

CDP



Research Update – May 14, 2026

What's Here:

- Suicide Risk and Veterans Health Administration Utilization Among those With a Documented Suicide Attempt in the US Military.
- Toxic exposure and rates of suicidal thoughts and behaviors among U.S. military veterans.
- Mitigating Suicide Risk During the Military-to-Civilian Transition: The VA Veteran Sponsorship Initiative.
- Facilitating assessment of symptoms and behaviors using a smartphone application to identify at-risk sailors.
- Firearm Storage and Carrying Practices and Suicidal Behaviors in US Army Service Members.
- The ask, care, escort suite of trainings: Initial evaluation of the Army's primary suicide prevention strategy.
- Interactions between mental health predictors on post-concussive depressive symptoms among service members and veterans with concussion.
- Association between experiencing gambling problems and adverse behavioral health outcomes among U.S. military service members, 2018.
- Establishing Clinically Significant Change Benchmarks for the Moral Injury Outcome Scale in VA Behavioral Health Settings.
- Sleep Patterns of U.S. Navy Personnel Transitioning from Training to Fleet Assignments.

- Moral Injury and Ethical Dilemmas in Extreme Environments: Challenges for Psychiatrists and Other Mental Health Professionals.
- Firearm Storage in Households With Children.
- Association Between Childhood Behavioral Problems and Parental Military Active Duty Status: A Cross-Sectional Analysis of the 2017-2021 National Survey of Children's Health.
- Links of Interest
- Resource of the Week: Medical Surveillance Monthly Report (Military Health System)

<https://doi.org/10.4088/JCP.25m16168>

Suicide Risk and Veterans Health Administration Utilization Among those With a Documented Suicide Attempt in the US Military.

Reger, M. A., Morley, S. W., Masters, K. D., & Stephens, B. M.

The Journal of Clinical Psychiatry
2026; 87(2): 25m16168

Objective:

To examine how Veterans Health Administration (VHA) utilization and suicide outcomes differ for those with and without a suicide attempt prior to separating from the military.

Background:

Suicide attempts are frequently described as an important risk factor for future suicide behaviors. Additionally, Veterans who have recently transitioned out of military service have been identified as an at-risk group. We evaluated whether a suicide attempt prior to transition out of military service is an important risk factor among US Veterans.

Methods:

This retrospective study included 1,030,599 service members who separated from the active US military from 2015 to 2020. VHA utilization, VHA documented suicide behaviors, suicide mortality, and all-cause mortality in the 2 years following separation were examined, comparing those with and without a documented suicide attempt in their last 2 years of active duty service.

Results:

Service members with a documented suicide attempt prior to military separation were significantly more likely to initiate VHA care (hazard ratio [HR]=1.91 [95% CI, 1.84–1.98]) and VHA mental health care (HR =2.20 [95% CI, 2.13–2.28]) compared with those without an attempt. Among those who initiated VHA care, 90% of those with a recent military suicide attempt accessed VHA mental health services. Still, 39% of those with a suicide attempt prior to separation did not utilize VHA care. Those with a history of suicide attempt prior to transition were also more likely to have a suicide attempt (relative risk=7.78 [95% CI, 7.10–8.52]) or die from suicide (standardized mortality ratio= 9.94 [95% CI, 7.37–13.10]) after separation than those without.

Conclusions:

Results indicate that most Veterans in this group receive VHA services after separation, but a significant minority of high-risk Veterans remain unengaged.

<https://doi.org/10.1016/j.psychres.2026.117172>

Toxic exposure and rates of suicidal thoughts and behaviors among U.S. military veterans.

Bourassa, K. J., Stephenson, M., Dennis, P. A., Patel, T. A., Nugent, S. M., Patel, P., Qin, X. J., Chatzinakos, C., Barr, P. B., Bigdeli, T. B., Hauser, E. R., Ashley-Koch, A. E., Program, M. V., Beckham, J. C., & Kimbrel, N. A.

