

From War to Work

Risks, Challenges, and Evidence-Based Strategies Across the Military Deployment Cycle

June 2026

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Pacific Northwest National Laboratory

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Summary

This report examines what happens when military service members return from deployment and reenter family life and civilian work. Reintegration is an evolving process shaped by an individual's military experience and potential combat trauma, family dynamics, and workplace conditions, and it occurs within a broader social context. Reintegration varies widely depending on deployment experiences, the preparedness of families, the stability of home and work environments, and whether a person served on active duty or in the reserves. What emerges consistently across U.S., Israeli, and allied nation studies is the same core insight: Reintegration is deeply individual, often nonlinear, and profoundly influenced by the systems surrounding the returning veteran.

Service members can face a range of challenges, from trauma-related conditions such as combat stress reaction, post-traumatic stress, and moral injury to more subtle shifts in behavior and identity that may appear months after the individual has returned home. Families often experience their own difficulties, especially in the case of partners who have experienced secondary trauma or long periods of uncertainty. Reservists carry a particular burden as they rapidly shift between military and civilian roles, sometimes entering workplaces that have changed during their absence. Women in combat roles face additional risks, including risk of exposure to military sexual trauma and pressures tied to serving in male-dominated environments. Some veterans exhibit impulsivity, substance misuse, or other behavioral changes that—if misunderstood—may be treated as disciplinary issues rather than stress responses. Others struggle with identity loss or a sense of disconnect from their civilian organizations, especially when the transition out of service feels abrupt or unsupported.

For employers tasked with safeguarding high-consequence environments such as nuclear facilities, these realities carry direct operational implications. Organizational stability, early outreach, and visible support can significantly reduce reintegration-related risks. Evidence shows that the most effective approaches are individualized and holistic: combining mental-health support, workload adjustments, clear communication, fair treatment, and opportunities for social connection. When organizations strengthen perceptions of fairness and support, morale and performance improve. Proactive contact is essential; those who need help are often the least likely to request it. Structured wellness checks, trauma-informed practices, and specialized attention to high-risk groups (including young conscripts, reservists, and female veterans) further enhance safety and well-being. Integrating reintegration awareness into insider-risk, behavioral-observation, and security-culture programs helps ensure that stress-related changes are recognized early and interpreted appropriately.

Effective reintegration begins well before a service member returns to work. The literature points to a coherent set of good practices that span the entire deployment cycle: behavioral baselining before departure, clear communication with families, minimization of unnecessary disruptions during deployment, individualized reintegration plans at return, and sustained follow-up in the months afterward. These practices are especially important at nuclear facilities, where vigilance, reliability, and cognitive load have direct security consequences.

In addition to exploring these risks and potential solutions, this report highlights opportunities for deeper study, including comparative work on Israeli reserve culture, Ukrainian combat experiences, and cross-national reintegration models; targeted research on veterans entering security and emergency-response roles; and expanded inquiry into how combat exposure affects technical staff working in high-consequence environments. Developing validated

assessment tools, improving organizational policies, and creating practical resources—such as reintegration playbooks and manager decision-support tools—would further strengthen workforce resilience.

At its core, reintegration is a human process that requires organizational commitment, early attention, and sustained care. When nuclear facilities and other security-sensitive workplaces adopt evidence-based, trauma-informed approaches, they not only support the well-being of returning veterans but also reinforce the stability, safety, and resilience of the workforce.

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Acronyms and Abbreviations

CSR	combat stress reaction
HR	human resources
ICF	International Classification of Functioning, Disability and Health
IDF	Israel Defense Forces
MST	military sexual trauma
PMIE	potentially morally injurious events
PTSS	post-traumatic stress symptoms
PTSD	post-traumatic stress disorder
RAND	RAND Corporation

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1.0 Introduction

This literature review examines challenges experienced by military combatants across the deployment cycle, with particular emphasis on reintegration into family life and civilian employment. Reintegration is a multidimensional process influenced by emotional, psychological, relational, and occupational factors, as reflected in prior analyses of service member and family experiences during contemporary deployments.

Service members, their families, and their employers often face significant stressors as individuals transition back to home and work. Successful reintegration is more likely when trauma exposure is acknowledged and when robust support systems—such as coordinated family resources, mental health services, and employment protections—are available. Adverse deployment-related experiences can contribute to maladaptive workplace behaviors and strained relationships if not effectively addressed.

Protective factors, including strong social connections, prepared and well-resourced families, and accessible employee assistance or community support programs, can mitigate challenges faced by returning personnel. These elements help promote stability and positive adaptation following deployment, consistent with patterns observed across recent reintegration studies.

2.0 Deployment Cycle

Researchers studying the impacts of mobilization on service members have identified a common four-staged deployment cycle: (1) pre-deployment, (2) deployment, (3) redeployment, and (4) reintegration (see also Glorieux et al. 2023). This sequence of events is experienced by members of both active and reserve service, albeit with some nuance, as well as their families, units, and employers. While this literature review predominantly focuses on the process of reintegration, due attention should be paid to the steps leading up to reintegration because service members experience the process cumulatively. Notably, events beyond the experience of conflict may also have deep and lasting impacts that, when layered with combat exposure, have amplifying effects. Finally, success in navigating the deployment cycle cannot be understood in binary fashion (success or failure). The process is dynamic and, like the human experience, complex.

2.1 Pre-deployment

During pre-deployment, military activities focus on pre-mission training, validation, deployment readiness, and developing unit cohesion. For dual-status service members (i.e., reservists), the pre-deployment workup can lead to degraded contributions to civilian activities as attention transitions from life in steady state to mobilization. It is critical for employers and families in this phase to develop plans that account for the absence of service members in day-to-day activities. Stress levels are liable to increase during the period preceding mobilization. Baselineing employee behaviors and performance prior to the onset of this stress period helps establish a more holistic understanding of their experience to support the development of expectations for post-deployment and reintegration.

