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Pepperdine University
Graduate School of Education and Psychology

SYSTEMATIC REVIEW OF THE RISKS, CONSEQUENCES, PROTECTIVE FACTORS, AND
TREATMENT OF INFIDELITY FOR MILITARY COUPLES

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Maria Allyson Ayson

July, 2024

Kathleen Eldridge, Ph.D. – Dissertation Chairperson

The clinical dissertation, written by

Maria Allyson Ayson

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements of the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

For my parents, my grandmother, my brother, and my partner.

ACKNOWLEDGEMENTS

Thank you to my wonderful dissertation chair, Dr. Eldridge for your constant guidance, feedback, support, and kindness you've provided me throughout this entire process. Thank you Dr. Viesca for your support in the classroom and for the time taken to meet over the course of several Zoom meetings, even in the peak of the pandemic.

I am also incredibly grateful to my professors and clinical supervisors who supported me throughout the grueling process that is graduate school. In particular, I want to thank Dr. Rosenberg for being a staunch and grounding support since year one, who helped me develop confidence in who I am as a human being and clinician. I also want to thank my classmates and friends for their fierce support, who always found time to lend a listening ear. To my family, especially my parents, brother, and grandmother - your love and sacrifices paved the way for me to pursue my dreams. Finally, words cannot express my appreciation for my partner, Jack, who witnessed and supported me throughout every high and low of this wild and wonderful journey.

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ABSTRACT

This systematic review examines literature related to the phenomenon of infidelity in relation to military couples, particularly regarding the risk factors, protective factors, and relational outcomes of infidelity in relation to the military lifestyle. Aspects of this lifestyle, including deployment, relocation, combat exposure, and the plethora of mental health issues subsequent to these experiences, are common instigators of adverse relational events like infidelity, which itself is a catalyst for further relational injury. Furthermore, treatments available for military couples, which have been adapted from various therapy modalities used with civilian couples, are also summarized in this review to consolidate and discuss the resources needed by military couples and their advocates, including chaplains, mental health providers, and military family support programs, to address the consequences of extramarital behavior. The search was limited to peer-reviewed studies to gather information related to research questions to sustain an empirically supported systematic review. Inclusion and exclusion criteria ensured that the studies answered at least one of the key research questions. The data collected and extracted from each study are summarized and presented to determine clinical implications and recommendations for future research.

Chapter 1: Introduction

Statement of the Problem

The demands of the military lifestyle are known to be stressful, challenging, and potentially detrimental to the physical and emotional functioning of service members, both during and after service. However, military spouses/partners, who serve as one of the most important social supports for service personnel, are also heavily impacted by these demands, leading to relationship problems (Riviere & Merrill, 2011). The average level of relationship distress among military personnel, especially those actively serving, has been found to be higher than estimates of relationship distress among civilian couples (Whisman et al., 2019). This is likely because military couples not only face the same challenges as civilian couples, including financial difficulties, child-rearing issues, and common relational troubles (Curran, 1985), but are also burdened with military-specific demands that create their own set of challenges, including stressors related to frequent relocation and deployment (Black, 1993).

Infidelity is one of the many relational issues experienced by couples, civilian and military alike, however, it is of particular concern for military couples given that the demands of military life increase the risk for extramarital behaviors in several ways, including separation due to deployment, combat-exposure, and relocating away from social supports, among many other ways (Riviere & Merrill, 2011). Infidelity has been identified as a concern for military couples, particularly during deployment (Alt, 2006), especially since a majority of affairs experienced by military couples occur during this period of separation (Balderrama-Durbin et al., 2017). Thus, it is unsurprising that military men are commonly seen as unfaithful (Monk et al., 2020).

There are many reasons why the phenomenon of infidelity among military couples is important. Firstly, service members make up a significant portion of our U.S. population; as of 2009, there were more than two million military personnel deployed in support of the War on Terror, which has resulted in the largest number of troops returning from war since the Vietnam War (Hoge et al., 2004). Additionally, as of 2023, 18 million American Veterans live in the United

States, comprising roughly 6% of the country's adult population (Schaeffer, 2023). From a mental health perspective, this is especially worrying given that infidelity is one of the most common reasons military couples seek therapy; roughly 50-60% of active duty couples pursue therapy to address infidelity compared to the approximate 15% of civilian couples obtaining treatment for the same reason (Atkins et al., 2005). This appears to coincide not only with decreasing levels of marital quality reported by military couples over time (Riviere et al., 2012), but also with increasing divorce rates for these couples (Defense Manpower Data Center, 2009). In fact, infidelity has been found to be the most commonly cited reason for divorce among the general population (Amato & Previti, 2003), which, in the context of higher rates of infidelity endorsed among service personnel, both active and retired, is alarming.

Literature searches for articles concerning infidelity among military couples yield far fewer results in comparison to the plethora of literature on infidelity for non-military couples. Furthermore, research on infidelity experienced by service members and their partners tends to be overshadowed by the more robust volume of literature regarding the impact of military life on children. In fact, a comprehensive inventory of the risk factors, protective factors, relational outcomes, and treatments regarding infidelity and military couples, does not appear to exist yet in current literature. Thus, this is an essential gap to address, as a better understanding of these areas can lead to the development of higher quality and more easily accessible resources for military couples who are already vulnerable to the impacts of adverse relational and mental health outcomes given their line of duty.

Overview of Current Research

Risk Factors for Infidelity

The demands of military life have been found to negatively impact the relationship between service members and their partners in several ways, including reductions in communication, particularly during separation. While overseas, many service personnel reported feeling uncomfortable and out of place with their partners, citing their partners' lack of

understanding of the jobs they were doing while deployed (Decker et al., 2020; Iacovou & Paidoussis-Mitchell, 2017). In fact, this misunderstanding has made personnel hesitant to communicate their experiences with their partners (Trump et al., 2015), which can be perceived as secretiveness and further increases the distance between partners (Sayers, 2011). Thus, ironically, couples avoid the difficult conversations needed to help bridge the gap between partners, further creating distance (Cigrang et al., 2014b). Furthermore, service personnel were found to avoid discussing their deployment and socially withdraw from their partners in general (Iacovou & Paidoussis-Mitchell, 2017). For example, it was found that military couples not only experienced limited communication about problems arising during deployment but also utilized deployment to continue avoiding problem-solving interactions about pre-existing issues (Cigrang et al., 2014a). Lastly, this constraint in communication is not only due to partners avoiding conversation topics of their own volition. It was found that military security issues and efforts to reduce distractions from mission tasks can pose other communication barriers between partners (Sayers et al., 2018). Overall, reduced communication has been found to render partners more vulnerable to seeking emotional and physical closeness with those outside of their relationship (Balderrama-Durbin et al., 2017).