Psychiatry Research

August 2026, Article: 117172, Volume: 362

Highlights

- Veterans reporting toxic exposure are at increased risk of mental health symptoms and diagnoses.
- However, less is known about the link between toxic exposure and suicidal thoughts and behaviors (STBs).
- Among 248,926 U.S. veterans enrolled in the Million Veteran Program, we found more toxic exposures was associated with greater risk for STBs.
- This increased risk was observed across all eras of military service and toxic exposure types, broadly.

- Findings suggest that providers working with veterans who report toxic exposure might benefit from also screening for STBs.

Abstract

Exposure to toxic substances has been linked to poorer mental health among U.S. military veterans broadly, but less is known about specific psychiatric outcomes, such as suicidal thoughts and behaviors (STBs). In the current observational cohort study, we investigated toxic exposure and STBs using data from 248,926 veterans enrolled in the Million Veteran Program (MVP). Exposures to nine toxins (Agent Orange, chemical/biological weapons, anthrax vaccine, solvents/fuels, petroleum combustion products, lead, other metals, pesticides, and open-air burn pits) were assessed using self-report, and subsequent health records were used to assess STBs. Veterans with more toxic exposures were more likely to have STBs (OR = 1.17, 95% CI [1.16, 1.18], $p < .001$). In secondary analyses, we found associations were comparable ($1.11 \leq \text{ORs} \leq 1.19$) across major service cohorts in the MVP (pre-Vietnam, Vietnam, post-Vietnam, Gulf War, and post-9/11 eras). We also present rates and associations for specific toxic exposures, associations for specific categories of STBs, and show that PTSD and depressive symptoms accounted for the association between toxic exposure and STBs. Our results suggest that veterans who report more toxic exposure are also more likely to have STBs, and this association can be interpreted as a broader association between toxic exposure and poorer mental health. Future research is needed to determine whether toxic exposure might interact with genetic vulnerability to predict STBs for veterans, as well as how toxic exposure might result in increased risk for STBs.

<https://doi.org/10.3390/ijerph23040519>

Mitigating Suicide Risk During the Military-to-Civilian Transition: The VA Veteran Sponsorship Initiative.

Geraci, J. C., Goodrich, D. E., Finley, E. P., Reed, A. L., Eastman, M., Bracco, D., Kurz, A. S., Edwards, E. R., Eickhoff, C., Chen, C. J., MacCarthy, A., Roeder, B., Paine, C., Feliciano, A., Connelly, B., Nelson, E. A., Karkout, S. R., Ahari, N., Lindner, N. R., Besser, J., ... Goodman, M.

International Journal of Environmental Research and Public Health
2026; 23(4): 519

Highlights

- Public health relevance—How does this work relate to a public health issue?
- The youngest veterans in the United States (U.S.) are experiencing a suicide epidemic as the suicide rates for veterans aged 18 to 34 are higher than any other age group and more than doubled from 2001 and 2022.
- Suicide risk is especially elevated during the transition from active-duty military service to civilian life- the “deadly gap”, as suicide rates for servicemembers exiting military service are nearly three times higher during the first year post-military discharge.
- Public health significance—Why is this work of significance to public health?
- Many national calls to action and congressional legislative actions have directed the Departments of War (DoW) and Veterans Affairs (VA) to address the problem of high suicide risk among servicemembers transitioning to civilian life.
- The VA developed a preventative, public health approach to the problem that prioritizes transitioning servicemembers receiving VA clinical services and support from community-based organizations that targets social determinants of health (e.g., poor social connectedness, financial concerns, relationship distress).
- Public health implications—What are the key implications or messages for practitioners, policy makers and/or researchers in public health?
- VA Veteran Sponsorship Initiative (VSI) is a public-private-partnership between federal and community partners that aims to decrease suicides by providing a VA-certified volunteer peer-sponsor, managed by Onward Ops; connection to community services and seamless access to VA healthcare through the VA National Virtual Care Clinic for Transitioning Veterans.
- In preparation for national implementation, the evaluators conducted a quasi-experimental, matched-cohort pilot that demonstrated the feasibility of an adapted VSI protocol and built upon the evidence-basis for VSI by identifying a statistically significant increase in VA primary care utilization and decrease in suicide attempts for VSI participants compared to non-VSI matched controls.