2.2 Deployment

As the service member transitions from pre-deployment to deployment, their absence becomes acutely felt across their social networks, including their families and the people they interact with through their civilian jobs. It is imperative that the service member, to the greatest extent possible, be insulated from external distraction and instability, especially during the initial integration period (approximately the first 90 days) into the combat environment. Each service member's deployment experience is unique, and this is the period when combat exposure is most likely to occur. While combat exposure is likely the most obvious traumatic event a service member may experience during deployment, it is by no means the only source of potential deployment-related trauma. Being away from family and the normalcy of day-to-day routine can, itself, present emotional and psychological challenges. Knowledge of this fact should better inform a service member's support network as they develop their redeployment and reintegration support plan.

Development and finalization of this support plan should be prioritized prior to the service member's redeployment and should anticipate some potential struggles. To the greatest extent possible, this plan should be communicated prior to deployment to maximize stability and predictability. As the service member approaches the redeployment window, it again becomes imperative to insulate them as much as possible from external disruptions and distractions.

2.3 Redeployment and Reintegration

Redeployment marks the service member's departure from the combat theater and the beginning of the reintegration process. Reintegration happens at various levels: reintegration back into a garrison environment, reintegration back into the family unit (service member's perspective), and the family's reintegration of the service member (family perspective) (Doyle and Peterson 2005). Generally, the process can be described as encompassing three dimensions: individual, interpersonal, and professional (Glorieux et al. 2023). It is interventions at this stage that this literature review primarily contemplates, as discussed in later sections.

While the post-deployment period is often depicted as joyous and celebratory, it is neither static nor without challenges. Reintegration, rather, is a dynamic process that encompasses both positive and negative feelings (Glorieux et al. 2023; 2025). Practitioners would do well to envision the reintegration process as a multiphase event with the goal of homeostasis. The service member is likely to experience phases of celebration, transition, and finally stabilization (Glorieux et al. 2023). Their support network, acknowledging that these phases are dynamic and nonlinear, should conceptualize reintegration as a process to be experienced and managed, rather than seeking concrete outcomes (Glorieux et al. 2023).

Two other factors are important to consider when contemplating how a service member might experience reintegration: the type of conflict that the service member deployed to and the service member's status (active duty vs. reservist).

2.3.1 Type of Conflict

The type of conflict may affect the reintegration process by shaping public support and moral perception. Researchers at Joint Base Lewis-McChord, in the early years of the U.S. military campaigns in Iraq and Afghanistan, asserted that the type of war a service member serves in could affect their reintegration experience (Doyle and Peterson 2005). This assertion is based on the idea that the way societies mobilize and support service members post-conflict depends on the society's perception of the enemy and extent of the society's participation in the conflict.

Doyle and Peterson (2005) categorized conflicts into three types, each with its own implications:

- **Major wars:** Major wars (e.g., World War I) require large-scale mobilization against a well-defined enemy. In these types of conflicts, a society views the members of its military as champions of good and assumes a greater degree of responsibility in caring for war veterans post-conflict.
- **Limited wars:** Unlike with major wars, for limited wars, national interest is seen as a pretext for conflict, and a national consensus is never reached regarding whether the conflict is just or not. Limited wars, as Doyle and Peterson (2005) assert, can affect the psyche of participants, who struggle with the morality of the conflict, and societal support may not adequately account for the total needs of the war's veterans post-conflict.
- **Rapid deployment:** This type of conflict is typically conducted by special operations forces. Rapid deployments rely more on unit cohesion than national unity, though they are generally seen as supporting the national interest. Support for veterans of these conflicts rests largely on the military rather than on society.

2.3.2 Service Member Status

Another factor that researchers have identified as affecting reintegration is the status of a service member (active duty vs. reservist or other auxiliary service member) (Doyle and Peterson 2005; RAND 2020). Military reservists may feel the effects of reintegration more acutely than active duty service members because they must rapidly transition back and forth between their civilian and military lives. Researchers at Joint Base Lewis-McChord identified imminent demobilization as the largest issue facing reservists (Doyle and Peterson 2005). In a 2020 study by RAND Corporation (RAND), researchers focused expressly on issues faced by reservists and their families during reintegration. They cited four principal challenge areas: mental and emotional health, health care, civilian employment, and relationships (RAND 2020). Factors affecting these challenge areas included readiness and preparation (of the service member and their family), the duration of the deployment, whether the service member deployed with their own unit or augmented a new unit, communication, distance between the service member's home and their unit, and financial difficulties.

Returning to civilian employment, as identified across multiple studies, presents unique challenges for military reservists returning from combat or, to a lesser extent, other types of extended service. Reservists may face uncertainty regarding the potential for layoffs, changes to their work schedule or position, job satisfaction, or the adjustment to new physical impediments (RAND 2020). They may also face challenges related to transitioning from the structure and organization of military life back to the structure and organization of their civilian employment and civilian life (Glorieux et al. 2025). Additionally, compared with active-duty service members, reservists may be more likely to experience psychological and behavioral problems when returning from deployment (Wilcox et al. 2015) and encounter difficulties establishing or reasserting their professional identities and translating their military experience into valued civilian skills (Glorieux et al. 2025).

Though no known definitive time frame exists for the deployment cycle's final phase, it culminates in a new normal. As described, the ripple effect of the deployment goes well beyond the experience of the service member alone. Ideally, at its conclusion, the returned service member is well adjusted and experiences a sense of well-being. Under those conditions, all parties affected by their absence are best postured to succeed and better prepared to reenter the deployment cycle.

3.0 Key Issues for Military-to-Civilian Transition

- Each transition is dynamic and unique, requiring flexible approaches.
- Key challenge areas: mental and emotional health, health care, civilian employment, and interpersonal relationships.
- Contributing factors: readiness and preparation, duration of the deployment, familiarity with the deploying unit, communication, distance between the service member's home and their unit, and financial difficulties.
- The greatest concern for reservists during reintegration is the abrupt transition from a regimented combat zone to unstructured civilian life.
- Successful transition depends upon the service member's ability to cope with or manage both positive and negative aspects (i.e., their resilience).
- Dual commitment and disidentification can affect long-term personal and professional outcomes.

