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CONTRACTING ORGANIZATION: Trustees of Boston University, Boston, MA

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14. ABSTRACT This study represents a secondary analysis of couples-data collected from an implementation-effectiveness study of an IPV prevention intervention, <i>Strength at Home- Couples (SAH-C)</i> . We will examine the primary outcome of sexual aggression between members of the couple. Given links between sexual aggression/other IPV and suicidal ideation and behavior, and since <i>SAH-C</i> targets risk factors for these related problems, this study also proposes to examine suicidality-related outcomes in secondary analyses. The <i>SAH-C</i> intervention is a trauma-informed, couples-based group intervention that uses a social information processing model and incorporates cognitive behavioral strategies to prevent relationship conflict by assisting participants in better interpreting and responding to communication from their intimate partners. The overarching objectives/hypotheses are that relative to a Supportive Prevention intervention (SP), <i>SAH-C</i> will be associated with greater decreases in sexual aggression by service members and their partners at post-treatment and 3-month follow up, and reduced suicide-related problems. Both study aims will be evaluated via a sample of 140 couples obtained from a parent study that randomly assigned them to 10 sessions of <i>SAH-C</i> versus 10 sessions of SP. It is expected that greater reductions in sexual aggression and suicidal ideation and behavior will be found in couples receiving <i>SAH-C</i> relative to SP. It is also expected that those receiving <i>SAH-C</i> will evidence greater increases in perceptions of belongingness relative to SP.						
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1. Introduction

Sexual violence is a serious public health problem for people in the general population and for military personnel. One form of sexual violence that has been under-researched among military populations to date is intimate partner sexual aggression (IPSA). Couples that are experiencing relationship distress and possible intimate partner violence (IPV) may experience high rates of IPSA, and may need specific interventions that address the IPSA in their relationships.

One promising solution for IPV in military populations is the *Strength at Home Couples* intervention (SAH-C). SAH-C has already been subjected to an implementation-effectiveness study, completed at Joint-Base Lewis-McChord, through separate DoD funding. In this annual report, we refer to the SAH-C implementation-effectiveness study as the “parent study.” The parent study evaluated implementation efforts and physical/psychological IPV outcomes for the *Strength at Home Couples* (SAH-C) intervention among active duty service members and their intimate relationship partners. Previously, before the parent study was conducted, our team also conducted a randomized controlled trial of SAH-C among recently returning veterans which was funded by the Centers for Disease Control and Prevention (CDC). A preliminary analysis of the CDC data suggested that SAH-C was effective in reducing IPSA. Now, for the present research study, our team is analyzing the data collected through the DoD-funded Joint-Base Lewis-McChord parent study, to determine if SAH-C decreased IPSA and decreased suicidality in military personnel.

1A. About SAH-C

The SAH-C intervention is a trauma-informed, couples-based group intervention that incorporates cognitive behavioral strategies to prevent relationship conflict and violence in trauma-exposed service members. The intervention is designed to mitigate the impacts of trauma-related problems that increase risk for IPV and intimate partner conflicts. Our prior published work demonstrates SAH-C to be the only intervention shown to prevent physical and psychological IPV in a military population via clinical trial (Taft, Creech et al., 2016). Further, our recent analyses indicate that the program may also be the only couples-based program to effectively prevent intimate partner sexual aggression perpetration.

SAH-C is based on a trauma-informed social information processing model that has been elaborated by study investigators (Taft, Murphy, & Creech, 2016). The model and the intervention highlight how prior trauma and other negative life events may impact the ways that we interpret and respond to social situations, including those with relationship partners. The model, which has received empirical support in research conducted by our team (Taft, Weatherill, et al., 2015), describes how prior events may lead one to develop biases when we decode the meaning of a relationship situation, and problematic behavior such as aggression may result. These problems may be exacerbated by certain associated “core themes” that may develop as a result of trauma, such as difficulties trusting others, low self-esteem, and conflicts related to power and control.

Biases in social information processing have not only been shown to be associated with physical and psychological IPV; research indicates that those who engage in sexual aggression also tend to exhibit such biases (Ciardha, 2017; [Lipton, McDonel, & McFall, 1987](#); [McDonel & McFall, 1991](#); [Treat et al., 2001](#)). Therefore, the focus of our program on identifying and correcting social information processing biases may be particularly effective in preventing and ending intimate partner sexual aggression perpetration. We are not aware of existing military sexual aggression prevention interventions that make use of the social information processing model.