Abstract

A suicide epidemic exists among young U.S. veterans, with risk especially elevated in the first year of transition for the 200,000 servicemembers exiting the military annually. The VA Veteran Sponsorship Initiative (VSI) is a public-private-partnership between federal and community partners that aims to decrease suicides by providing a VA-certified volunteer peer sponsor and connection to community services. Onward Ops is a key community-based national program that enrolls, matches and manages the relationship between servicemembers and sponsors. A prior randomized controlled trial showed that the effectiveness of community interventions can be enhanced when augmented by an Onward Ops sponsor. In preparation for national implementation, we

conducted a quasi-experimental, matched-cohort pilot to evaluate the feasibility of an adapted VSI protocol and then assessed effectiveness. The adaptations were executed using the Framework for Reporting Adaptations and Modifications-Enhanced between April 2021 and April 2023. The formative results supported the feasibility of the adaptations to enable proactive enrollment on military installations and expand data infrastructure, partnerships, peer sponsors, and VA clinical services. We then assessed the effectiveness for outcomes not studied in the original VSI trial for active-duty soldiers who enrolled between April and December 2023. After nearest-neighbor matching, the sample included 551 VSI participants and 551 soldiers transitioning as usual. The point-probability contrast or risk differences from the conditional logistic regression model indicated that the VSI caused a statistically significant increase in VA primary care utilization of 0.198 and a statistically significant decrease in suicide attempts of -0.019 , both assessed 10 months post-military discharge. The study demonstrated the utility of public-private-partnerships, peer-sponsorship programs and enhanced VA services to support servicemembers during transition.

<https://doi.org/10.1037/ser0000963>

Facilitating assessment of symptoms and behaviors using a smartphone application to identify at-risk sailors.

Brenner, L. A., Forster, J. E., Stearns-Yoder, K. A., Penzenik, M. E., Betthausen, L. M., Brostow, D. P., & Werbel, A. D.

Psychological Services
2026; 23(2), 221–229

During deployments, Navy personnel have reported concerning levels of mental health symptoms, as well as suicidal ideation. Upstream efforts are needed to identify and mitigate symptoms, thereby, reducing the risk of suicide. Based on recent advances, research suggests that phone-based applications can be used to identify those at risk and facilitate treatment engagement. Toward this end, using a randomized controlled trial design, members of this study team: (a) evaluated the feasibility (application download/use and technical challenges) and acceptability (satisfaction) of the Cogito Companion phone application among a cohort of Naval personnel; (b) longitudinally characterized time to risk identification by cohort (Cogito/Active Control); and (c) identified patterns of symptoms (distress, depressive, posttraumatic, suicide-related thoughts, and mental and physical health functioning) over time and by study group.

Two hundred seventy-nine Active Duty Navy personnel were enrolled and randomized, with 139 participants being randomized to Cogito and 140 to the Active Control arm. Findings suggested that those in the Cogito group were outreached more quickly than those in the Active Control group, highlighting the potential utility of employing technology to identify those at risk. However, there were significant feasibility issues in terms of implementing Cogito among Naval personnel on Active Duty. Interestingly, there were no significant differences in the proportion of serial self-report measures completed between those randomized to Cogito versus the Active Control, highlighting that, at present, implementing serial self-report measures may be a more feasible strategy to identify those at potential risk. (PsyInfo Database Record (c) 2026 APA, all rights reserved)

<https://doi.org/10.1001/jamanetworkopen.2026.8268>

Firearm Storage and Carrying Practices and Suicidal Behaviors in US Army Service Members.

Dempsey, C. L., West, J. C., Houtsma, C., Ao, J., Bossarte, R., Nock, M. K., Zuromski, K. L., Georg, M. W., Haller, K., Probe, D., Sumberg, L. L., & Benedek, D. M.

