

Beyond the Battlefield: Interpersonal Predictors of Women's Mental Health During Extended Partner Deployment



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STUDY AIM

To examine interpersonal predictors of psychological distress and posttraumatic growth among reservists' wives during prolonged national crisis.

METHODOLOGY

- Cross-sectional study
- 483 Israeli women
- Partners served prolonged reserve duty (M = 240 days)
- Online questionnaires
- Measures included:
 - Anxiety
 - Depression
 - Adjustment difficulties
 - Sleep difficulties
 - Secondary traumatic stress
 - Moral injury
 - Institutional betrayal
 - Social support
 - Marital satisfaction
 - Posttraumatic growth

KEY RESULTS



OBJECTIVE DEPLOYMENT VARIABLES DID NOT PREDICT MENTAL HEALTH OUTCOMES.

Neither duration nor intensity of partner's service were associated with women's psychological distress or posttraumatic growth.

RISK FACTORS

-  **Moral injury**
Higher moral injury predicted greater anxiety, depression, adjustment difficulties, and sleep disturbances.
-  **Institutional betrayal**
Greater perceived betrayal by state institutions predicted higher psychological distress.
-  **Secondary traumatic stress**
Associated with increased anxiety, depression, and adjustment difficulties.

PROTECTIVE FACTORS

-  **Marital satisfaction**
Higher satisfaction predicted lower distress and greater posttraumatic growth.
-  **Social support**
More perceived support predicted lower distress and greater posttraumatic growth.
-  **Posttraumatic growth**
Positively associated with meaning, relational appreciation, and personal strength.

CONCLUSIONS

- Interpersonal variables were stronger predictors of mental health outcomes than objective military exposure.
- Moral injury and institutional betrayal increased psychological distress.
- Social support and relationship satisfaction promoted resilience and posttraumatic growth.
- Many women experienced both significant distress and posttraumatic growth.

CLINICAL & POLICY IMPLICATIONS

-  Strengthen interpersonal and community support systems.
-  Address institutional betrayal in interventions and policy.
-  Promote relationship-focused and community-based interventions.

Reference

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