Deployment overall appears to be a significant contributor to increased risk for infidelity. Sexual infidelity was reported as a common occurrence among married military service personnel during deployment (Balderrama-Durbin et al., 2017). This is supported by another study that noted a marked increase in risk for and frequency of extramarital affairs during the deployment cycle (Snyder et al., 2011). Furthermore, combat-exposure-related PTSD that was incurred while deployed was noted to contribute to the risk of infidelity. Specifically, it was noted that many Veterans with PTSD deliberately avoided sexual activities with their partners, fearing the associated feelings of vulnerability and lacking the trust needed to be intimate (Decker et al., 2020). Subsequently, these Veterans sought sex outside of their relationships, allowing them to experience physical connection without feeling vulnerable (Decker et al., 2020).

Relationship Outcomes Following Infidelity

Unsurprisingly, there are several relational consequences following infidelity. As aforementioned, increasing divorce rates are associated with infidelity, with one study noting that 75% of active-duty married airmen who experienced infidelity while deployed divorced six to nine months after returning home from deployment (Balderrama-Durbin et al., 2017). It appears that deployment is the most opportune time for infidelity to occur, as Veterans were found more likely to divorce after deployment compared with personnel given non-deployment assignments (Pethrus et al., 2019).

Mental health is also gravely impacted after an affair has taken place. An affair, or even the suspicion of an affair, was observed to increase the severity of depressive symptoms in partners of combat-exposed service members who were cheated on (Kachadourian et al., 2015), as well as increase the risk of suicidality in one or both partners in military couples (Snyder et al., 2012). Furthermore, PTSD symptoms experienced by service personnel not only worsened but were found to be more challenging to treat when they discovered their partner's unfaithfulness upon returning home (Kachadourian et al., 2015).

Protective Factors Against Infidelity

Despite the multitude of ways that the military lifestyle can increase the risk for adverse relational functioning and extramarital behaviors, there are ways that couples can help mitigate these poor outcomes. One study observed that U.S. Army wives who practiced the simple and intentional act of finding purpose and meaning as military spouses were less impacted by the challenges experienced during separation (Larsen et al., 2015). Additionally, engaging in positive thinking and creating structured and manageable daily tasks helped mitigate feeling overwhelmed for the non-deployed spouse (Larsen et al., 2015).

As aforementioned, communication is a core aspect of relational functioning, and thus unsurprisingly, it was found to be a protective factor against disengagement with one's partner especially during separation, mitigating the temptation to seek companionship with others.

Specifically, it was found that communication between separated partners encourages open expression of experiences and fosters problem-solving (Clark et al., 2018). Additionally, communication during deployment has been found to facilitate a positive reintegration experience (Clark et al., 2018), and may instill a sense of coherence and teamwork, leading to better relational outcomes upon returning home (Sullivan et al., 2020).

Another protective factor found is that integrating with social supports while the service member is deployed benefits the relationship. Specifically, it was found that the non-deployed partner's connection to the military community, including other military spouses, has led to improved psychosocial functioning in that it mitigates feelings of isolation and creates a sense of belongingness (Larsen et al., 2015; Sullivan et al., 2020). This is particularly important as social isolation and feelings of loneliness which can stem from deployment or military family relocations, can be another contributing factor to partners seeking extramarital companionship.

Rationale and Research Aims

This study aims to comprehensively analyze the existing literature and take inventory of how the demands of the U.S. military lifestyle put military couples at risk for infidelity. This study will also look at the available research regarding protective factors, relationship outcomes, and available resources and treatment, to address infidelity among military couples. The reason for this review is this concerning triad of factors: the relatively higher rates of infidelity experienced among military couples compared to non-military/civilian couples (Snyder et al., 2011), the plethora of military-specific contributing factors to infidelity, including deployment and combat (Karney & Crown, 2007), and the relatively sparse number of treatments or preventative programs available for military couples in addressing infidelity (Snyder et al., 2012). These factors render military couples highly vulnerable to the impacts of adverse relational experiences in the context of already established challenges and subsequent mental health issues stemming from the military lifestyle. The goal of this review is to seek out and consolidate data to better inform and equip those who are involved in the relational success of military

couples, including the military institution, chaplains, mental health providers, military support staff, and couples, regarding the ways to protect, repair, and sustain these relationships. Thus, this study aims to answer the following key questions:

1. What are risk factors for infidelity among military couples?
2. What are the impacts of infidelity on the individual and relational health/functioning of military couples?
3. What are protective factors that help mitigate the risk of infidelity for military couples?
4. What psychoeducational/treatment programs tailored for military personnel/couples are available to address relational issues following infidelity?

Chapter 2: Methods

Systematic Review Approach

This systematic review considered a variety of studies including qualitative (such as case reports), quantitative, and mixed methods, that address the research questions. This review aims to comprehensively analyze existing literature on the risks and consequences of infidelity stemming from the unique experiences of military couples. It also identifies protective factors and treatments available for military couples in mitigating the risk and impact of infidelity. This review follows guidelines from the Preferred Reporting Items for Systematic Review (PRISMA), which is informed by the review standards, guidelines, and recommendations for the Cochrane Collaborative, the Campbell Collaborative, the U.S. Department of Health and Human Services, and the National Academy of Sciences (Moher et al., & The PRISMA Group, 2009).

Eligibility Criteria

Inclusion Criteria

Source Eligibility Criteria. Studies were eligible for inclusion if they were peer-reviewed, empirical research published in English, and explored at minimum one of the following topics: risk factors for infidelity, protective factors against infidelity, relationship outcomes post-infidelity, or treatments addressing infidelity regarding U.S. military couples. This review did not restrict articles based on publication year to obtain the most comprehensive body of data possible. The reference pages of each article that met the inclusion criteria were reviewed for articles covering similar topics that were not encountered through formal systematic article searches in the electronic databases. Relevant articles found through the reference page of initially included articles were also passed through the screening and selection processes, and were included in the review if they met the inclusion criteria.

Lastly, a number of secondary sources were included in the systematic review if they were cited by the originally included articles. These secondary sources were included because several articles that met inclusion criteria cited other articles with rich information pertinent to the

key questions. However, these secondary articles could not be easily attained because they were in databases that could not be easily accessed by the author (such as military databases). Since data were not extracted from these sources directly, they are included but identified as being cited by the originally included source article(s) to remind the reader that these sources are secondary. It was also important to indicate that these are secondary sources because the sources could not be passed through the screening and selection process in the same way as the originally included articles, although the context of their citation in the original sources indicated that they would have met the inclusion criteria identified above.