3.1 United States

Following the wars in Afghanistan and Iraq, the operational tempo for U.S. National Guard and Reserve forces increased dramatically. Since 9/11, more than 800,000 National Guard and Reserve members have deployed, often for long tours or for repeated deployments in rapid succession (RAND 2013). To better understand the strain these deployments place on families, RAND conducted a mixed-methods study involving surveys and interviews with service members and their spouses. Their findings underscore that reintegration is not a uniform process and that the challenges families encounter vary widely depending on the duration of deployment, family structure, and deployment context.

Across participants, RAND (2013) identified four overarching insights:

1. There is no single “recipe” for reintegration; families’ needs differ significantly, and even the same family may struggle with different issues at different points in the reintegration timeline.
2. Support for returning service members comes from a complex array of providers—military, governmental, community-based, and informal networks—but families may be unaware of available resources, have difficulty accessing resources as a result of geographic or logistic barriers, or choose not to seek help because of stigma. Coordination across providers is often inconsistent, and the effectiveness and quality of services vary.
3. Preparing families for reintegration early in the deployment cycle is critical; service members and their spouses often need different forms of support.
4. Unit-based resources are among the most valued sources of assistance, particularly when units maintain regular, personal communication with families before, during, and after deployment.

Recommendations from RAND (2013) focus on improving the structure and alignment of reintegration supports. They include systematically identifying gaps and redundancies within the support network, improving coordination among resource providers, addressing barriers to resource utilization, and developing consistent measures to evaluate program effectiveness.

A related RAND analysis (Werber et al. 2013) examined how family well-being, use of support resources, and the service member's military career trajectory interact to shape reintegration outcomes. Their conceptual model illustrates that these domains influence one another and collectively determine whether reintegration unfolds positively or becomes a source of significant strain. The study found that reintegration generally proceeds more smoothly when service members deploy with their own unit and return home without physical injuries or psychological health problems. The findings also suggested that strong family relationships and active engagement with available support contribute to more successful transitions.

The combined results from these reports suggest that several factors promote successful reintegration. These include good physical and mental health upon return; cohesive family relationships; deployment with familiar units; readiness and initiative within the family to seek support; and clear, consistent communication from military units to both service members and their families. Conversely, reintegration challenges were more likely when service members experienced mental health concerns, physical injuries, relationship strain, financial stress, or limited support from employers. Barriers were also noted among resource providers, including difficulty reaching geographically dispersed families, limited coordination across agencies, and an absence of evidence-based evaluation of program outcomes.

Positive reintegration outcomes—such as strengthened relationships, greater family closeness, and increased satisfaction with military service—were most common when families were prepared, resourced, and supported throughout the deployment cycle. However, family members reported less favorable attitudes toward continued military service when health concerns, relationship difficulties, or financial problems were present before or after deployment.

Together, these RAND studies highlight the multidimensional nature of reintegration and the importance of coordinated, accessible support systems tailored to the diverse experiences of National Guard and Reserve families. They also reinforce the need for early preparation, sustained family engagement, and organizational practices that recognize the unique stressors associated with contemporary deployment patterns.

3.2 Applicability to Non-U.S. Contexts

While the RAND studies cited in Section 3.1 largely evaluated the reintegration experience from a U.S. perspective, several studies evaluating integration in different national contexts have reached similar conclusions. These include studies by researchers from the United Kingdom, Australia, Sweden, and the Netherlands. While some national-level or cultural nuance may exist within those studies, the nuance was not readily apparent from the conclusions or data that those studies presented. The following sections incorporate specific findings from research investigating the experiences of Israeli soldiers and veterans.

4.0 Associated Risks

The research team used a range of bibliographic databases available through Pacific Northwest National Laboratory subscriptions to identify publications to include in this literature review. Multiple search strategies were employed, including snowballing—leveraging reference lists from seed articles to identify seminal works and using citation tracking to locate related research.

Given the extensive body of literature on military deployment, the first step was identifying representative works to establish a broad understanding of the field. The scope was then narrowed to include studies focused on specific populations or contexts—for example, research involving Israeli combat veterans—to ensure coverage of relevant perspectives.

The databases consulted include Scopus, PubMed, ProQuest, Google Scholar, and the Ex Libris Primo platform. To ensure relevance to contemporary research methods and modern military contexts, the review was limited to English-language literature published between 2000 and the present.

The corpus of relevant literature is vast. Sources were primarily peer-reviewed scholarly works, supplemented by limited gray literature (e.g., technical reports). Because of time and resource constraints, final selections emphasized domain-specific relevance, focusing on topics such as the deployment cycle, reintegration challenges, trauma, and injury.

4.1 Deployment Injury

Israel's veteran rehabilitation system is grounded in the 1949 Invalids' Law. The Ministry of Defense oversees a wide range of services—including medical care, psychological treatment, vocational training, job placement, and general rehabilitation counseling—with a substantial proportion of national defense resources directed toward restoring veterans' capacity for employment. This emphasis reflects a broader societal view that unemployment can have serious psychological and social consequences for individuals with service-related injuries.¹

Building on this policy context, a study by Araten-Bergman et al. (2015) employed a cohort design to compare psychosocial outcomes among employed and unemployed veterans with disabilities. Israeli disability policy operates on the premise that adjustment to acquired disabilities is shaped by reciprocal interactions between the individual and their environment. Because psychosocial adjustment lacks a single unified definition, the authors highlight the need for multidimensional assessment approaches that capture psychological elements (such as disability acceptance and hope), social resources (including emotional, informational, and instrumental support), and behavioral indicators like social participation (Araten-Bergman et al. 2015, p. 61).