In order to fully capitalize on the richness of the existing data from the parent study, and given that intimate relationship conflict (particularly sexual aggression and violence) and social information processing biases have also been linked with suicidal ideation and behavior (Beard, Rifkin, & Bjorgvinsson, 2017; Bryan, Bryan, & Clemans, 2015; Khan, Li et al., 2019; Kimerling, Makin-Byrd et al., 2016; Monteith, Holliday et al., 2019; Monteith, Menefee et al., 2015; Venta, Mellick, Schatte, & Sharp, 2014), we are examining suicide-related secondary outcomes as well as the IPSA outcomes, with the expectation that participation in SAH-C will have a preventive effect.

If found effective, the military will not only have another clear strategy to reduce risk of and protect against sexual aggression and other intimate partner aggression, it will also have an efficient way to reduce multiple forms of violence towards others and oneself through a single intervention.

2. KEYWORDS

Intimate partner violence; domestic violence; partner violence; sexual violence; intimate partner sexual aggression; sexual assault; intimate partner sexual assault; couples treatment; suicidality; trauma; marital relationship; PTSD; relationships; intervention; implementation

3. ACCOMPLISHMENTS

3a. Major goals of the project

The major goals of this project are:

Aim 1. To test the effectiveness of *SAH-C* with respect to sexual aggression perpetration for military couples on an installation, we will compare those who have previously (during the parent study) been randomly assigned to 10 sessions of *SAH-C* versus 10 sessions of *SP* under clinically representative conditions, with 140 couples who are at risk for the development of IPV. This aim will be fulfilled by accomplishing the following subaim:

Subaim 1.1: To compare the frequency of sexual aggression perpetration of both members of the couple across conditions as reported by service members and their collateral relationship partners at post-intervention and 3-month follow up. It is expected that greater reductions in sexual aggression will be found in couples receiving *SAH-C* relative to *SP*.

Aim 2. To examine the effectiveness of *SAH-C* with respect to suicidality outcomes for military couples on an installation, we will compare those who have previously been randomly assigned to 10 sessions of *SAH-C* versus 10 sessions of *SP* under clinically representative conditions, with 140 couples who are at risk for the development of IPV. This aim will be fulfilled by accomplishing the following subaims:

Subaim 2.1: To compare the frequency of suicidal ideation and behavior in both members of the couple across conditions as reported by service members and their collateral relationship partners at post-intervention and 3-month follow up. It is expected that greater reductions in suicidal ideation and behavior will be found in couples receiving *SAH-C* relative to *SP*.

Subaim 2.2: To compare the frequency of perceptions of belongingness in both members of the couple across conditions as reported by service members and their collateral relationship partners at post-intervention and 3-month follow up. It is expected that greater increases in belongingness will be found in couples receiving *SAH-C* relative to *SP*.

In order to complete these aims, our major activities have included:

- Activity 1: Staff coordination (100% complete)
- Activity 2: IRB approval (100% complete)
- Activity 3: Data cleaning and coding (100% complete)
- Activity 4: Data sharing (100% complete)
- Activity 5: Data analysis and write-up (80% complete)
- Activity 6: Dissemination of results (0% complete)

The major activities have been to create subcontracts with the co-investigators (accomplished December 2020), to obtain IRB approval and USAMRDC HRPO approval (accomplished November 10, 2020), and data cleaning and coding (accomplished June 2021). We received institutional approval to share data from the VA with the sub-contracting co-investigators (May 2022). We initiated data analysis in May 2022. We completed data analysis in August 2022. We wrote up results in August and September 2022, and continue to be

engaged in writing up results. We will disseminate results by publishing in a peer-reviewed journal, and that process may take several months in 2022-2023.

A description of significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative):

As per our manuscript under review: **“Results:** Service members randomized to receive SAH-C evidenced greater reductions across the assessment time points for all IPV variables, including overall physical IPV, severe physical IPV, sexual IPV, psychological IPV, and coercive control IPV relative to those randomized to SP. Partners of service members demonstrated a similar general pattern for reductions in use of IPV but findings were not as robust as for service members. Both service members and partners demonstrated greater reductions in suicidality when randomized to SAH-C relative to SP.”

As per our manuscript under review: “We began by examining differences in the outcome variables of interest for both service members and partners across time by intervention condition. Imputed means, standard deviations, and between condition effect sizes (with 95% CI) for the IPV outcomes for service members are presented in Table 1, and for partners are presented in Table 2. By chance, levels of IPV for both service members and partners were generally higher in the SAH-C condition at baseline than in SP. However, the magnitude of the between condition effect size differences in IPV outcomes generally decreased more from time 1 to time 3, particularly in service members. When examining suicidality (Table 3), by chance, service member scores were lower at baseline than in SP and the differences between conditions increased across time. There appeared to be minimal changes in partner suicidal ideation from time 1 to time 3.

