Vest, B. M., Hoopsick, R. A., Homish, D. L., & Homish, G. G.

Military Psychology

Volume 38, 2026 - Issue 1

Among military service members, the experience of never-deploying can create a negative affective state (i.e., “non-deployment emotions”; (NDE)) that increases stress and may contribute to higher rates of substance use among Reserve and National Guard soldiers. Little is known about how soldiers’ negative NDE and substance use may affect the marital relationship of military couples. We examined the cross-spouse effects of male soldiers’ negative NDE and alcohol and illicit drug use on female spouses’ marital satisfaction, using cross-sectional data from never-deployed male soldiers and their female spouses (n = 94 couples; 188 participants). Negative binomial regression models tested the main effects of soldiers’ negative NDE, alcohol use, and illicit drug use, separately, on their spouses’ marital satisfaction, controlling for soldiers’ depression, years of military service, and prior active-duty status, and spouses’ depression and substance use. Interaction terms between NDE and alcohol use and illicit drug use were then added. In adjusted main effects models, only husbands’ current illicit drug use was associated with wives’ decreased marital satisfaction (RR: 0.78; 95% CI: 0.63, 0.96; p < .05). However, significant interaction models indicated that wives had lower marital satisfaction when their husbands had high levels of negative NDE and used alcohol or drugs. This suggests a synergistic effect; negative non-deployment emotions combined with higher substance use among soldiers may contribute to lower marital satisfaction among wives. Military organizations should consider ways to better support never-deployed soldiers, develop approaches to help mitigate feelings of reduced camaraderie or belonging, and explore ways to better support military couples.

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Views of aging and symptoms of posttraumatic stress disorder among older adult war veterans in the context of renewed war.

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Objectives

For aging combat veterans, experiencing renewed war in old age can exacerbate coping with age-related challenges. The present study sought to examine how past and current war-related stressors affect long-term trajectories of posttraumatic stress

disorder (PTSD) symptoms and views of aging (VoA) among a sample of older adult war veterans during wartime.

Methods

The participants were 239 combat veterans of the 1973 Yom Kippur War (YKW), randomly selected to complete a longitudinal web-based survey, aged between 69 and 88 years ($M = 73.76$, $SD = 3.66$ in T3). The present study relied on data collected before the Israel-Hamas War (T1) and several months into the war (T2 and T3).

Results

Controlling for chronological age and self-rated health, we conducted three path analyses predicting one of three VoA measures (attitudes toward own aging [ATOA], subjective accelerated aging, and subjective age), PTSD symptoms from the YKW, as well as PTSD symptoms from the Israel-Hamas War at T3. Cross-lagged effects revealed that higher PTSD symptoms from the YKW at T2 predicted higher PTSD symptoms from the Israel-Hamas War at T3, but not vice versa. T1 VoA predicted T2 PTSD symptoms from the YKW, and T2 VoA predicted T3 PTSD symptoms from both the current and the past wars, while PTSD symptoms in previous assessments did not predict subsequent VoA.

Discussion

Present findings suggest that exposure to current trauma of war among older adult war veterans might uniquely shape the long-term trajectories of their VoA and PTSD symptoms, while contradicting the previously found PTSD symptoms-VoA directionality.

Links of Interest:

When veterans take the pen, war stories start to change

<https://www.militarytimes.com/off-duty/military-culture/2026/03/02/when-veterans-take-the-pen-war-stories-start-to-change/>

Staff Perspective: The Quiet Work of PCSing - How Rest and Connection Build Resilience In Military Families

<https://deploymentpsych.org/blog/staff-perspective-quiet-work-pcsing-how-rest-and-connection-build-resilience-military-families>

CDP training: Training on Assessment of PTSD and Suicide Risk Management in Veterans

<https://deploymentpsych.org/TAPTSDSRMV>

CDP study - Participants needed: Attitudes toward AI in Psychotherapy

<https://docs.google.com/forms/d/e/1FAIpQLSckLRdhiF2LAQfJMLrGZVRPQkiixXPVTssDVhSbHeMR9DrKMg/viewform>

Resource of the Week: [Problematic Substance Use in the Military: Prevention, Treatment, and Research Efforts](#)

New, from the Congressional Research Service:

In 1982, Congress enacted requirements for the Department of Defense (DOD), which is "using a secondary Department of War designation," under Executive Order 14347 dated September 5, 2025, to "identify, treat, and rehabilitate members of the armed forces who are dependent on drugs or alcohol." (10 U.S.C. §1090). Since then, Congress has held a sustained interest in understanding federal efforts and identifying options to address substance use and misuse, particularly among servicemembers.

The Uniform Code of Military Justice (10 U.S.C. §912a) and DOD policy generally prohibit the possession, distribution, sale, or use of certain substances and the misuse of certain substances. In light of this prohibition, DOD operates programs focused on prevention, treatment, and research to address illicit drug use and misuse of alcohol, prescription drugs, and other substances.

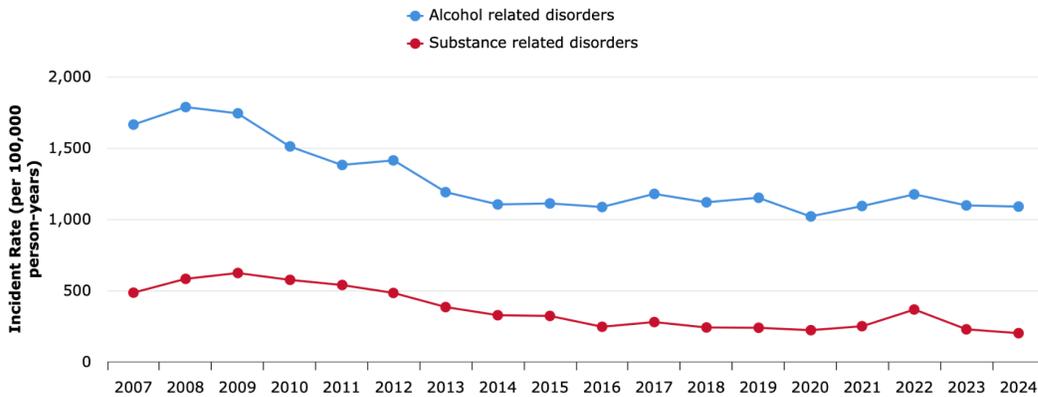
...

Problematic substance use. A DOD term that refers to "the use of any substance in a manner that puts the user at risk of failing in their responsibilities to mission or family and that is considered unlawful by regulation, policy or law." (DOD Instruction 1010.04)

Substance misuse. "A pattern of substance use marked by recurrent significant

social, occupational, legal, or interpersonal adverse consequences." (DOD Instruction 1010.04)

Substance use disorder. "A cluster of physiological, behavioral, and cognitive symptoms associated with the continued use of substances despite substance-related problems, distress, and/or impairment, such as impaired control and risky use." (American Psychological Association)



Source: CRS graphic based on analysis of Medical Surveillance Monthly Reports from [March 2018](#), [August 2021](#), [December 2024](#), and [December 2025](#).

Notes: Person-year is a measure of time a defined population is at risk for alcohol and substance abuse.

In 2024, [DOD estimated](#) that substance use disorders were among the primary reasons for medical encounters by active duty servicemembers, accounting for 2.7% of all outpatient visits and 15.5% of hospital bed days. In 2025, [DOD reported](#) that the number of fatal and nonfatal drug overdoses among servicemembers have "dropped by more than 40% from 2021 to 2023." DOD also reported that between 2019 and 2023, the average fatal overdose rate among servicemembers was 4.4 per 100,000 and asserted that "[nationally](#), that number is about 29.2."

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