Population. Since the focus of the research is the impact of the U.S. military lifestyle on military couples' functioning regarding infidelity, studies were included if they contained participant populations of military personnel, military partners, or a combination of both. For the purpose of this study, military personnel denotes an individual who is currently serving (active duty) or is retired from service (Veteran). Furthermore, a military partner, also known as an at-home partner, was defined as an individual who is/was romantically involved with a military service member, such as a spouse, fiancé, domestic partner, girlfriend, or boyfriend. The participants in these studies were either currently or formerly in romantic relationships that were/are impacted by the U.S. military lifestyle at the time of the study being conducted. Furthermore, there were no restrictions on the gender identity or sexual orientation of participants within the included studies. Given its relevance in answering key questions, another study was included whose participant population also included military chaplains, who are considered the primary individual and couples' counselors of active-duty military. This review included active-duty and Veteran/retired personnel to ascertain the impacts of the military lifestyle during service and afterward. Both enlisted and officer personnel were included to determine if the key differences between these two groups (i.e. typically distinct levels in education, experience, managerial privileges), may be a moderating factor for infidelity. Furthermore, there was no restriction on the war/era (i.e. Vietnam War, Operation Enduring

Freedom) the military personnel actively served in. There was no restriction on war/era of service to observe any changes in infidelity-related factors depending on era/generation, as well as see any longstanding themes despite generationally different military culture. This review was open to most U.S. military branches, which included the Army, Marine Corps, Navy, Air Force, and Coast Guard; studies regarding U.S. Space Force (USSF) personnel were excluded (see Exclusion section below for more information).

Infidelity Risk Factors. One aspect of this review focused on the myriad of factors impacting relational functioning and increasing risk for infidelity. Studies were included if the risk factor directly increased the risk for engagement in extramarital relationships, such as the strong presence of commercial sex businesses near non-domestic U.S. military stations, and also included indirect risk factors, including the impact of combat-derived psychiatric disorders leading to relationship breakdown. Other indirect risk factors of infidelity could include those that occurred prior to the military and/or prior to the current relationship. These studies were also included as it was posited these pre-military behaviors, or behaviors engaged in while single, which are considered impulsive/risky, may carry over to impulsive/risky behaviors in relationships. Thus, for this review, infidelity risk factors were defined as any phenomena directly or indirectly unique to U.S. military experiences that negatively impacted couples' relational functioning.

Relationship Outcomes Post-Infidelity. Articles that studied the impact of infidelity on U.S. military couples were also reviewed. Studies were included in which infidelity occurred during or after military service, with consequences experienced throughout the remainder of active-duty service or post-retirement.

Protective Factors Against Infidelity. This review also explored various factors that decrease the risk of infidelity or extramarital relational engagement amongst U.S. military couples. Similar to previously defined risk factors, these protective factors were operationally defined as any phenomena that directly reduced the risk of infidelity, such as direct admonitions

from military administration against extramarital engagement practiced among military personnel, to indirectly reducing this risk by bolstering relational functioning, such as practicing adaptive processes (i.e., improved communication, positive bonding), or utilizing family support programs provided by the military.

Treatment. This review also focused on psychoeducational and intervention-based treatment programs that were either created explicitly for or adapted for use with military couples addressing the negative relational impacts of infidelity, or negative relational functioning that were associated with infidelity. These programs were operationalized as any regimen or course of action that individual partners or couples could undertake with the guidance of a facilitator (i.e., chaplain, mental health professional, military family support representative), or through independent work (i.e., following reading materials, engaging in independent self-reflective practices), that mitigated the impact of infidelity. These programs are considered distinct from programs whose focus was on preventative measures (see Protective Factors Against Infidelity for more information).

Lastly, other relevant/ancillary information that did not explicitly answer key research questions but were relevant to the general topic of infidelity in the military (i.e., statistics about infidelity rates) were also extracted and integrated within this review to support key question findings.

Exclusion Criteria

The following studies were excluded from this review:

- Studies reviewing the United States Space Force (USSF)
- Studies reviewing non-U.S. military personnel & partners
- Non-peer reviewed articles (including dissertations)
- Studies published in languages other than English

The United States Space Force (USSF) is a U.S. Armed Forces service branch. Given its recent establishment in 2019, subsequent lack of robust literature regarding USSF service

members and their families, fundamentally different mission focus in comparison to the other U.S. military branches (i.e., operations and activities related to space), and overall lack of understanding of their deployment/mission culture, they were excluded from this review.

Additionally, this review did not examine the impacts of the military lifestyle on couples serving within non-U.S. military forces to minimize the potentially significant difference in cultural experiences and expectations regarding the military lifestyle.

Search, Screening, and Selection Strategy

Information Sources

A comprehensive electronic literature search utilized the PsycINFO and Military & Government Collection databases. Additionally, relevant articles that were found through the reference list of included articles were also identified for screening by the author and with full text subsequently found through the PsycINFO and Military & Government Collection databases. Furthermore, limited data was also obtained through secondary citations that were inaccessible through databases, as described above.

Search Terms

Search terms were used to identify critical articles related to three key variables: (i) military, (ii) infidelity, and (iii) couple. Two sub-variables: (i) soldier, and (ii) combat, were created to expand the article search, but are considered subsumed under the 'military' key variable. Terms representing the concept of military included: Army, Navy, Air Force, Marines, Marine Corps, Armed Forces, soldier, combat, deployment, deployed, overseas, and separation. Terms representing the concept of infidelity included: cheating, adultery, affair, unfaithfulness, and extramarital. Terms representing the concept of couple included: couples, marriage, spouse, and partner. A Boolean search was conducted to allow terms and phrases to be combined (i.e. [Military OR Army OR Navy OR Air Force OR Marines OR Marine Corps OR Armed Forces] AND [Infidelity OR Cheating OR Unfaithfulness OR Extramarital]).

The following search strings were utilized: (“Military” OR “Army” OR “Navy” Or “Air Force” OR “Marines” OR “Marine Corps” OR “Armed Forces” OR “Soldier” OR “Combat” OR “Deployment” OR “Deployed” OR “Overseas” OR “Separation”) AND (“Infidelity” OR “Cheating” OR “Adultery” OR “Affair” OR “Unfaithfulness” OR “Extramarital”), and (“Military” OR “Army” OR “Navy” Or “Air Force” OR “Marines” OR “Marine Corps” OR “Armed Forces” OR “Soldier” OR “Combat” OR “Deployment” OR “Deployed” OR “Overseas” OR “Separation”) AND (“Infidelity” OR “Cheating” OR “Adultery” OR “Affair” OR “Unfaithfulness” OR “Extramarital”) AND (“Couple” OR “Couples” OR “Marriage” OR “Spouse” OR “Partner”).