We next examined within condition effect sizes (ESsg with 95% CI) to quantify treatment effects within each condition. Change scores from Time 1 to Time 2 and from Time 1 to Time 3 and ESsg effect sizes with 95% CI are presented in Tables 4 (service member) and 5 (partner) for the IPV variables, and Table 6 for both partners for the suicidality outcome. These effect sizes include a correction for the correlation between assessments across time. SAH-C resulted in moderate to large decreases in service member perpetration of psychological IPV and small effect size decreases in service member physical IPV, severe physical IPV, and sexual IPV. The reductions in these service member IPV outcomes were generally larger in SAH-C than the reductions in SP. SAH-C was also associated with greater reductions in suicidality from Time 1 to Time 2 and Time 1 to Time 3 for both service members and partners. The pattern of findings for partner IPV outcomes was less consistent, but SAH-C was generally associated with a greater reduction in use of IPV.

-Pertinent data and graphs in sufficient detail to explain any significant results achieved (see next page)

- Asuccinct description of the methodology used shall be provided: Analyses were conducted using Mplus 8.0 (Muthén & Muthén, 1998–2016). Consistent with the Taft, Creech et al. (2016) clinical trial, analyses consisted of calculating means within each condition using multiple imputation to account for missing data so that outcomes are calculated for all randomized participants. Within (standardized mean gain; ESsg) and between condition (Hedges g) effect sizes with 95% confidence intervals were then calculated to quantify the magnitude of changes within each condition from Time 1 to Time 2 and Time 1 to Time 3 and the magnitude of differences in outcomes between the two conditions at each time point. Effect size analyses were calculated for both perpetration and victimization violence outcomes as well as suicidality.

3b. Adverse events

There have been no adverse events.

Table 1
Service Member Means (and Standard Deviations) and Between-Conditions Effect Sizes for Physical, Psychological, and Sexual Intimate Partner Violence (IPV)

Outcome by time point	SAH-C (n = 71)	SP (n = 67)	Hedges g	95% CI
CTS2 Physical IPV				
T1	.59 (1.59)	.23 (.65)	.29	[-.04, .63]
T2	.43 (1.22)	.38 (1.59)	.03	[-.30, .36]
T3	.31 (1.01)	.18 (.46)	.16	[-.17, .49]
CTS2 Severe Physical IPV				
T1	.17 (.68)	.02 (.12)	.32	[-.02, .65]
T2	.16 (.56)	.17 (.91)	-.01	[-.34, .32]
T3	.09 (.32)	.02 (.14)	.27	[-.07, .60]
CTS2 Sexual Coercion				
T1	.39 (.68)	.27 (.56)	.19	[-.15, .52]
T2	.33 (.59)	.37 (.91)	-.06	[-.39, .28]
T3	.31 (.70)	.22 (.64)	.12	[-.21, .46]
CTS2 Psychological IPV				
T1	29.06 (30.63)	18.57 (19.54)	.40	[.07, .74]
T2	12.43 (15.07)	8.11 (10.24)	.33	[.00, .67]
T3	9.58 (16.33)	6.57 (10.03)	.22	[-.12, .55]
MMEA Restrictive Engulfment				
T1	16.51 (29.33)	8.48 (13.17)	.35	[.01, .68]
T2	6.37 (15.20)	4.28 (9.38)	.16	[-.17, .50]
T3	3.23 (23.38)	3.89 (7.99)	-.04	[-.37, .30]

Note. Mean scores for Physical IPV, Severe Physical IPV, and Sexual Coercion are presented as variety scores, representing the number of types of physical IPV used during the respondent period. Mean scores for Psychological IPV and the MMEA are presented as frequency scores, representing how often psychological IPV was used in the respondent period. SP = supportive prevention; SAH-C = Strength at Home Couples; CI = confidence interval; CTS2 = Revised Conflict Tactics Scales; T1–T3 = Time 1 to Time 3; MMEA = Multidimensional Measure of Emotional Abuse. A negative effect sizes indicate lower levels of IPV for individuals in the SAH-C condition.