JAMA Network Open

Published Online: April 21, 2026

Key Points

Question

Are firearm storage and carrying practices and carrying of other weapons associated with suicidal behaviors in military service members?

Findings

This cross-sectional study of 6561 firearm-owning US Army soldiers found that carrying firearms, as well as other weapons generally, was associated with greater risk of suicide, as was storing a firearm unsecured (loaded and unlocked) vs unloaded.

Meaning

The findings of this cross-sectional study suggest that firearm storage behavior and carrying behavior of weapons in general, not just firearms, may serve as indicators of heightened suicide risk among military service members, indicating interventions should target all weapons.

Abstract

Importance

Suicide is a critical public health crisis for military personnel; firearms are the predominant suicide method among military service members.

Objective

To examine associations of firearm storage and carrying behaviors with suicidal behaviors within a large, cross-sectional sample of US Army soldiers who own personal firearms, after controlling for known suicide risk factors.

Design, Setting, and Participants

This cross-sectional study used data from participants in the Army Study to Assess Risk and Resilience in Servicemembers—Longitudinal Study Wave 2 (STARRS-LSWS) survey (collected April 2018 to July 2019). Analyses were conducted from June 2022 through January 2025.

Main

Outcome and Measures Self-reported suicidal behaviors were assessed with the Columbia-Suicide Severity Rating Scale. Firearm storage and carrying practice survey items were created for the STARRS-LSW2. Stressful life events items were adapted from the Life Events Questionnaire and the US Department of Defense Health-Related Behaviors Survey. Sociodemographic, Army career, and mental health disorders data were obtained from the military medical record. Multivariable logistic regression examined 30-day, 12-month, and lifetime suicidal ideation and suicide attempt. Analyses used weighted samples to account for oversampling, underrepresentation, and nonresponse.

Results

The total sample of 12 022 soldiers consisted of 6561 firearm owners (54.5%) and 5461 soldiers who did not own firearms (45.4%). Participants were primarily male (10 096 [83.6%]), with a mean (SD) age of 32 (7) years. Unsecured firearm storage (loaded and unlocked) compared with secure storage (eg, unloaded) was associated with increased suicide ideation risk across all time frames: 30-day (odds ratio [OR], 1.63; 95% CI, 1.27-2.10), 12-month (OR, 1.61; 95% CI, 1.27-2.03), and lifetime (OR, 1.44; 95% CI, 1.22-1.70). Firearm owners with unsecured storage were more likely to report a suicide attempt in the past 12 months (OR, 4.93; 95% CI, 1.80-13.51). Carrying a weapon other than a firearm (eg, a knife, mace, or a club) was also associated with increased suicide attempt risk in the past 12 months (OR, 10.42; 95% CI, 2.89-37.54).

Conclusions and Relevance

In this retrospective cross-sectional study, unsecured firearm storage practices were significantly associated with increased suicide risk across all time frames, after controlling for lifetime mental health disorders and history of stressful life events. Carrying a weapon other than a firearm was also associated with heightened suicide risk. The findings suggest firearm storage and carrying behavior of any weapon, not just firearms, may indicate heightened suicide risk among military service members.

<https://doi.org/10.1037/ser0000955>

The ask, care, escort suite of trainings: Initial evaluation of the Army's primary suicide prevention strategy.

Trachik, B., Merrill, J. C., Pardue-Bourgeois, S., Ganulin, M. L., Crouch, C. L., Fawver, B., Kearns, N. T., Reddy, M. K., Novosel-Lingat, J. E., Osgood, J. M., Dretsch, M. N., & Knust, S. K.