The study's findings reinforce that adjustment is a multifaceted construct integrating psychological, interpersonal, social, and behavioral dimensions (Araten-Bergman et al. 2015, p. 66). Employment emerged as an especially influential factor: Working was associated with more positive psychological functioning, greater acceptance of disability, and a stronger sense of

¹ For an additional legislative review of Israeli policy toward veterans with disabilities, see Tal-Katz et al. (2011).

continuity with normative adult roles. These dynamics may help veterans reframe self-identity in ways that support self-esteem, competence, mastery, and optimism about the future. Although employment is generally associated with broader social networks, the study did not identify a straightforward relationship between employment and levels of social participation, suggesting a more complex interaction influenced by additional contextual variables.

Araten-Bergman et al. (2015) also underscored that disability is experienced subjectively and shaped by social meaning. Veterans' appraisals of their condition, perceived control, and expectations about long-term outcomes appear to be central to their motivation and their ability to draw on personal and social resources during rehabilitation. Finally, the study situates individual-level adjustment within a broader ecological context, emphasizing that veterans confront persistent environmental and attitudinal barriers. Effective rehabilitation, therefore, requires interventions that also target systemic obstacles embedded in social, political, and cultural structures.

A second study focused on predictors of labor-force integration among Israel Defense Forces (IDF) veterans with service-related disabilities (Segev and Schiff 2019). The study's core aim was to identify factors that influence whether veterans enter or reenter employment, with workforce integration defined as either "a new job placement or the return to [a] veteran's previous place of work" (Segev and Schiff 2019, p. 2). The study was conducted on a sample of 1,416 male veterans who had been injured during military service and treated by the Israel Ministry of Defense Rehabilitation Department between 2001 and 2006.

Guided by the International Classification of Functioning, Disability and Health (ICF), the authors examined a multidimensional set of predictors—health status, personal characteristics, participation in rehabilitation, body function and structure, and environmental conditions. These domains reflect the ICF view that the primary objective of rehabilitation is to restore individuals with disabilities "to an active and fruitful life within society." Although the ICF framework is widely used internationally, the specific set of predictors tested in this study had not previously been examined within the population of IDF veterans with disabilities.

Consistent with the model, the analysis showed that multiple types of variables are associated with employment outcomes. Regarding health factors, the type of disability was particularly salient: Compared with veterans who had physical impairments only, those with mental health conditions, head injuries, post-traumatic stress disorder (PTSD), or mixed physical/mental disabilities had significantly lower odds of integrating into the workforce. In particular, the authors noted that the percentage of unemployed veterans with PTSD was almost double the percentage of unemployed veterans with other types of disabilities (24.1 vs. 12.2 percent). Greater overall disability severity also reduced the likelihood of employment, reflecting findings from earlier Israeli and international studies.

Personal factors also contributed meaningfully to employment prospects. Higher levels of education prior to injury were associated with improved odds of labor-force integration, as was participation in education-related rehabilitation programs designed to retrain or develop new professional skills. Age at time of injury was negatively associated with employment; as age increased, the likelihood of returning to work decreased. Military rank showed a more nuanced pattern: Officers had significantly better integration outcomes than enlisted personnel, although no differences emerged between enlisted soldiers and noncommissioned officers. Prior work experience and the circumstances of injury also influenced employment outcomes. Injuries sustained in combat predicted better integration outcomes than those from training accidents,

car accidents, or general injuries, possibly because combat-related disabilities are seen as “national” injuries that evoke greater public support and may bolster veterans’ sense of esteem.

Environmental factors—conceptualized within the ICF as aspects of the physical, social, and attitudinal environment—can contribute to or impede a disabled person’s integration into the workforce (Segev and Schiff 2019). Variables such as geographic location, housing assistance, accessibility modifications, and family status had measurable relationships with employment outcomes. Participation variables, defined here as the veteran’s engagement in the rehabilitation process, were also important: Structured assistance with job placement, including employment referrals and interview scheduling, consistently fostered successful workforce integration.

Segev and Schiff (2019) emphasized that rehabilitation outcomes are shaped not only by the nature and severity of the disability but also by an interacting set of personal and contextual factors. This aligns with the broader Israeli policy framework, which places significant moral, legal, and ethical responsibility on the state to provide comprehensive rehabilitation services, including occupational rehabilitation. These services encompass assessment, guidance, professional training, academic support, physical and psychological treatment, mobility assistance, and mentoring to strengthen social and daily-living skills.

Taken together, the study’s findings underscore that employment among veterans with disabilities is influenced by a constellation of health, personal, social, and environmental conditions. The evidence reinforces the multifaceted nature of reintegration and highlights the need for rehabilitation systems that can address both individual-level barriers and structural conditions shaping access to work.

4.2 Combat Stress Reaction and Post-traumatic Stress

PTSD is one of the most frequently observed psychiatric outcomes following war-related trauma, yet the timing of symptom onset varies considerably. In cases where symptoms first emerge six or more months after the traumatic event, the condition is classified as delayed-onset PTSD. Although delayed-onset PTSD has been documented across a range of traumatic exposures—including childhood abuse, motor vehicle accidents, and combat—its underlying mechanisms remain poorly understood. Existing explanations span cognitive, psychodynamic, and biological perspectives, but empirical evidence has been limited, and the diagnosis itself has been the subject of long-standing debate. Critics have argued that late-emerging PTSD may reflect malingering or delayed help-seeking rather than a true delay in symptom development. Others suggest that symptoms may be present earlier but overlooked by individuals, families, or clinicians.

Against this backdrop, Horesh and colleagues (2011; 2013) conducted a rare 20-year longitudinal study of more than 600 Israeli veterans from the 1982 Lebanon War to examine the timing and predictors of PTSD onset. Their findings provide robust support for the validity of delayed-onset PTSD, which was observed among a substantial proportion of veterans (16.5 percent). The study further demonstrates that the timing of symptom emergence is shaped by a complex combination of combat-related factors and life stressors occurring before, during, and after military service.

Several predictors distinguished veterans who developed symptoms soon after the war from those whose symptoms emerged later. Shorter onset delays were associated with greater exposure to intense combat, higher perceived threat, a more stressful military role, and higher

counts of both prewar and postwar life stressors. Combat stress reaction (CSR) during service emerged as the strongest predictor of eventual PTSD, underscoring its clinical importance as an early marker of vulnerability. The authors also identified a “recency effect,” in which recent stressful life events had a stronger influence on the emergence of PTSD symptoms than more distant events.

