


Discussion of military sexual assault has largely focused on women, but men comprise a large percentage of survivors. Men are also less likely to report or seek care, partly because of rape myths. Rape myth acceptance (RMA) regarding female victims declines following interventions; however, the impact when victims are male is unclear. This cross-sectional study of U.S. Naval Academy midshipmen examines the relationship between an intervention and both types of RMA. One group completed the survey after a mandated sexual assault prevention training, while the other completed it before. More training was associated with lower RMA for both myth types.


Using an ecological systems model, this qualitative phenomenological study describes the experiences of 11 student veterans while they were in the military, as they transitioned to a private university, and as they adopted the student role. Results indicated that technology allowed military personnel to remain in multiple networks simultaneously with varied consequences. Results also indicated that the transition experiences and student experiences of these vets who served on active duty during the post-9/11 conflicts in Afghanistan or Iraq were similar to experiences of returning World War II vets. Targeted services, even at institutions with limited student-veteran enrolment, are needed.


Veterans underutilize mental health services. We investigated the association between treatment-seeking stigma and utilization of mental health services in a sample of 812 young adult veterans. Higher perceived public stigma of treatment seeking was significantly related to lower treatment utilization. Although many veterans were concerned about negative perceptions if they were to seek treatment, a much smaller number of them endorsed that they would judge a fellow veteran negatively in similar situation. Targeting perceived public stigma of treatment seeking, through perceived norms interventions, might help narrow the gap between the need and receipt of help among veterans.


We surveyed 700 veterans who were outpatients in a non–Veterans Affairs (VA) multihospital system. Our objective was to assess the prevalence of mental disorders and service use among these veterans. The majority were Vietnam veterans (72.0%), and male (95.9%), and 40.4% reported recently using the VA for care. The prevalence of lifetime post-traumatic stress disorder (PTSD) was 9.6%, lifetime depression 18.4%, and lifetime mental health service use 50.1%. In multivariate analyses, significant factors associated with PTSD, depression, and mental health service use were low self-esteem, use of alcohol/drugs to cope, history of childhood adversity, high combat exposure, and low psychological resilience. VA service use was associated with greater mental health service use and combat exposure. With the exception of alcohol misuse, the mental health status of veterans seen in non-VA facilities appeared to be better than reported in past studies. Because most veterans have access to both VA and non-VA services, these findings have implications for veterans and outcomes research.


   The Reconsolidation of Traumatic Memories (RTM) Protocol is a brief non-traumatizing intervention for the intrusive symptoms of post-traumatic stress disorder (PTSD). It is supported by nearly 25 years of anecdotal and clinical reports. This study reports the first scientific evaluation of the protocol. A 30-person pilot study using male Veterans with a pre-existing diagnosis of PTSD. Intake criteria included interviews and confirmatory re-diagnosis using the PTSD Checklist–Military version (PCL-M). Of 33 people who met the inclusion criteria, 26 completed treatment using the RTM protocol. A small (n = 5) wait-list control group was included. All participants were reassessed following treatment using the PCL-M. Of 26 program completers, 25 (96%) were symptom free at 6-week follow-up. Mean PCL-M score at intake was 61 points. At the 6-week follow-up, the mean PCL-M score was 28.8, with a mean reduction in scores of 33 points. Hedges’ g was computed for 6-week follow-up and showed a 2.9 SD difference from intake to follow-up. A wait-list control analysis indicated non-significant symptom changes during the 2-week wait period. Results suggest that RTM is a promising intervention worthy of further investigation.


   Although military families are typically resilient in the face of adversity, the current literature suggests that the aftermath of deployment involves numerous stressors and difficulties for these families for a long period. Using a sample of 380 US service members, 295 partners of US service members, and 136 adolescents who experienced a full deployment cycle of a service member parent, this study addresses the gaps in knowledge by examining how factors identified in prior research (reintegration stress and coping, preparation and expectations, family functioning and parental satisfaction, perceived adolescent changes between deployment and reintegration, and adolescents’ perception of family functioning) affect reintegration stress and coping for US service members, partners of US service members (someone who identifies as being in a significant relationship with a service member), and adolescents. Better service member coping, satisfaction with family deployment coping, better preparation, and accurate expectations were all found to be
associated with lower reintegration stress. Findings point to the need for a systemic approach throughout the deployment cycle for better reintegration outcomes for military individuals and families.


A large proportion of homeless Veterans live with severe mental health problems. We examine the impact of a Housing First program that included recovery-oriented initiatives (assertive community treatment or intensive case management) among those homeless Veterans who participated in a multisite demonstration project on homelessness and mental health. The data come from a Canadian multisite randomized trial (ISRCTN42520374), At Home/Chez Soi, with a volunteer sample of 2,285 homeless or precariously housed individuals living with mental health problems. Of this sample, 98 individuals reported being Veterans, of whom 57 were randomized to the intervention group and 41 to the control group. The data come from self-reported measures administered at baseline and after 6, 12, 18, and 24 months from Fall 2009 to Spring 2013. Data were analyzed by fitting a mixed model for each outcome variable, and special attention was given to the event × treatment × Veteran status interaction term. The Housing First approach was effective in improving housing stability, social functioning, and quality of life in homeless Veterans with mental health problems. These results are consistent with the intervention’s effectiveness with other homeless Canadians with mental health problems. These results are consistent with those of previous US studies and suggest that a Housing First approach that includes recovery-oriented support would effectively contribute to reducing homelessness in the Canadian Veteran population.