Table 2
Partner Means (and Standard Deviations) and Between-Conditions Effect Sizes for Physical, Psychological, and Sexual Intimate Partner Violence (IPV)

Outcome by time point	SAH-C (n = 71)	SP (n = 67)	Hedges g	95% CI
CTS2 Physical IPV				
T1	.81 (1.80)	.34 (.93)	.32	[-.01, .66]
T2	.46 (1.28)	.34 (1.61)	.09	[-.25, .42]
T3	.30 (.84)	.13 (.51)	.23	[-.10, .57]
CTS2 Severe Physical IPV				
T1	.16 (.67)	.01 (.12)	.29	[-.04, .63]
T2	.14 (.48)	.10 (.92)	.07	[-.27, .40]
T3	.07 (.32)	.02 (.13)	.19	[-.15, .52]
CTS2 Sexual Coercion				
T1	.17 (.45)	.19 (.43)	-.05	[-.39, .28]
T2	.10 (.30)	.19 (.87)	-.14	[-.48, .19]
T3	.19 (.71)	.11 (.36)	.14	[-.19, .47]
CTS2 Psychological IPV				
T1	29.31 (31.0)	20.80 (20.0)	.32	[-.01, .66]
T2	13.71 (19.61)	10.58 (12.28)	.19	[-.15, .52]
T3	11.39 (15.34)	6.98 (11.08)	.33	[-.01, .66]
MMEA Restrictive Engulfment				
T1	30.61 (38.52)	18.97 (23.47)	.36	[.02, .70]
T2	10.97 (14.38)	8.21 (13.5)	.20	[-.14, .53]
T3	10.94 (23.46)	8.88 (15.7)	.10	[-.23, .44]

Note. Mean scores for Physical IPV, Severe Physical IPV, and Sexual Coercion are presented as variety scores, representing the number of types of physical IPV used during the respondent period. Mean scores for Psychological IPV and the MMEA are presented as frequency scores, representing how often psychological IPV was used in the respondent period. SP = supportive prevention; SAH-C = Strength at Home Couples; CI = confidence interval; CTS2 = Revised Conflict Tactics Scales; T1–T3 = Time 1 to Time 3; MMEA = Multidimensional Measure of Emotional Abuse. A negative effect sizes indicate lower levels of IPV for individuals in the SAH-C condition.

Table 3*Means (and Standard Deviations) and Between-Conditions Effect Sizes for Suicidality*

Perpetrator and outcome by time point	SAH-C (n = 71)	SP (n = 67)	Hedges g	95% CI
Service Member Suicidality				
T1	.23 (.83)	.43 (1.1)	-.20	[-.53, .14]
T2	.02 (.16)	.34 (.94)	-.48	[-.82, -.14]
T3	.00 (.05)	.34 (.94)	-.52	[-.86, -.18]
Partner Suicidality				
T1	.44 (1.36)	.35 (1.08)	.07	[-.26, .41]
T2	.26 (.86)	.34 (1.38)	-.08	[-.41, .26]
T3	.46 (1.41)	.35 (1.12)	.08	[-.25, .42]

Note. Service member and partner suicidality is represented by mean scores. SP = supportive prevention; SAH-C = Strength at Home Couples; CI = confidence interval; T1–T3 = Time 1 to Time 3.

Table 4*Service Member Within Condition Change Scores and Effect Sizes for Physical, Psychological, and Sexual Intimate Partner Violence (IPV)*

Outcome by time point	SAH-C (n = 71)				SP (n = 67)			
	Change Scores	95% CI	Effect Sizes	95% CI	Change Scores	95% CI	Effect Sizes	95% CI
CTS2 Physical IPV								
T2-T1	-.22	[-.54, .09]	-.15	[-.37, .06]	.13	[-.28, .54]	.11	[-.23, .45]
T3-T1	-.36	[-.78, .06]	-.27	[-.59, .05]	-.05	[-.23, .12]	-.09	[-.43, .25]
CTS2 Severe Physical IPV								
T2-T1	-.04	[-.17, .09]	-.06	[-.26, .14]	.14	[-.08, .36]	.22	[-.13, .56]
T3-T1	-.12	[-.30, .05]	-.23	[-.57, .11]	.01	[-.04, .06]	.07	[-.27, .41]
CTS2 Sexual Coercion								
T2-T1	-.05	[-.19, .10]	-.07	[-.30, .16]	.06	[-.16, .27]	.07	[-.20, .34]
T3-T1	-.09	[-.28, .10]	-.13	[-.41, .14]	-.03	[-.21, .15]	-.05	[-.39, .28]
CTS2 Psychological IPV								
T2-T1	-15.77	[-21.37, -10.16]	-.56	[-.79, -.34]	-10.20	[-14.52, -5.88]	-.63	[-.92, -.34]
T3-T1	-18.03	[-24.56, -11.50]	-.70	[-.98, -.42]	-11.93	[-15.94, -7.93]	-.72	[-1.08, -.36]
MMEA Restrictive Engulfment								
T2-T1	-10.74	[-16.82, -4.66]	-.43	[-.68, -.18]	-4.33	[-6.83, -1.82]	-.36	[-.58, -.14]
T3-T1	-13.96	[-22, -5.92]	-.51	[-.81, .20]	-4.48	[-7.27, -1.68]	-.39	[-.73, -.04]