The study provides compelling evidence for two central findings that have implications for research and practice:

1. Delayed-onset PTSD is not only real but also relatively common in long-term trauma trajectories.
2. Clinicians and researchers must attend to both the original traumatic event and the accumulation of stressful experiences throughout the individual’s life course.

Systematic assessment of CSR and ongoing monitoring of subsequent life stressors may improve the identification of high-risk veterans and support earlier intervention.

A recent study by Hertz-Palmor et al. (2026) examined the immediate psychological consequences of intense, real-time combat exposure among a highly exposed group of 86 Israeli soldiers—60 active-duty conscripts and 26 reservists—who experienced prolonged, high-risk fighting, including urban combat and casualty exposure. Participants reported on combat events, perceived threats, and concerns about family and everyday life, and they completed assessments of post-traumatic stress symptoms (PTSS), depression, anxiety, trauma-related cognitions (negative, often maladaptive beliefs about the self, others, and the world that develop following traumatic events), and memory characteristics. This study provides rare insight into acute postcombat reactions and the cognitive and emotional processes unfolding in the immediate aftermath of trauma.

Consistent with prior research, combat intensity was strongly associated with symptom severity, but after consideration for interdependencies across stressors, concerns about one’s partner and intimate relationships emerged as the strongest correlate of PTSS and generalized anxiety. Urban combat exposures also exhibited meaningful associations with avoidance and negative mood alterations, whereas personal injury or near-miss experiences were linked to more vivid and sensory-rich trauma memories, suggesting that direct threats amplify perceptual aspects of recall.

The study also highlighted developmental and role-based differences. Conscripts reported significantly higher levels of combat exposure and greater fear of not surviving deployment. This group, composed of young, standing-army personnel, had been among the first responders during the October 7th Hamas attack, often operating in densely populated civilian environments. These conditions likely contributed to their elevated perceived threat and underscore the need for targeted monitoring and early intervention for younger combatants, who may be less inclined to seek help because of low awareness, stigma, exhaustion, or unfamiliarity with available support systems and tools.

Reservists, mobilized from civilian life, reported greater concerns about disruptions to work, family responsibilities, and the well-being of partners and children. Their reintegration challenges differ from those of younger conscripts and often involve navigating family systems that struggled with fear and uncertainty during their deployment. These findings reinforce that support systems must be tailored to service members’ life stage, military role, and family

context, particularly given the dual burden reservists face when returning to households that may be coping with their own secondary trauma.

The research findings demonstrate that immediate postcombat psychological responses are shaped by the interplay of combat intensity, perceived danger, cognitive appraisals, and family-related concerns. The research reinforces the need for trauma-informed interventions that account for developmental differences, the realities of contemporary urban warfare, and the relational dimensions of deployment stress. These insights can guide early screening, targeted prevention, and post-deployment care strategies for both active-duty soldiers and reservists.

4.3 Female Combatants

Military veterans should not be viewed as a single, uniform group. Experiences during combat and after deployment vary across geopolitical contexts, military structures, and genders. Most studies of female veterans have been conducted among U.S. service members. Additionally, research on female veterans' combat-related trauma, regardless of nationality, has historically centered on military sexual trauma (MST), leaving less attention to their broader wartime and post-service experiences. To address this gap, Daphna-Tekoah et al. (2021) conducted interviews with 20 U.S. and Israeli women who had served in combat or combat-support roles to explore the challenges they faced during service and during their return to civilian life.

Although all participants served in combat environments, their military and cultural contexts differed considerably, including in terms of the type and duration of deployment, extent of combat exposure, and whether service was voluntary or compulsory. Using a shared interview protocol, the researchers asked women in both militaries about their service experiences, encounters with violence, and life after separation. Several common themes emerged. First, all participants expressed pride in their military competence and accomplishments, while simultaneously describing ongoing pressure to prove themselves within male-dominated combat units. Second, both groups felt their experiences were “not important or interesting to the military itself or to society at large” (Daphna-Tekoah et al. 2021, p. 12), and that institutional systems did not always account for their perspectives or needs. Participants from both militaries also voiced frustration with navigating veterans' health systems, including disability recognition, benefits processes, and encounters with clinicians who they felt misunderstood or minimized their experiences.

The study also identified meaningful differences, particularly regarding MST and the transition to civilian life. MST occurred in both militaries, but U.S. participants reported substantially higher levels of sexual assault and coercion. The authors suggest that assault may be more prevalent in professional-volunteer forces, where hierarchical dependence and risk of retaliation are pronounced. Differences also appeared in the reintegration process. U.S. veterans frequently described the transition as profoundly distressing, characterized by isolation and limited social understanding of their combat roles. In comparison, Israeli veterans reported fewer difficulties, which the authors attribute to the shared cultural reality of military service among peers, family members, and civilian employers. This normalization of service shaped a smoother reintegration experience for most Israeli interviewees.

Few studies have examined the post-deployment reintegration experiences of women serving in the IDF, underscoring a clear gap in the literature. As with research on male combatants, longitudinal data capturing women's experiences before, during, and after service—including employment trajectories, family and relationship dynamics, and mental health outcomes,

particularly among those affected by MST—are essential for developing interventions tailored to their unique reintegration challenges.

4.4 Risk-Taking Behavior

Longitudinal research has examined how combat-related stress influences risk-taking and impulsive behaviors among military personnel. Much of this research has focused on associations with suicide risk, but fewer studies have assessed how combat exposure contributes to risk-seeking behaviors independent of suicidal intent.