The goal of this study was to identify factors associated with the SF-12 Physical Component Summary (PCS) and Mental Component Summary (MCS) measures of health-related quality of life (HRQOL) in former Canadian Armed Forces (CAF) Veterans after transition to civilian life. Data were taken from the 2010 Survey on Transition to Civilian Life, a national computer-assisted telephone survey of CAF Regular Force personnel who released during 1998–2007. Multivariate linear regression models were developed using a variety of socio-economic, military, health, and disability characteristics. Mean age was 46 years (range 20–67 y), and 12% of the participants were women. Higher age was associated with lower PCS but higher MCS scores. High ratings of mastery and high satisfaction with life were strongly associated with higher scores on both the PCS and the MCS. Most chronic physical health conditions were associated with poorer PCS scores, in particular chronic pain,
musculoskeletal conditions, cancer, gastrointestinal conditions, hearing problems and, to a lesser degree, chronic mental health conditions. The only chronic condition associated with poorer MCS scores was presence of one or more mental health conditions. Both activity limitation in major life domains and needing assistance with activities of daily living were negatively associated with PCS scores, whereas only the latter was negatively associated with MCS scores. The models suggested protective factors and identified characteristics of subgroups vulnerable to poor HRQOL after accounting for confounding. Findings can be used to identify those at high risk who may benefit from targeted interventions and to develop health promotion and prevention strategies for Canadian Armed Forces personnel in transition to civilian life.


Music has played an important role in the lives of twentieth-century combatants, but recent technologies such as MP3 players are now ubiquitous, rendering music more accessible than ever before and allowing soldiers to shape their sonic landscapes in considerably more personalized ways. Although scholars have examined US soldiers’ musical practices while serving in Iraq and Afghanistan, no research to date has investigated the musical practices of Canadian military personnel. In this article, I explore how music might help Canadian veterans manage the pressures associated with deployment and cope with psychologically-based operational stress injuries.


Women U.S. military veterans report higher rates of lifetime intimate partner violence (IPV) compared with women who have never served in the military. However, we know little about the timing of IPV exposure relative to military service. To begin to understand the relationship between military service and IPV experience, we conducted surveys with 249 women military veterans seeking care at a Veterans Affairs medical center about experiences of physical, psychological, and sexual IPV before, during, and after military service. Additionally, we examined the association between deployment and IPV experience during and after military service. Findings indicated that women experienced IPV during each time period (before/during/after military service), with significant overlap of experiencing IPV during more than one time period and one-third (34.6%) experiencing IPV during all three time periods. Compared to those who were not deployed, women who had been deployed reported increased odds of experiencing psychological, but not physical or sexual, IPV during (but not after) military service. Implications of study findings for theory, research, and practice are discussed.


20. **Hawk, A. (2015)** Virtual Anatomy-1900

2. **Iain T Parsons (2015)** The health of the Role 1 doctor.


4. **Nicholas H Faerestrand, R H Coetzee (2015)** A proposed model for community-assisted alcohol withdrawal in primary care in the UK Armed Forces

   Alcohol misuse and related morbidity continues to represent a challenge to both the National Health Service (NHS) and the Defence Medical Services (DMS). A significant part of the management of patients who misuse alcohol involves planned assisted withdrawal for dependent drinkers. Traditionally, assisted alcohol withdrawal has been conducted in an in-patient setting owing to the perceived risks of carrying out this treatment. Current evidence shows that community-based approaches offer a safe and effective alternative to the traditional in-patient model with significant cost savings. This article proposes a model for community-assisted alcohol withdrawal (CAAW) for use within the DMS. It considers current guidelines and models already in operation within the NHS, offering evaluation and adjustments to fit the requirements that are applicable to the UK Armed Forces medical environment.


6. **Dominic Murphy, Walter Busuttil (2015)** PTSD, stigma and barriers to help-seeking within the UK Armed Forces

   Among the general public, much is known about the longer-term consequences of not seeking support for mental health difficulties. However, within military populations, and in particular, the UK Armed Forces, less is known. Understanding the factors that present barriers for UK service personnel with mental health difficulties accessing support is important because this may provide a means for support personnel to seek help sooner. This paper explores the literature relating to the impact of untreated post-traumatic stress disorder (PTSD) among military personnel, attempts to draw conclusions about the barriers that may prevent personnel seeking help and the efficacy of previous interventions to address these. Stigma has been highlighted as the key barrier to help-seeking behaviours, in particular, internal stigma, which can be classified as negative beliefs about the self that an individual may hold as a result of experiencing symptoms of PTSD.

7. **Tom Barker, P Spencer, E Kirkman, A Lambert, M Midwinter (2015)** An evaluation of the normal range of StO2 measurements at rest and following a mixed exercise protocol

on training military personnel: changes in application times and success rates in three successive phases


1. **Braender, Morten (2015)** Adrenalin Junkies: Why Soldiers Return from War Wanting More


4. **Levy, Yagil (2015)** What is Controlled by Civilian Control of the Military? Control of the Military vs. Control of Militarization


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10. **van den Aker, Peter, Duel, Jacco, Soeters, Joseph (2015)** Combat Motivation and Combat Action: Dutch Soldiers in Operations since the Second World War; A Research Note

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