Note. SP = supportive prevention; SAH-C = Strength at Home Couples; CI = confidence interval; CTS2 = Revised Conflict Tactics Scales; T1–T3 = Time 1 to Time 3; MMEA = Multidimensional Measure of Emotional Abuse. A negative effect sizes indicate lower levels of IPV for individuals in the SAH-C condition.

3c. What opportunities for training and professional development has the project provided?

Nothing to Report

3d. How were the results disseminated to communities of interest?

Nothing to Report

3e. What do you plan to do during the next reporting period to accomplish the goals?

We intend to finalize the analysis of data, finalize writing up our manuscript, submit it to a journal, and engage with the journal to get it published.

4. IMPACT

4a. What was the impact on the development of the principal discipline(s) of the project?

We completed a data analysis that revealed that, consistent with hypotheses, military couples randomized to receive SAH-C evidenced greater reductions across the assessment time points for sexual aggression perpetration relative to those randomized to SP. These findings were particularly strong for service member perpetration but partners demonstrated a similar pattern of results. Both service members and partners also demonstrated greater reductions in suicidality when randomized to SAH-C relative to SP. Findings extend prior work by demonstrating the effectiveness of SAH-C in the military context, and also highlight the possible benefits of the intervention in preventing self-harm thoughts and behaviors.

4b. What was the impact on other disciplines?

Nothing to Report

4c. What was the impact on technology transfer?

Nothing to Report

4d. What was the impact on society beyond science and technology?

Nothing to Report

5. CHANGES/PROBLEMS

5a. Changes in approach and reasons for change.

No changes in approach to report.

5b. Actual or anticipated problems or delays and actions or plans to resolve them.

Nothing to report.

5c. Changes that had a significant impact on expenditures.

During Year 1, we reduced Dr. Taft's salary and fringe and increased a research assistant salary in order to facilitate data coding and cleaning.

During Year 2, we requested a No Cost Extension which was granted.

5d. Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents.

Not applicable.

6. PRODUCTS

Nothing to report.

7. PARTICIPANTS AND OTHER COLLABORATING ORGANIZATIONS

7a. Which individuals have worked on the project?

Name	Dr. Emily F. Rothman
Project role	Co-Principal Investigator
Researcher Identifier (ORCID ID)	0000-0003-0113-2577
Nearest person month worked	1.2
Contribution to project	Dr. Rothman provided leadership on overall project management, reporting, convening team meetings, and participating in data results interpretation and dissemination.
Funding support	Trustees of Boston University

Name	Dr. Casey Taft
Project role	Co-Principal Investigator
Researcher Identifier (ORCID ID)	0000-0002-9323-3190
Nearest person month worked	2.4
Contribution to project	Dr. Taft provided leadership in communicating with the IRB, obtaining permissions for data sharing between institutions, planning data analyses, and contributing to interpretation of data results and dissemination.
Funding support	Trustees of Boston University

Name	Dr. Matthew Gallagher
Project role	Co-Investigator
Researcher Identifier (ORCID ID)	0000-0001-9734-9329
Nearest person month worked	1.2
Contribution to project	Dr. Gallagher analyzed data
Funding support	University of Houston

Name	Dr. Suzannah Creech
Project role	Co-Investigator
Researcher Identifier (ORCID ID)	0000-0002-6582-1673
Nearest person month worked	0.6
Contribution to project	Dr. Creech participated in guiding the analyses and interpretation of findings, and will participate in manuscript writing.
Funding support	University of Texas at Austin

Name	Ms. Brittany Groh
Project role	Project Coordinator / Research assistant
Researcher Identifier (ORCID ID)	N/A
Nearest person month worked	0.1
Contribution to project	Ms. Groh participated in data cleaning
Funding support	Veterans Affairs (VA)

7b. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

No, not applicable.

7c. What other organizations were involved as partners?

None.

8. SPECIAL REPORTING REQUIREMENTS

Please see Quad Chart in Appendix.

9. APPENDIX

Quad chart attached

See also manuscript under review