Screening Process

After the search was conducted (see Appendix A) and duplicates removed, the remaining articles were screened for eligibility by title, keywords, and abstract to identify potential articles (see Appendix B). Initial screening involved the following three phases:

Firstly, articles needed to answer “Yes” to all of the following questions:

- Is this article’s text entirely in English?
- Is this a peer-reviewed article?
- Does the article pertain to U.S. military personnel, U.S. military partners, and/or U.S. military couples?
- Does the article include information regarding infidelity in relation to U.S. military personnel, U.S. military partners, and/or U.S. military couples?

Then, the articles needed to answer “No” to all of the following questions:

- Is this article solely about USSF military personnel and/or their partners?
- Is this article solely about non-U.S. military personnel and/or their partners?

After studies passed through and met the requirements of the initial screening, a full-text screen (see Appendix B) was conducted to determine if the studies answered one or more of the key research questions required for inclusion (minimum of one key question answered to meet inclusion requirements):

- What are risk factors for infidelity among military couples?
- What are the impacts of infidelity on the individual and relational health/functioning of military couples?
- What are protective factors that help mitigate risk of infidelity for military couples?
- What psychoeducational/treatment programs tailored for military personnel/couples are available to address relational issues following infidelity?

The author reviewed the eligibility criteria to make the final decision (see Appendix B).

The author did not employ research assistants; the author conducted a secondary review of inclusion criteria to resolve any uncertainty regarding article inclusion/exclusion. The reference list of identified papers was reviewed for other relevant studies and similarly passed through the aforementioned initial and full-text screening.

Data Collection and Extraction

Coding

The coding process consisted of three phases. The first phase, or 'free coding,' consisted of the author coding/highlighting any article text that answered any of the four key questions/areas (infidelity risk factors, impacts of infidelity on individual/relational functioning, protective factors against infidelity, and/or psychoeducational/intervention programs addressing infidelity). Line-by-line coding was completed and re-reviewed by the author to ensure coding was accurate and relevant to the key questions. During the second phase, the author began grouping codes based on the key question(s) they answered. The third phase involved organizing the codes into sub-groups beneath each key question topic (i.e., key question: infidelity risk factors; sub-groups: psychiatric symptoms, frequent family relocation, etc.).

Data Extraction

Data were extracted using a modified data collection and extraction form by the Cochrane Collaborative (see Appendix C), including research participant characteristics (i.e., military personnel, military partner), data collection methods, the study's aim, findings,

recommendations, article limitations, and future research suggestions. The author refined and updated the extraction form to ensure that the data coded and extracted reflected the key research questions. Data that did not directly answer key research questions but were important in contextualizing the phenomena of infidelity in military couples was also extracted (see Appendices N, O). Data extraction forms recorded verbatim excerpts from the article, which were then translated into summarized points/simplified language by the author for easier breakdown and comprehension of data points.

Quality Appraisal Methods

The quality of the included studies was evaluated through the Mixed Methods Appraisal Tool-Version 2018 (MMAT; Hong et al., 2018). The MMAT appraises the quality of empirical studies, such as case studies, qualitative, quantitative, and mixed methods studies. The MMAT consists of two parts (see Appendix D): (i) a checklist, and (ii) an explanation of the criteria. The first part asks two screening questions to determine if clear research question(s) are present in the study. The two questions are “Are there clear research questions?” and “Does the collected data address the research questions?” A “No” or “Can’t Tell” response to one or both of these screening questions may suggest that the article is not an empirical study and cannot be appraised through the MMAT. The second part of the MMAT was completed if the response “Yes” was answered for both screening questions. Once the category of study to appraise was chosen, the criteria in that category was rated to determine if the data collected addressed the research question(s). A response of “Can’t Tell” indicated that the criterion was not met or the information was not clear enough to provide a “Yes” or “No” response. An overall score of “High Quality” or “Low Quality” was assigned by examining the ratings of each criterion to inform the quality of the studies included in this review. It is important to note that quality appraisals were not conducted on these secondarily cited articles given that they were not part of the 23 articles that met inclusion. However, as aforementioned, given the priority of this review in creating a comprehensive data inventory, these articles were integrated into this review nonetheless.

Data Management, Synthesis, and Analysis Plan

Data Management

Data extracted from the included studies were recorded on extraction forms by the Cochrane Collaborative and later transferred onto a Microsoft Word document for further code grouping and sub-grouping.

Data Analysis and Synthesis

The studies selected were analyzed using a narrative approach and were synthesized thematically. Coded data that was organized into key question topics on data extraction forms were then transferred onto a Word document to further stratify coded information into sub-groups for thematic synthesis (see Appendices F, G, H, I, J, K, L, M). This document allowed an overview of the pattern of themes found throughout the included studies.

Reporting of the Results

Results of the screening and selection process are reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Moher et al., 2009) flow chart of identified studies (see Appendix E). The result section of this review provides the narrative summary of each research question separately.

Chapter 3: Results

Study Selection Results

A flow chart of the article screening and review process is shown in Appendix E. A total of 169 articles were identified through database search. Afterwards, duplicates were removed. The titles and abstracts were screened for inclusion and exclusion criteria, and remaining articles were passed through full-text review against the criteria. This resulted in 12 articles remaining. The reference lists of these remaining articles were also scanned for any additional relevant studies which were also passed through title, abstract, and full-text screening. This produced an additional 11 articles found through the reference lists that met the inclusion criteria. The nature of the key term searches may explain the relatively high number of articles retrieved via reference lists, a design limitation which is explored further in the Discussion section.

The author also scanned these 23 articles for secondary sources of information pertinent to the key questions. Twelve of these 23 articles cited information from secondary sources that did not populate during the database search utilizing the inclusion criteria.

Overview of Included Studies

Types of Methodologies

The methodologies of the included studies were variable: 12 of the 23 studies utilized quantitative methodology (Allen et al., 2010, 2015; Allen et al., 2012; Baddeley & Pennebaker, 2011; Balderrama-Durbin et al., 2017; Gimbel & Booth, 1994; Kachadourian et al., 2015; Knobloch & Theiss, 2011; London et al., 2013; McCarroll et al., 2008; Riviere et al., 2012; Snyder et al., 2011), 9 of the 23 studies utilized qualitative methodology (Alt, 2006; Jennings-Kelsall et al., 2012; Karney & Crown, 2007; Monk et al., 2020; Rea et al., 2015; Riviere & Merrill, 2011; Sayers, 2011; Snyder et al., 2012; Tooth, 1944), and the remaining 2 articles utilized mixed methodologies (Knobloch et al., 2013; McNulty, 2005).