A notable example is the study by Killgore et al. (2008), which found that prolonged exposure to combat is associated with increased danger-seeking, impulsiveness, heightened energy, reduced self-control, and feelings of invincibility. These behavioral tendencies can manifest in everyday activities, such as in the forms of excessive speeding, gambling, alcohol misuse, and other types of high-risk engagement. Such behaviors are also correlated with broader negative health outcomes, including elevated risk of sexually transmitted infections and increased verbal or physical aggression. These patterns align with evidence from other reintegration research, where emotional and cognitive disruptions following trauma—including altered mood, avoidance tendencies, and difficulties with self-regulation—are strongly tied to postcombat stress responses.

The findings of Killgore et al. are reinforced by those of Mattocks et al. (2012), who described similar tendencies as forms of *behavioral avoidance coping*, wherein risk-taking becomes a strategy for managing distress or emotional discomfort. Together, these studies highlight a measurable link between combat stress and maladaptive post-deployment behaviors, underscoring the importance of early identification and support during reintegration.

4.5 Moral Injury

Decades of research has empirically documented the psychological effect of combat experience on service members. The most common diagnosis is PTSD. However, combat experience may lead to other psychologically negative outcomes, such as depression or anxiety. In the last decade, evidence has emerged suggesting that military service may expose combatants to moral injury experiences (Zerach and Levi-Belz 2023). Moral injury experiences are defined as “a particular trauma related syndrome characterized by guilt, shame, existential crisis and loss of trust, which may develop following a perceived moral violation” (Zerach and Levi-Belz 2023, p. 651). Moral injury emerges after exposure to one or more potentially morally injurious events (PMIEs). PMIEs can be described as acts of commission (e.g., self-perpetrated harm to others, engaging in unnecessary or excessive violence, or making/failing to make decisions that result in death or injury of others), acts of omission (e.g., failure to prevent, report, or stop immoral acts or violations of rules or freezing or failing to perform duties in dangerous situations), or witnessed or experienced events, all of which contradict deeply held moral beliefs, causing profound guilt, shame, or feelings of betrayal and loss of trust in an individual or institution. A 2018 systematic review and meta-analysis (Williamson et al. 2018) suggested that PMIEs have a negative impact on psychological adjustment, including less social support, for individuals in both military and nonmilitary contexts. Although the prevalence of PMIEs varies by country and war theater, upward of 40 percent of veterans surveyed globally have reported exposure during military service (Zerach and Levi-Belz 2021).

Research on PMIEs and mental health among female combatants is sparse. Acknowledging this limitation, Zerach and Levi-Belz (2023) conducted a study among Israeli female combat and

noncombat veterans. Their findings emphasize that female combat veterans are more vulnerable to moral injuries than their female noncombat counterparts. They found that exposure to PMIEs contributed to psychological distress in the forms of PTSD, complex PTSD symptoms, depression, and anxiety. Furthermore, when female combatants experienced moral injury, it caused a disruption to their assumptive world (i.e., disturbed their core beliefs about safety) and triggered long-lasting psychological issues.

Given that female veterans are particularly vulnerable to moral injury, it is important to note that exposure to PMIEs can have significant negative effects on their well-being. Routine screening for PMIE exposure among female service members and veterans, along with timely intervention when such exposure is identified, is therefore essential. Because moral injury remains a major contributor to mental health challenges for female combat veterans even a decade after deployment, effective treatment approaches should be comprehensive and sustained to assist with psychological adjustment following traumatic events and to facilitate the development of coping mechanisms for psychologically processing the shame and guilt associated with PMIEs (Zerach and Levi-Belz 2023).

Decades of research has been devoted to studying negative life events, personal traits, and environmental variables affecting suicidality. Military service, especially exposure to severe combat incidents, has also been found to play a significant role in elevating the risk of suicide among soldiers and veterans. While some studies have indicated that exposure to PMIEs may act as a facilitator of suicide risk, actual research exploring the possible association is scant. To address this gap, Levi-Belz et al. (2023) prospectively examined pre-enlistment characteristics, pre-deployment psychological factors, exposure to PMIEs, and suicide risk among male IDF active-duty combatants. Their results showed that combatants exposed to PMIEs face a higher risk of suicide, particularly when the morally transgressive act involves betrayal and there are signs of pre-deployment hostility. This pattern suggests that existing aggressiveness, including hostility and anger toward others, may intensify when a trusted authority figure commits a moral violation. When a soldier cannot process feelings of betrayal—and continues to serve under the same offending officer—this outward aggression may turn inward, contributing to elevated suicide risk. Raising awareness of suicide risk through post-deployment screening is crucial following any MI-related experiences. Follow-up interventions should be customized to address and help moderate aggressiveness, emotional dysregulation, and suicide risk following combat-related transgressive acts.

Another gap in the literature concerns the appraisal of PMIEs during a soldiers' transition from military service to civilian life. To investigate this phenomenon, Levinstein et al. (2024) conducted a one-year longitudinal study among male IDF veterans. The study highlighted how veterans' subjective appraisals of PMIEs during service are strongly linked to PTSS after discharge. Because the transition to civilian life is a critical adjustment period, the findings support routine screening for PMIEs at discharge. Veterans whose appraisals remain rigid or inflexible are more likely to experience worsening PTSS. For these individuals, clinicians should consider evidence-based, MI-specific interventions (e.g., adaptive disclosure or impact of killing therapy).

4.6 Identity Loss, Dissociation, and Disidentification

A final reintegration risk worth highlighting is identity loss and subsequent organizational disidentification. A recent study of U.S. and Australian veterans expands the current understanding of how identity shifts during transition influence health and organizational outcomes (Grant et al. 2026). The research suggests that changes in military status require

complex identity adjustments—a process the authors term reculturation—as transitioning service members renegotiate both military and civilian identities and rebuild their sense of self. This reculturation process shapes how individuals perceive social and organizational support, with direct implications for mental health. These effects are often intensified when the circumstances of separation are viewed as abrupt, unjust, or otherwise negative.

Perceived support deficits may contribute to broader organizational disidentification, further compounding other known post-deployment stressors. Research indicates that disidentification may emerge following dissatisfaction with organizational direction, perceptions of hostile or unsupportive leadership, or experiences of unfair treatment (Kalkman 2023). When disidentification occurs, service members may become “stuck in transition,” disconnected from their prior military identity yet unable to form stable new civilian identities (Grant et al. 2026). This stalled identity reconstruction represents a significant risk factor with downstream effects on psychological well-being, work performance, and long-term reintegration trajectories.

