BRIEF SUMMARY: This study examined the role of unit cohesion in protecting both Soldiers and units against the negative impact of combat exposure on mental health. The study used administrative records as well as longitudinal data, provided by Soldiers following a deployment (N = 6,888 from 89 units), regarding their perceptions of vertical (subordinate-to-leader) and horizontal (peer-to-peer) unit cohesion, combat experiences, and mental health. Individual and unit-wide assessments (i.e., average scores from members of the same unit) were analyzed. Individual perceptions of horizontal unit cohesion buffered against the negative impact of combat exposure on post-deployment posttraumatic stress disorder (PTSD) and depression; the same trend was observed at the unit-level. Notably, unit-wide horizontal cohesion does not appear to have the same protective effect against unit suicidal ideation when collective combat exposure is high within the unit.

KEY FINDINGS

- **Individuals** with high combat exposure but high vertical cohesion had lower levels of PTSD than those with low vertical cohesion. However, this relationship did not hold when accounting for baseline symptoms.
- **Individuals** with high combat exposure but high horizontal cohesion had lower levels of PTSD and depression than those with low horizontal cohesion regardless of unit-wide cohesion, even when accounting for baseline symptoms.
- **Units** with high collective combat exposure but high unit-wide horizontal cohesion had lower unit averages of PTSD and depression, even when accounting for the units’ baseline symptoms.
- Interestingly, **units** with high unit-wide horizontal cohesion reported higher unit-wide suicidal ideation. In contrast with the stress-buffering hypothesis, **units** with high combat exposure and high unit-wide horizontal cohesion reported levels of suicidal ideation similar to units with low horizontal cohesion, even when accounting for baseline unit symptoms.

IMPLICATIONS FOR FAMILIES

- Find ways to connect with peers and build relationships within the unit when preparing for and coping with a deployment.

IMPLICATIONS FOR HELPING PROFESSIONALS

- Identify Service members who feel disconnected from their unit and work to bolster their support systems. Peer relationships are an important leverage point for post-deployment PTSD and depression.

IMPLICATIONS FOR POLICY MAKERS AND MILITARY LEADERSHIP

- Recognize that although cohesion among peers within a unit is generally a protective factor, combat-exposed units may find high cohesion with their peers more stress-inducing than stress-buffering regarding suicidal ideation.
SAMPLE CHARACTERISTICS

- 6,888 soldiers from 89 units (i.e., between 10-299 soldiers).
- Mostly male (94%), White (68%), and between the ages of 21-29 (65%).
- Most held a high school diploma (73%) and were married (56%).
- A majority were E4-E6 (71%), with service lengths between 3-10 years (68%).

METHODOLOGY

- The data were from the Army Study to Assess Risk and Resilience (STARRS) Pre/Post-Deployment Study component. Soldiers from 3 Brigade Combat Teams were surveyed at 3 points: pre-deployment to Afghanistan (baseline), 1-month post-deployment (Time 1) and 3-months post-deployment (Time 2).
- Participants completed surveys regarding vertical (i.e., cohesion with peers) and horizontal unit cohesion (i.e., cohesion with unit leader) and combat exposure at Time 1, as well as posttraumatic stress disorder (PTSD), depression, and suicidal ideation at baseline and Time 2. Soldiers consented to linking their surveys to their administrative records.
- A series of multi-level models were used to examine the buffering effect of vertical and horizontal unit cohesion on the relationship between individual and unit combat experiences and individual and unit PTSD, depression, and suicidal ideation.

STRENGTHS

- The study distinguished between vertical and horizontal unit cohesion - two types of unit cohesion that are historically conflated. This differentiation helps determine which type of unit cohesion matters in which situations.

LIMITATIONS

- The analyses are complex, limiting the readability of the study findings (particularly for lay audiences).

ASSESSMENT OF THE STUDY

- CREDIBLE
  Research that is rigorous, transparent, consistent, and generalizable. This dimension reflects an evaluation of the study's scientific methodology.
- CONTRIBUTORY
  Research that is original, applicable, and has the potential to enhance the well-being of military families. This dimension examines the impact of the study.
- COMMUNICATIVE
  Research that is coherent, understandable, and readable. This dimension assesses how effectively the authors convey the content of the study.

PARTNERSHIP

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