Research Questions Addressed

A variety of studies were included in this review to ascertain information regarding risks for infidelity, relationship outcomes of infidelity, protective factors against infidelity, and treatments utilized to address infidelity, amongst military couples. Out of the 23 articles, 15 discussed infidelity risk factors (Allen et al., 2010, 2015; Balderrama-Durbin et al., 2017; Gimbel & Booth, 1994; Jennings-Kelsall et al., 2012; Kachadourian et al., 2015; Karney & Crown, 2007; Knobloch et al., 2013; Knobloch & Theiss, 2011; London et al., 2013; McNulty, 2005; Riviere et al., 2012; Riviere & Merrill, 2011; Sayers, 2011; Snyder et al., 2011), 11 articles discussed relationship outcomes post-infidelity (Allen et al., 2012; Alt, 2006; Balderrama-Durbin et al., 2017; Kachadourian et al., 2015; London et al., 2013; McCarroll et al., 2008; McNulty, 2005; Monk et al., 2020; Sayers, 2011; Snyder et al., 2011; Tooth, 1944), seven articles discussed protective factors against infidelity (Allen et al., 2010; Jennings-Kelsall et al., 2012; Karney & Crown, 2007; London et al., 2013; Rea et al., 2015; Riviere et al., 2012; Riviere & Merrill, 2011), and seven articles discussed treatments used to address infidelity amongst military couples (Allen et al., 2012; Allen et al., 2015; Baddeley & Pennebaker, 2011; Balderrama-Durbin et al., 2017; Sayers, 2011; Snyder et al., 2011; Snyder et al., 2012).

Participant Demographics

There were several ways the included studies were stratified based on participant demographics. One of the ways was organizing studies based on the military branch(es) their participants served in. Of the 23 studies, 10 studies recruited Army-only personnel (Allen et al., 2010, 2015; Allen et al., 2012; Baddeley & Pennebaker, 2011; Gimbel & Booth, 1994; McCarroll et al., 2008; Riviere et al., 2012; Riviere & Merrill, 2011; Sayers, 2011; Snyder et al., 2012), two studies recruited Navy-only personnel (McNulty, 2005; Tooth, 1944), one study recruited Air Force-only personnel (Balderrama-Durbin et al., 2017), two studies recruited Marine Corps-only personnel (Jennings-Kelsall et al., 2012; Rea et al., 2015), six studies recruited personnel from various branches (Alt, 2006; Kachadourian et al., 2015; Karney & Crown, 2007; Knobloch et al.,

2013; Knobloch & Theiss, 2011; Snyder et al., 2011), and two studies were unclear in identifying the branch(es) of their participants (London et al., 2013; Monk et al., 2020).

Studies also differed on the enlisted vs. officer demographic of their participants. Of the 23 studies included, four articles utilized enlisted-only personnel (Gimbel & Booth, 1994; Riviere et al., 2012; Riviere & Merrill, 2011; Snyder et al., 2012), two articles had a mixture of both enlisted and officer participants (Alt, 2006; Karney & Crown, 2007), no articles focused entirely on officers, and the remaining articles did not indicate if their research participants were enlisted, officer, or both (Allen et al., 2010, 2015; Allen et al., 2012; Baddeley & Pennebaker, 2011; Balderrama-Durbin et al., 2017; Jennings-Kelsall et al., 2012; Kachadourian et al., 2015; Knobloch et al., 2013; Knobloch & Theiss, 2011; London et al., 2013; McNulty, 2005; Monk et al., 2020; Rea et al., 2015; Snyder et al., 2011; Tooth, 1944)

Studies also differed on the duty status of their participants: Veteran vs. active duty personnel. Of the 23 studies, two focused solely on Veteran personnel (Gimbel & Booth, 1994; London et al., 2013), 12 studies only recruited active duty participants (Allen et al., 2010, 2015; Allen et al., 2012; Baddeley & Pennebaker, 2011; Balderrama-Durbin et al., 2017; Jennings-Kelsall et al., 2012; Kachadourian et al., 2015; McCarroll et al., 2008; McNulty, 2005; Rea et al., 2015; Riviere et al., 2012; Snyder et al., 2012), five studies had mixed Veteran and active-duty participants (Alt, 2006; Karney & Crown, 2007; Knobloch & Theiss, 2011; Riviere & Merrill, 2011; Sayers, 2011), and four articles did not indicate if their participants were Veterans, active duty, or both (Knobloch et al., 2013; Monk et al., 2020; Snyder et al., 2011; Tooth, 1944)

Studies also differed based on the gender (male or female) of the military personnel included in their research: six articles solely focused on male-identifying military personnel (Allen et al., 2010; Balderrama-Durbin et al., 2017; Gimbel & Booth, 1994; Monk et al., 2020; Riviere et al., 2012; Tooth, 1944), 12 articles had both male- and female-identifying military personnel participants (Allen et al., 2012; Allen et al., 2015; Alt, 2006; Kachadourian et al., 2015; Karney & Crown, 2007; Knobloch et al., 2013; Knobloch & Theiss, 2011; London et al.,

2013; McCarroll et al., 2008; McNulty, 2005; Riviere & Merrill, 2011), four articles did not indicate the gender of the military personnel included in their studies (Baddeley & Pennebaker, 2011; Sayers, 2011; Snyder et al., 2011; Snyder et al., 2012;), and zero articles solely had female-identifying military personnel participants. It is important to note that that the majority of the studies included pertained to heterosexual couples (i.e., male -identifying military personnel with female-identifying civilian partner, or female-identifying military personnel with male-identifying civilian partner). However, given that a few articles did not specify the sexuality or gender identity of military personnel and/or their partners, it is possible that personnel and/or their partners discussed in this review are not solely representative of cis-gendered, heterosexual dyads.

The included studies also varied based on if their participants were military personnel, at-home partners, or a mixture of both. Of the 23 studies, nine solely focused on military personnel (Balderrama-Durbin et al., 2017; Gimbel & Booth, 1994; Kachadourian et al., 2015; Knobloch et al., 2013; Knobloch & Theiss, 2011; London et al., 2013; McNulty, 2005; Riviere et al., 2012; Tooth, 1944), two studies obtained data specifically regarding military partners/at-home partners (Jennings-Kelsall et al., 2012; Rea et al., 2015); and the remaining 12 studies were a combination of both military personnel and their partners (Allen et al., 2010, 2015; Allen et al., 2012; Alt, 2006; Baddeley & Pennebaker, 2011; Karney & Crown, 2007; McCarroll et al., 2008; Monk et al., 2020; Riviere & Merrill, 2011; Sayers, 2011; Snyder et al., 2011; Snyder et al., 2012).