5.0 Reintegration Risk Mitigation

Reintegration following deployment is a complex, nonlinear process shaped by individual psychological responses, family dynamics, workplace conditions, and the broader sociocultural environment. While many service members transition successfully, the literature underscores that reintegration challenges often emerge when trauma exposure intersects with insufficient support systems. Mitigation strategies must therefore operate across individual, interpersonal, and organizational domains—with employers playing a uniquely influential role in shaping long-term outcomes.

5.1 Understanding Reintegration Risk

Risks during reintegration frequently stem from the cumulative nature of deployment stressors. Evidence from Israeli and international studies highlights several recurring contributors:

- **Trauma exposure**, including CSR, acute trauma, PTSD, delayed-onset PTSD, and moral injury.
- **Stressful life events** following return home, which may reactivate or intensify symptoms.
- **Role-based pressures**, such as the rapid transition experienced by reservists or heightened survival fears among young conscripts.
- **Family strain**, especially when partners carry secondary trauma or face extended uncertainty.
- **Workplace dislocation**, including fears of displacement, difficulties establishing a professional identity, and mismatches between military and civilian role expectations.
- **Maladaptive coping**, such as impulsivity, risk taking, alcohol misuse, or avoidance behaviors.

Mitigation requires early identification of these risk factors and coordinated support across military, family, and employer systems.

5.2 Trauma-Specific Considerations

Reintegration is influenced by not just the presence of trauma but also its type, timing, and subjective meaning.

CSR and PTSD

- CSR is a powerful predictor of later PTSD and should be treated as an early-warning signal.
- Delayed-onset PTSD is common and may appear months or years after service; routine post-deployment monitoring is therefore essential.
- Urban warfare environments—as described in recent Israeli research—produce intense perceptual memories and heightened cognitive disruptions, which employers may interpret as concentration issues, irritability, or hypervigilance.

Moral Injury and PMIE Exposure

- Moral injury contributes to guilt, shame, existential distress, distrust, and long-lasting psychological difficulties.
- PMIE exposure is associated with increased suicide risk, especially when betrayal is involved.
- Veterans with rigid or negative appraisals of PMIEs at separation are at greater risk for worsening PTSS during reintegration.
- Screening for PMIEs at discharge—and again during reintegration—is recommended.

Risk-Taking and Behavioral Health

- Impulsivity, sensation seeking, and high-risk behaviors may serve as avoidance coping.
- These behaviors can manifest in the workplace (e.g., rule-breaking, aggression, or absenteeism) and should be recognized as possible indicators of underlying distress rather than purely disciplinary problems.

5.3 Gender-Specific Risk Factors

Findings from research on female combatants—especially Israeli and U.S. veterans—indicate that women face many of the same stressors as male combatants but also encounter distinct challenges:

- **Pressure to prove competence** in male-dominated units creates chronic performance stress.
- **The prevalence and impact of MST are higher among women than men**, particularly in professional-volunteer forces.
- **Institutional minimization** of women's combat experiences can hinder help-seeking and reduce trust in military or veteran systems.
- **Compared with female noncombat veterans, female combat veterans are more vulnerable to moral injury**, with PMIE exposure linked to long-term PTSD, complex PTSD, and depression.
- **Reintegration experiences differ across contexts**—Israeli women tend to reintegrate more smoothly than U.S. women as a result of societal familiarity with military service, and U.S. women report greater isolation than Israeli women.

Employers who understand these dynamics—and avoid gender-neutral assumptions—are better able to support the reintegration of female veterans.

5.4 Employer Role in Risk Mitigation

The literature reviewed consistently shows that workplace conditions are a major determinant of reintegration success—particularly for reservists who must transition rapidly back into civilian roles. Employer strategies can substantially reduce risk and improve long-term adaptation.

Core Employer Good Practices

- **Use patient-centered, individualized approaches** that recognize each transition as unique.
- **Adopt multimodal, whole-person support models** that combine mental health referrals, flexible scheduling, workload adjustments, and social support.
- **Ensure cultural acceptability of mental health resources**, which is critical in contexts where stigma remains high.
- **Build and maintain perceptions of support**, which correlate with positive well-being, high job satisfaction, and pro-organizational behaviors.
- **Promote organizational justice**, including transparent human resources (HR) practices and equitable treatment, which strengthen trust and reduce perceived threat.
- **Recognize that those who most need help may not self-identify**; proactive outreach is essential.
- **Simplify access to resources**, reducing administrative burden and minimizing barriers for individuals experiencing fatigue or high cognitive load.
- **Offer assistance proactively**, especially immediately after redeployment when risk is higher.
- **Provide resiliency training** at the individual level, which has strong evidence of effectiveness when tailored to the deployment cycle.
- **Implement wellness checks** for individuals flagged as higher risk (e.g., those with CSR, PMIE exposure, MST, significant family strain, or prior behavioral health concerns).

These practices should be embedded in standard reintegration protocols rather than deployed only in crisis response.

5.5 Understanding the Needs of High-Risk Groups

Certain groups benefit from targeted mitigation strategies because they are particularly vulnerable to specific risks and problems.

Younger Active-Duty Combatants

- Likely to face intense combat exposure and elevated perceived threat.
- Less familiar with support systems and less inclined to request help.
- Benefit from structured check-ins, mentorship, and clear pathways to care.

Reservists

- Experience abrupt transitions between military and civilian identities.
- Face employment instability, workplace reintegration challenges, and family systems recovering from independent stress.
- Benefit from predictable job protections, staged reintegration, and supervisor-led support plans established pre-deployment.

Female Combatants

- Require trauma-informed approaches that account for MST and moral injury vulnerabilities.
- Benefit from gender-competent clinicians and HR personnel.
- Need assurances that reporting concerns will not result in marginalization.