Psychological Services

2026; 23(2), 207–220

The U.S. Army's Ask, Care, Escort (ACE) suicide gatekeeper training has been the annual requirement for all personnel since 2009; however, this training has never been formally evaluated. The present study evaluated three updated versions of ACE: a training for Army leaders (ACE-Suicide Intervention), a training for basic combat trainees (ACE for Basic Combat Training and One Station Unit Training), and a standard training for all personnel (ACE for the Force). Self-report surveys measured pre- to posttraining changes in objective and subjective knowledge and stigma, as well as preparedness, self-efficacy, and likelihood to engage in gatekeeper behaviors. Implementation outcomes, such as training acceptability, suitability, and usability were also assessed. Across these evaluations, participants reported that knowledge and gatekeeper behaviors significantly improved from pre- to posttraining. Implementation metrics revealed a high degree of acceptability and relevance for all three ACE trainings. Overall, the findings of these evaluations suggest important changes in key suicide prevention outcomes following the ACE suite of trainings. Further longitudinal assessment is needed to establish the full effectiveness of gatekeeper interventions in the Army. (PsycInfo Database Record (c) 2026 APA, all rights reserved).

<https://doi.org/10.1016/j.jpsychires.2026.03.019>

Interactions between mental health predictors on post-concussive depressive symptoms among service members and veterans with concussion.

Remigio-Baker, R. A., Reid, M. W., Nelson, A., & Kennedy, J.

Journal of Psychiatric Research
July 2026; Pages: 194-202; Volume: 198

Highlights

- The impact of depression on post-concussive depressive symptom differs with PTSD.
- Depression history relates to post-injury depressive symptom only with PTSD present.
- In contrast depressive symptoms is greater with subclinical post-injury PTS symptoms.
- Identifying comorbid depression and PTSD may discern those with poorer prognosis.

Abstract

Purpose

US service members and veterans (SMVs) are at an increased risk for both concussion and mental health disorders such as depression and post-traumatic stress disorders (PTSD). Although depression history has been shown associated with elevated post-concussive depressive symptoms, it is unclear whether this relationship changes in the presence of other mental health conditions such as PTSD. This study evaluated whether the relationship between depression history and the level of post-concussive depressive symptoms varied by pre-injury PTSD.

Methods

Data from 427 SMVs with concussion history from a US military medical center was used for this cross-sectional study. Concussion, pre-injury depression, and PTSD were assessed through medical record review and self-report, and the level of post-injury depressive symptoms was measured using the Center for Epidemiologic Studies–Depression Scale. Poisson regression with robust error variance was utilized to evaluate the association of pre-injury depression with clinically-elevated depressive symptoms post-injury, and interaction by pre-injury PTSD.

Results

Participants with (vs. without) pre-injury depression were significantly more likely to have clinically-elevated depressive symptoms post-injury, but only in the presence of pre-injury PTSD (PR = 2.02, CI = 1.45, 2.81) and not without (PR = 1.12, CI = 0.84, 1.50). Interaction by pre-injury PTSD was statistically significant ($p < 0.001$).

Conclusions

Depression history has been shown to elevate post-concussive depressive symptoms; however, the findings of this study suggest that this association may exist only in the presence of pre-injury PTSD. Identification of SMVs with concomitant depression and PTSD history may further inform the concussion treatment of those who may likely have clinically-elevated post-concussive depressive symptoms.

<https://doi.org/10.1111/ajad.70105>

Association between experiencing gambling problems and adverse behavioral health outcomes among U.S. military service members, 2018.

Beymer, M. R., Anderson Goodell, E. M., & Hoge, C. W.

The American Journal on Addictions
Volume 35, Issue3, May 2026, Pages 422-430

Background and Objectives

Gambling screening in the US military was mandated in 2019, but few studies have assessed the prevalence of experiencing gambling problems or its association with adverse behavioral health concerns.

Methods

This secondary analysis used data from active-duty U.S. military service members participating in the 2018 iteration of the Health-Related Behaviors Survey ($n = 17,098$). Individuals experiencing gambling problems were identified with the 2-item Lie-Bet screener, a well-validated screener. Psychological distress was measured with the Kessler-6. Outcomes also included measures for insufficient sleep, tobacco use, marijuana use, and binge drinking. Weighted multivariable logistic regressions were used to evaluate associations.