Wars/Eras/Operations Served In

Lastly, the included studies varied on the wars/eras/operations that their research participants actively served in. The included studies were stratified based on relatively more recent wars (i.e. 1990s to present, Operation Enduring Freedom, Operation Iraqi Freedom, etc.), compared to relatively older conflicts (i.e. Korean War, Cold War, Vietnam War, etc.). Of the 23 studies, 12 articles recruited personnel who participated in more recent wars/conflicts

(Allen et al., 2010, 2015; Baddeley & Pennebaker, 2011; Balderrama-Durbin et al., 2017; Jennings-Kelsall et al., 2012; Kachadourian et al., 2015; Knobloch et al., 2013; McCarroll et al., 2008; McNulty, 2005; Riviere et al., 2012; Riviere & Merrill, 2011; Sayers, 2011), two articles recruited personnel who participated in relatively older wars/conflicts (Gimbel & Booth, 1994; London et al., 2013), three articles had research participants from various eras (Alt, 2006; Karney & Crown, 2007; Snyder et al., 2012;), and the remaining six articles did not specify which wars/eras their participants served in (Allen et al., 2012; Knobloch & Theiss, 2011; Monk et al., 2020; Rea et al., 2015; Snyder et al., 2011; Tooth, 1944).

Secondarily Cited Information

As previously mentioned, of the 23 articles that met the inclusion criteria, 12 cited information pertinent to this review's key questions derived from articles that were not directly attainable through database searching when utilizing the inclusion and exclusion criteria. Data obtained through these secondary sources that were cited in the articles that met the inclusion criteria was integrated into this review for the purpose of creating as much of a comprehensive inventory of risk factors, relational outcomes, protective factors, and treatment programs related to infidelity in military couples that would have otherwise been limited (see Appendices G, I, K, M, O). While this approach in creating this systematic review poses some challenges, such as assessing the research quality of these secondary citations, this allowed for the casting of a wider search net, so to speak, of an already limited database of studies discussing infidelity in the military. It is the author's hope that future iterations of research regarding this systematic review's topic can surpass the limitations (as discussed below) of this project while utilizing the data presented in this review as a research launching pad.

The 12 articles through which secondarily-derived information was obtained from were: Allen et al., 2010, 2015; Balderrama-Durbin et al., 2017; Jennings-Kelsall et al., 2012; Kachadourian et al., 2015; Karney & Crown, 2007; Knobloch & Theiss, 2011; Knobloch et al., 2013; London et al., 2013; Riviere & Merrill, 2011; Sayers, 2011; and Snyder et al., 2011.

Secondarily-derived data spanned the four key research questions, and are identified as being cited in the included article that was accessible. There was a total of 70 secondarily-cited articles whose data was obtained indirectly through articles that met the inclusion criteria. These secondarily-cited sources were not obtainable through the database search and screening when utilizing the inclusion and exclusion criteria, and thus were not part of the 23 articles that met inclusion. However, information from these sources was considered pertinent to providing more comprehensive data regarding the four research questions, and were thus integrated within this review.

Themes & Subthemes

The primary and secondary findings are organized into four separate themes representing the four key research questions: (i) risk factors for infidelity, (ii) post-infidelity relationship outcomes, (iii) protective factors that mitigate risk of infidelity, and (iv) treatment recommendations to address infidelity. Overlapping or seemingly related items within each theme were then organized into sub-themes.

Quality Appraisal

The majority of the included studies (22 out of 23) were considered of “high quality” as they answered “Yes” to the two screening questions that determined if there were clear research questions and if the collected data addressed the research questions. These articles also answered “Yes” to the majority of quality appraisal questions depending on their study design. However, one article (Tooth, 1944) had variable responses for the quality appraisal questions. This was due to the study having a very limited population size. However, data from this article was still included to contribute to this systematic review’s purpose of creating a comprehensive data inventory.

Findings

The results were categorized into the following themes, subthemes, and secondary subthemes:

Risk Factors for Infidelity

- Demographic factors
- Problems related to deployment
 - Geographic separation from partner
 - Reduced communication
 - Decreased family cohesion
 - Psychiatric and psychological stressors
 - Increased opportunity for extramarital relations during deployment
 - Physical injury and rehabilitation
 - Changes in routine upon reintegration
- Problems related to relocation
- Military partner's life on pause
- Unemployment

Relationship Outcomes Post-Infidelity

- Psychiatric issues
- Disengagement with social supports
- Threats of separation or divorce
- Risk of violence
- Difficulty healing from infidelity

Protective Factors Against Infidelity

- Support services offered by the military
- Adaptive processes
 - Communication
 - Access to social supports
 - Positive bonding & sense of shared mission
- Military reprimands infidelity

Treatments for Military Couples

- Behavioral Couples Therapy
- Cognitive Behavioral Conjoint Therapy for PTSD
- Cognitive-Behavioral Couples Therapy (CBCT)
- Insight-Oriented Couple Therapy (IOCT)
- Affair-Specific Intervention Integrated Into CBCT & IOCT
 - Adjusting Affair-Specific Intervention for Military Couples
- PREP and Strong Bonds
- Writing Activities
- Prioritizing Relationship Issues

Research Question 1: Risk Factors for Infidelity

Demographic Factors. By and large, compared to civilian couples, military personnel tend to get married young (Atkins et al., 2001, as cited in Snyder et al., 2011). It has been found that younger age of marriage can contribute to marital distress and instability (Karney & Crown, 2007). Compared to the 1% of the civilian population that is married under the age of 20 years, 14% of military members of the same age are married, and it has been found that getting married at a young age is a strong predictor of subsequent infidelity (Atkins et al., 2001, as cited in Snyder et al., 2011). Outside of marriage, youth in general is considered to be a risk factor, as one study noted that junior enlisted personnel were more likely to report recent infidelity compared to older military personnel (Riviere et al., 2012).

Having children at a younger age is another known risk factor for adverse relational functioning. It was found that military couples tend to have children at a relatively younger age (Karney & Crown, 2007), which may be related to their relatively earlier age range of getting married. It was found that military couples who have children young not only have to face the financial burdens of childrearing with the lower pay associated with early career earnings, a

burden that can increase relational stress, but it was also found that having children young has been found to increase risk of marital dissolution (Karney & Crown, 2007).

Education level has been found to impact the success of marital relationships. A 2011 study by Sayers noted that lower educational levels can negatively impact marital stability. This is particularly relevant for enlisted personnel who tend to join the military young and thus have fewer years of education prior to service. Furthermore, the military lifestyle has been noted to hinder the educational goals of more than a third of military spouses (Harrell et al., 2004, as cited in Riviere & Merrill, 2011), which can lead to a disproportionate focus on career aspirations between the two partners and subsequent resentment, as well as relatively lower levels of education and less opportunity for more fulfilling job opportunities, which can be considered relational protective factors for couples.