5.6 Integrating Mitigation Across the Deployment Cycle

Reintegration risk mitigation is most effective when initiated early and reinforced throughout the deployment cycle:

- **Pre-deployment:** Establish a performance baseline, prepare supervisors and families, and establish communication plans.
- **Deployment:** Stabilize the service member by protecting them from unnecessary external stress and maintain unit-to-family communication.
- **Redeployment:** Anticipate challenges and prepare individualized reintegration plans.
- **Post-deployment:** Conduct screenings, maintain employer follow-up, reinforce social support, and evaluate the need for ongoing accommodations.

By treating reintegration as a **dynamic, multiphased process** rather than a discrete event, organizations can better prevent long-term psychological injury and promote successful return to work.

6.0 Next Steps

Building on the findings of this literature review, several actionable steps can guide future research, program development, and operational planning for organizations that face the practical challenge of reintegrating veterans returning to civilian roles. These next steps focus on closing identified knowledge gaps, improving organizational readiness, and strengthening the evidence base needed for policy and workforce decisions.

6.1 Deepen Topic-Specific Research

Further investigation into several underexplored areas can yield significant operational benefits:

- **Examine Israeli reserve-service nuance and implications for reintegration.** The cultural normalization of service, frequency of mobilization, and pace of return to civilian roles in Israel offer a distinctive model that may inform support strategies for U.S. and international reservist populations.
- **Conduct additional research on reintegration into security, law enforcement, and emergency services.** These professions share structural and psychological characteristics with military service, and transitions between them may present unique challenges—especially in safety-critical or high-vigilance environments.
- **Investigate the impacts of combat exposure on civilian employees and subsequent workplace stress and risk.** This includes how cognitive load, hypervigilance, avoidance, or emotional dysregulation may manifest in highly technical or security-sensitive roles.
- **Replicate and extend research on the psychological impacts of working with classified information.** Building on Lipman et al. (2021), this line of inquiry is directly relevant to workers who routinely manage sensitive information and materials.
- **Explore identity loss, reculturation, and organizational disidentification.** Recent research (Kalkman 2023) shows that the reintegration process can produce stalled identity reconstruction, perceived support deficits, and disidentification that affects well-being, retention, and organizational trust. This is highly relevant for employers responsible for maintaining strong safety and security cultures.
- **Expand research into the experiences of Ukrainian civilian and professional combatants.** Early findings (see Pavlova et al. 2022) from contemporary, high-intensity conflict environments provide insight into reintegration under conditions of hybrid warfare, civilian mobilization, and prolonged national crisis.

6.2 Strengthen and Prioritize Organizational and HR Practices

Organizations are best positioned to mitigate reintegration risks when they implement appropriate policies, supervisor training, and targeted support:

- **Review and align HR policies and reintegration policies with trauma-informed good practices.** This includes flexible scheduling, predictable reintegration plans, leave provisions, workload ramp-up periods, and supportive return-to-work communications.

- **Integrate reintegration considerations into security culture initiatives, insider risk, and behavior-observation programs.** Reintegration-related behavioral changes should be regarded as possible indicators of stress rather than strictly as security concerns.
- **Establish reintegration support resources and veteran-focused peer networks.** Peer support, structured check-ins, and mentorship can help mitigate identity loss, rebuild belonging, and support reculturation.
- **Formalize proactive wellness checks,** especially for individuals with known trauma exposure, repeated deployments, or adjustment challenges. This can help identify emerging risks earlier.
- **Train supervisors and shift managers** to recognize reintegration-related stressors and respond with trauma-informed, culturally sensitive approaches.

These actions can be readily operationalized and have direct implications for organization safety, workforce stability, and insider-risk reduction.

6.3 Improve Assessment, Measurement, and Early-Warning Tools

Conduct organizational policy and administrative reviews to align institutional practices with evidence from the deployment-cycle literature:

- **Review personnel policies for consistency with good practices** in reintegration risk mitigation, including patient-centered and multimodal support approaches.
- **Incorporate identity-related indicators** (e.g., belonging, organizational alignment, trust in leadership, and perceived support) into early-warning tools to detect risks associated with reculturation or identity disruption.
- **Evaluate behavioral observation, security vetting, and HR-reporting processes** to ensure they do not penalize employees experiencing normal reintegration challenges.
- **Develop pre- and post-deployment employee surveys** to define baselines for behavioral observation, security risk assessments, and wellness programs.
- **Create reintegration decision-support matrixes** for supervisors and HR partners that identify likely stress points and map appropriate interventions.
- **Develop guidance and checklists** for managers on early reintegration behavior patterns, including those associated with CSR, PTSD, delayed-onset PTSD symptoms, risk taking, and moral injury.

6.4 Expand Comparative and International Research

Broaden the comparative lens to understand reintegration challenges in contemporary conflict environments:

- **Study cross-national reintegration systems**—particularly in countries with compulsory service, high reserve mobilization, or ongoing conflict—to identify scalable models.
- **Examine repeated-deployment effects among dual-status employees.** Many critical infrastructure sector employees serve in National Guard or Reserve components. Research should focus on how repeated cycling between identities influences loyalty, risk of burnout, and long-term organizational connection.

6.5 Develop Practical Tools and Resources for Practitioners

Take the following steps to support immediate action:

- **Draft a *Reintegration Support Playbook*** for individual types of organizations, combining trauma-informed HR practices, communication templates, supervisor guidelines, and risk-mitigation checklists.
- **Develop decision-support tools**—such as reintegration risk-indicator matrixes or triage pathways—to help managers identify employees who may benefit from early support.
- **Build training modules** for HR staff, security teams, and supervisors addressing the following:
 - Reintegration challenges
 - Trauma and stress in the deployment cycle
 - Moral injury and PMIE exposure
 - Identity loss and reculturation
 - Gender-specific needs
 - Interpretation of behavioral changes in a supportive, nonpunitive framework
- **Establish structured reintegration planning processes** beginning at pre-deployment and continuing through at least 12 months post-return.

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