Results

Approximately 1.6% of the weighted sample were identified as service members experiencing gambling problems. Individuals experiencing gambling problems had 3.1-fold greater odds of severe psychological distress when compared to those who screened negative (95% Confidence Interval (CI): 2.06–4.67). Similar associations were observed for individuals experiencing gambling problems and insufficient sleep, tobacco use, and binge drinking. There was no association detected between individuals experiencing gambling problems and marijuana use.

Discussion and Conclusion

A very small percentage of U.S. military service members were identified as experiencing gambling problems. Service members experiencing gambling problems had a significantly greater adjusted odds of psychological distress, insufficient sleep, tobacco use, and binge drinking.

Scientific Significance

Additional research is needed to assess the potential benefits and risks of the new mandatory military screening effort, and how best to support service members and their families in mitigating deleterious health concerns associated with experiencing gambling problems.

<https://doi.org/10.1177/10731911261436687>

Establishing Clinically Significant Change Benchmarks for the Moral Injury Outcome Scale in VA Behavioral Health Settings.

Litz, B. T., Walker, H. E., Rusowicz-Orazem, L., Styler, Z. R., Fielstein, E., Darnell, B., Meador, K. G., & Nieuwsma, J. A.

Assessment

First published online April 24, 2026

This study aimed to establish benchmarks for clinically significant change for the Moral Injury Outcome Scale (MIOS) using national data from Veterans treated in U.S. Department of Veterans Affairs (VA) behavioral health settings. We analyzed archival electronic health record data from 2,521 Veterans administered the MIOS between July 2022 and March 2025. A subset of 361 Veterans who completed at least two MIOS administrations within 4 months constituted the episode-of-care cohort. Reliable change

indices (RCIs) and functional recovery thresholds were calculated using the Jacobson and Truax method. A change score of 13 points on the MIOS indicated clinically significant improvement and the critical value suggesting functional recovery for endpoint scores was ≤ 9 . Most Veterans were unchanged (81%), with 11.9% showing reliable improvement, 4.2% probable recovery, and 2.8% deterioration. In the larger cohort, nearly half met the criterion for probable moral injury. MIOS administration was most common in general mental health and post-traumatic stress disorder (PTSD) specialty care clinics. These initial findings provide the first clinically significant change benchmarks for the MIOS, supporting its integration into measurement-based care and routine outcome monitoring for moral injury in Veterans.

<https://doi.org/10.3357/AMHP.6732.2026>

Sleep Patterns of U.S. Navy Personnel Transitioning from Training to Fleet Assignments.

Shattuck, N. L., & Matsangas, P.

Aerospace Medicine and Human Performance
2026; 97(5), 327–332

INTRODUCTION:

It is often assumed that the sleep received by military personnel when they are in training is better than that they receive in their fleet assignments. The current study assessed this assumption.

METHODS:

Using wearable devices, this prospective naturalistic study monitored the sleep patterns of 99 fit-for-duty (median age = 38 yr; 91 males) U.S. Navy surface warfare officers for a median of 340 d per subject. Data were collected while the subjects attended standardized training in a shore-based facility and during their follow-on fleet assignments.

RESULTS:

Subjects slept on average 6.79 ± 0.578 h/d (64.7% slept on average < 7 h/d and 6.06% slept < 6 h/d). Sleep deprivation was evident in both environments but was more pronounced in the fleet assignment. Subjects slept more on weekends (+0.54 h/d in training and +0.84 h/d in fleet assignment); however, this extra sleep was not enough to

account for the sleep loss during weekdays. In addition, sleep patterns were more irregular in the fleet. For subjects' major sleep episodes, heart rate, lowest heart rate, respiratory rate, and respiratory rate variability were higher in training. Sleep efficiency and heart rate variability did not differ between the two settings.

DISCUSSION:

Our results shed light on the differences in sleep patterns and cardiac/respiratory activity indices between a training environment and fleet assignments. Daily sleep duration and sleep regularity are better in a training environment. The changes we identified in cardiac activity, respiration, and sleep efficiency need to be further assessed by focusing more closely on sleep stages.