Unsurprisingly, a past history of infidelity increases the risk of infidelity moving forward (Balderrama-Durbin et al., 2017). While this is true for both military and civilian populations, this is particularly salient for service personnel given that infidelity is a common concern among service members and their spouses (Peebles-Kleiger & Kleiger, 1994, as cited in Sayers, 2011), and there is a general consensus that there are higher rates of infidelity amongst military couples compared to civilian couples (Gimbel & Booth, 1994). This may have to do with deployment, which is a core component of military service that is rarely experienced in the civilian sector, as it was found that military Airmen who reported a history of infidelity prior to deployment were 8.1 times more likely to engage in infidelity again during an upcoming deployment (Balderrama-Durbin et al., 2017).

While it would be inaccurate to generalize risky and bold personality traits as part of the military personnel persona, given potentially hazardous work environments in the military, it should be considered that those who are prone to taking risks may be more likely selected for military service, with their risk-taking behaviors carrying over into their marriage (Cooper et al., 2008; Hutchinson et al., 2008, as cited in London et al., 2013). Additionally, while not specific to

military populations, a history of interpersonal violence has also been found to impact marital stability (Sayers, 2011).

Lastly, while there is increasing acceptance of the importance of mental health treatment and services amongst the general population, it is commonly understood that in spite of many psychiatric and psychological injuries incurred while in service, there is still an ever-present stigma against mental health support within the military. For instance, knowledge of personnel's mental health issues can potentially hinder their access to military leadership roles and higher security clearances. This concern is justified, as military employers have legal access to medical records and may utilize health markers as further areas of job assessment (Collier, 2010). This is supported by the fact that many service personnel returning from deployment, including deployments related to Operation Enduring Freedom (OEF) & Operation Iraqi Freedom (OIF), are likely to present with stigma, misunderstanding, and defensiveness about their job-related difficulties (Hoge et al., 2004, as cited in Sayers, 2011). Thus this may present as cyclical problem, in that mental issues can lead to relationship difficulties that are not openly and eagerly processed, further exacerbating these problems.

Problems Related to Deployment. Deployment is a common, almost expected experience among active-duty military personnel, and has been identified as one of the primary stressors for military spouses (Allen, E. S., Stanley, S. M., Rhoades, G. K., Markman, H. J., and Loew, B. A., 2011, as cited in Allen et al., 2015), for several reasons explored below.

Geographic Separation from Partner. Periods of geographic separation for military couples have been correlated with infidelity (Allen et al., 2005, as cited in Balderrama-Durbin et al., 2017). Unsurprisingly, it was found that extended and repeated separations due to deployment are a noted challenge to military families (London et al., 2013). Furthermore, deployment separation stressors tend to co-occur with other relational risk factors that coincide with the military lifestyle (Riviere & Merrill, 2011). Deployment separations were observed to undermine opportunities for positive connections between couples, requiring significant

adaptations in the communication and bonding processes (Allen et al., 2010), which military couples may not be prepared for. These geographic separations have also fostered feelings of relational uncertainty, with prolonged separations exacerbating these feelings (Jennings-Kelsall et al., 2012). Additionally, most at-home partners, who already deal with the pressures of the military lifestyle, may have those stressors exacerbated by managing domestic obligations without their deployed partner's support (Jennings-Kelsall et al., 2012). These partners may feel abandoned, leading to resentment toward the deployed personnel (Sayers, 2011).

Reduced Communication. During deployment, several technological and job-related communication barriers exist between military spouses. These include the financial expenses required to facilitate these connections, intermittent access to communication, unreliable technology, and confidentiality regulations (Greene et al., 2010, as cited in Knobloch et al., 2013). Given the lack of accessibility to stable and open communication platforms, predictably, communication with a deployed spouse was identified as a challenge for military spouses (Riviere & Merrill, 2011). It was found that reduced communication has led to adverse relational events. This includes increased feelings of vulnerability, resulting in seeking emotional and physical closeness with others outside of the relational dyad, particularly when reduced communication is paired with a disruption of physical intimacy (Balderrama-Durbin et al., 2017), which tends to co-occur during deployment.

Not all communication reductions are driven purely by technological barriers or confidentiality policies. Military couples may avoid delicate topics or hot-button issues due to fear of vulnerability (Bowling & Sherman, 2008; Faber et al., 2008, as cited in Knobloch et al., 2013). Additionally, it was found that military couples experiencing relational uncertainty during deployment may engage in topic avoidance as they are unwilling to risk the relational costs associated with openly communicating about certain issues (Knobloch & Satterlee, 2009, as cited in Knobloch et al., 2013). Specifically, open communication may reveal that infidelity may have occurred during separation, that the partners grew apart, or there is resentment over the

sacrifices made during deployment (Drummet et al., 2003; Knobloch & Theiss, 2012; Sahlstein et al., 2009, as cited in Knobloch et al., 2013).

Military personnel's reluctance to share information with their at-home partner may be to avoid worrying them about risky events and experiences abroad (McNulty, 2005). Conversely, at-home partners may be reluctant to share information about domestic happenings so as not to distract the service member from warzone duties (McNulty, 2005).

Decreased Family Cohesion. According to Jennings-Kelsall et al.'s 2012 study, military life inhibits the natural development of the family's identity. Lack of physical closeness due to separation in tandem with reduced communication has been associated with decreased family cohesion/togetherness and decreased family organization (i.e. regular hangouts like family dinners) (Sayers, 2011). Many military spouses have experienced difficulty adjusting to the absence of their deployed partners during key life moments, including childbirths, birthdays, anniversaries, and holidays (Jennings-Kelsall et al., 2012). The absence of these shared experiences has been related to the emergence of various relationship-based stressors (Jennings-Kelsall et al., 2012).

Psychiatric and Psychological Stressors. The significant lifestyle changes experienced by both military personnel and their partners during deployment, combined with the risk of combat exposure and subsequent injury, can readily serve as a catalyst for the emergence or exacerbation of mental health issues. It was found that mental health problems for those in service increased when deployments were longer or more frequent (Adler et al., 2005; Mental Health Advisory Team IV, 2007, as cited in Riviere & Merrill, 2011). These frequent and lengthy deployments place a significant amount of stress on the marriages of military families (Allen, E. S., Stanley, S. M., Rhoades, G. K., and Markman, H. J., 2011, as cited in Kachadourian et al., 2015). Furthermore, the severity of deployment-related psychiatric symptoms was positively associated with several reintegration problems following deployment (Sayers, 2011).