<https://doi.org/10.1176/appi.ps.20250572>

Moral Injury and Ethical Dilemmas in Extreme Environments: Challenges for Psychiatrists and Other Mental Health Professionals.

Primm, A. B., & Norris, D. M.

Psychiatric Services

Publication Date: 28 April 2026

The current health care system is an extreme environment akin to harsh weather conditions with precipitous changes in health care policy and significant funding cuts to public insurance and medical research. Some psychiatrists and other health care clinicians are cautious about speaking out against these new challenges for fear of repercussions. Patients, concerned with maintaining their health care coverage and well-being, are caught in these rapid changes. Concurrently, psychiatrists and other health professionals face ethical challenges and moral injury. Considerations for collaborative advocacy to effect change are offered to assist clinicians in navigating the complexities of this health care environment.

<https://doi.org/10.1001/jamanetworkopen.2026.12191>

Firearm Storage in Households With Children.

Miller, M., Fischer, S., Nelson, E., & Azrael, D.

JAMA Network Open

Published Online: May 12, 2026

Key Points

Question

How many children younger than 18 years live in homes with firearms, and how are the guns in these homes stored?

Findings

Based on results from a nationally representative survey study of 879 adult gun owners living in households with children, conducted in December 2024, an estimated 32.3 million US children live in homes with firearms; 6.7 million live in a home where at least 1 firearm is loaded and unlocked.

Meaning

These findings suggest that improving firearm storage practices in homes with children should be a high priority.

Abstract

Importance

Children who live in households with firearms are several times more likely to die by suicide and unintentional firearm injury, compared with those in homes without guns. This risk can be mitigated by locking and unloading all household firearms.

Objective

To describe firearm storage practices in homes with children overall and by the age of the youngest child in the household, and to estimate the number of children living in homes with firearms that are loaded and unlocked.

Design, Setting, and Participants

A probability-based national survey study was conducted between December 18 and December 25, 2024, in the US. Eligible participants were firearm owners living with children younger than 18 years. Survey weights were incorporated to account for nonresponse and to produce nationally representative estimates.

Exposure

Whether a child younger than 13 years lives in the household.

Main Outcomes and Measures

The outcome of interest was firearm storage practices in the child's home, categorized as (1) at least 1 gun loaded and unlocked; (2) no guns loaded and unlocked, but at least 1 loaded and locked or unloaded and unlocked; and (3) all guns unloaded and locked.

Results

A total of 879 respondents personally owned a gun, lived in a household with 1 or more children younger than 18 years, and provided full information about storage. Among these gun owners, 65.3% were aged 18 to 44 years, 63.8% were male, and 70.2% lived with children aged 0 to 12 years. An estimated 21.1% (95% CI, 18.3%-24.3%) reported at least 1 gun loaded and unlocked; 34.8% (95% CI, 31.4%-38.3%) that all firearms were unloaded and locked; and the remainder otherwise (ie, neither any guns loaded and unlocked, nor all locked and unloaded). Among gun-owning adults whose children were all aged 13 to 17 years, an estimated 26.1% (95% CI, 20.2%-33.0%) stored at least 1 firearm loaded and unlocked, compared with 17.1% (95% CI, 12.9%-22.2%) of those whose children were all younger than 13 years and 17.4% (95% CI, 11.6%-25.2%) of those with both adolescents and younger children. Extrapolating to the 2024 US population, an estimated 32.3 million children younger than 18 years lived in a household with firearms, of whom 6.7 million (95% CI, 5.7-7.5 million) lived in a household with at least 1 loaded and unlocked gun.

Conclusions and Relevance

In this survey study of adult firearm owners who lived in households with children younger than 18 years, more than 1 in 5 reported that at least 1 firearm in their household was both loaded and unlocked, a practice more common when all children in the household were teenagers. More effective approaches to motivating parents to make their firearms inaccessible to both their teenagers and their younger children are needed.

<https://doi.org/10.7759/cureus.106299>

Association Between Childhood Behavioral Problems and Parental Military Active Duty Status: A Cross-Sectional Analysis of the 2017-2021 National Survey of Children's Health.

Haydon, K. L., Kady, V. C., Lamy, C., & Varella, M.

Cureus

Published: April 01, 2026

Introduction

Children of military families face unique stressors, including frequent relocations and parental deployments, which can disrupt stability and influence behavioral development. These experiences may also contribute to conduct problems and challenges in social interactions, including bullying victimization and perpetration. However, limited research exists specifically examining behavioral risks in military-connected children.

Objective

To assess whether children with at least one parent with current or prior military service have increased behavioral problems or a history of being bullied.

Methodology

We performed secondary data analysis of U.S. children aged 0-17 years who participated in the National Survey of Children's Health (NSCH) from 2017 to 2021. The independent variable was parental military-duty status categorized as at least one parent with (1) current or (2) prior active-duty service in the U.S. Armed Forces, Reserves, or the National Guard, and (3) parents never in military duty (reference group). Outcomes assessed included (1) history of child behavioral or conduct problems and (2) history of being bullied. Outcomes were assessed independently. Confounding variables included demographic factors, family poverty ratio, deployment status, child's general health, and a history of physical abuse and of living with mentally ill relatives. Logistic regression was used to estimate crude and adjusted associations.

Results

We analyzed data from 140,542 children: 4,919 (3.5%) had parents in active service, and 13,914 (9.9%) had parents with prior military service. A total of 10,681 (7.6%) reported a history of behavioral problems. Among those with information available regarding bullying (n = 81,382), 35,808 (44%) reported having ever been bullied. Children of currently active-duty parents were not associated with increased odds of behavioral problems (adjusted OR 0.89, 95% confidence interval (CI) 0.73-1.10, P = 0.289) but had higher odds of reporting being bullied (adjusted OR 1.30, 95% CI 1.07-1.58, P = 0.008), even after adjustment for selected covariates. Lastly, children of parents with prior military service had increased odds of both behavioral problems (adjusted OR 1.36, 95% CI 1.19-1.57) and being bullied (adjusted OR 1.19, 95% CI 1.08-1.31).

Conclusions

Parental military service was associated with increased risks of behavioral problems and risk of being bullied in U.S. children. Although we are unable to determine causation from this analysis, our findings support current literature highlighting the need for further research aimed at understanding the mechanisms and potential long-term health impacts of military service on child behavior. Behavioral health screening and early intervention programs could help to address emerging psychological and emotional challenges in this vulnerable population.

Links of Interest:

CDP Upcoming Training Events

<https://deploymentpsych.org/training>

CDP Self-Paced eLearning Courses

<https://deploymentpsych.org/content/self-paced-elearning-courses>

How VA's digital refresh is improving outreach to veterans

<https://federalnewsnetwork.com/federal-insights/2026/05/how-vas-digital-refresh-is-improving-outreach-to-veterans/>

Advisory: Promoting Integrated Physical and Behavioral Health Care for Older Adults

<https://library.samhsa.gov/product/promoting-integrated-physical-behavioral-health-care-older-adults/pep25-07-019>

Staff Perspective: Adaptation and Absence - Voices of Military Children Across the Deployment Cycle

<https://deploymentpsych.org/blog/staff-perspective-adaptation-and-absence-voices-military-children-across-deployment-cycle>

VA study links multiple toxic exposures to suicide risks

<https://www.stripes.com/veterans/2026-05-12/va-study-toxic-exposures-suicide-risks-21648866.html>

- [Toxic exposure and rates of suicidal thoughts and behaviors among U.S. military veterans](#)
-

Resource of the Week: [Medical Surveillance Monthly Report](#)

From the Military Health System:

The *Medical Surveillance Monthly Report*, published continually since 1995, is a peer-reviewed journal of the Armed Forces Health Surveillance Division. MSMR publishes monthly reports describing the incidence, distribution, impact, or trends of illness and injuries among members of the United States Armed Forces and other beneficiaries of the Military Health System.

Latest issue as of the publication date of this Research Update is March 2026. The archive goes back to April 1995.



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