It was found that deployment separations can heighten levels of anxiety among military couples (Merolla, 2010, as cited in Jennings-Kelsall et al., 2012). This anxiety can interfere with their ability to navigate difficult conversation topics confidently (Newman & Erickson, 2010, as cited in Knobloch et al., 2013). Furthermore, those with high levels of generalized anxiety may be uncomfortable experiencing strong emotions and subsequently would prefer avoiding witnessing strong affect from their partner and expressing their intense feelings (Newman & Erickson, 2010, as cited in Knobloch et al., 2013). These avoided conversation topics may be integral to maintaining their relationship.

At-home partners were found to exhibit symptoms of depression during deployment, including guilt, sleep disturbances, boredom, helplessness, fatigue, headaches, low self-esteem, poor concentration, hopelessness, and suicidal ideation (McNulty, 2005). These symptoms may increase the vulnerability and susceptibility of both partners towards decisions that can negatively impact their relationship, including seeking extramarital relationships to mitigate and avoid feelings related to depressive mood. This is supported by a study that noted that married soldiers who reported symptoms of major depression exhibited decreased marital quality and decreased trust (Riviere & Merrill, 2011), as well as another study that found that Veterans diagnosed with Major Depressive Disorder were more than three times as likely to report feeling like a guest in their own home (Sayers et al., 2009, as cited in Sayers, 2011). Furthermore, depression was linked to an increased likelihood of infidelity and rates of infidelity for both partners (Riviere et al., 2012; Riviere & Merrill, 2011). Therefore, it is no surprise that deployment-related depression has also been related to increased plans to separate or divorce (Riviere & Merrill, 2011).

Combat exposure is, unfortunately, a common aspect of many service members' experiences during deployment and is related to the prevalence of PTSD upon returning home. PTSD, similar to anxiety and depression, can have detrimental effects on relationship functioning. Specifically, combat-related PTSD has been linked to increased antisocial

behaviors that have led to marital adversity (Gimbel & Booth, 1994). Soldiers' trauma symptoms have been found to indirectly predict low levels of relationship satisfaction in at-home spouses (Taft et al., 2008, as cited in Riviere & Merrill, 2011). These PTSD symptoms have also led to emotional numbing and avoidance, which has been found to negatively impact the service member's emotional involvement in their relationship as well as their process of reintegrating back into their family system (Solomon, 1988, as cited in Riviere & Merrill, 2011). These avoidance symptoms can foster social isolation and rejection of previously enjoyed activities between the couple (Sherman et al., 2005, as cited in Allen et al., 2010). The impact of PTSD can also be observed in service members re-experiencing traumatic memories through nightmares, which has led to some couples sleeping separately and subsequently interfering with intimacy (Sherman et al., 2005, as cited in Allen et al., 2010). Arousal symptoms have also been noted to contribute to tension, anger, and rapid escalation of conflict between partners (Sherman et al., 2005, as cited in Allen et al., 2010).

The adverse effects that PTSD has on relationships are not just restricted to interactions between partners immediately upon reintegration but can be pervasive and long-standing even after several months of returning home. For example, one study observed a high incidence of stress-related mental health problems amongst combat-exposed troops 3-4 months after returning home, which further strained the relationships of these soldiers and rendered them more vulnerable to infidelity (Monson et al., 2008; Sayers et al., 2009; Tichenor et al., 2002, as cited in Snyder et al., 2011). Another study noted a fourfold increase in interpersonal conflict amongst military couples 3-6 months following deployment compared to the level of conflict immediately upon returning home (Milliken et al., 2007, as cited in Knobloch & Theiss, 2011).

Symptoms of PTSD can also impact one's confidence in the relationship as it was found that service members exhibiting these symptoms may overgeneralize their trauma to a more general sense of threat or feeling that they are less capable in their ability to accomplish things, such as maintain a relationship (Ehlers & Clark, 2000, as cited in Allen et al., 2010). Specifically,

service members experiencing symptoms of irritability and anger due to their PTSD may associate these negative feelings with how they feel about their relationship (Ehlers & Clark, 2000, as cited in Allen et al., 2010). Given that PTSD is linked to more relationship conflict, overall, it can shake one's confidence to handle differences and stay together (Allen et al., 2010).

Another interesting finding was that PTSD was negatively correlated with one's dedication to their relationship and their satisfaction levels related to sacrifice (Allen et al., 2010). Specifically, service members with PTSD were more aloof towards maintaining their relationships, and military wives with partners returning with PTSD reported less contentment and willingness to sacrifice for the service of their country (Allen et al., 2010).

Lastly, alcohol misuse is a commonly known emotional coping mechanism with several adverse effects. It was found that military personnel who screened positive for alcohol misuse had a significantly increased likelihood of engaging in acts of infidelity (Riviere et al., 2012). It is not surprising that alcohol misuse has also been associated with rates of separation and intent to divorce (Riviere et al., 2012).

All in all, there is robust evidence of the negative impact of PTSD symptoms across multiple aspects of marital functioning (Gimbel & Booth, 1994; Karney & Crown, 2007). PTSD, alongside other mental injuries incurred from deployment, including depression and anxiety, have been associated with greater levels of marital distress, marital conflict, and an increased intent to divorce (Allen et al., 2010)

Increased Opportunity for Extramarital Relations During Deployment. One of the more directly observable risks of infidelity during deployment is access to extramarital partners while abroad. It is known that several commercial sex industries are often located near overseas military bases and in places where service members go for rest and relaxation when abroad (London et al., 2013), which increases the ease of accessibility for these services. The temptation of utilizing these services may be bolstered by the lack of physical connection from

their partner, given that the military requires spouses to be separated frequently compared to civilian couples (Karney & Crown, 2007). Additionally, access to and engagement with commercial sex workers when deployed for young and single service members may influence behavior later on, leaving them prone to seek out such relationships even during their subsequent married lives (Malone et al., 1993, as cited in London et al., 2013). Furthermore, while most job sectors in the civilian world employ both men and women and facilitate work-related interactions between both genders, many military work environments have personnel separated from their partners and often working closely with those of the opposite sex under extreme conditions, increasing the opportunity for, temptation, and access to alternative partners amongst coworkers who are heterosexual (Karney & Crown, 2007).

At-home partners are also provided with increased opportunity and motivation to engage in extramarital relations while their partner is deployed (Karney & Crown, 2007). This may be attributed to physical needs being fulfilled even during the absence of their partner as well as decreased risk of being found out. Overall, deployment represents both significant opportunity and motivation for extramarital sex for both partners (London et al., 2013).

Physical Injury and Rehabilitation. Injuries sustained during deployment can be not only psychiatric but also physical. Military personnel may return home with injuries that can turn into more permanent physical disabilities, which can lead to chronic stressors in adapting to and managing these new limitations (Rena et al., 1996, as cited in Riviere & Merrill, 2011).

Undoubtedly, these physical injuries increase the difficulty of reintegration back home (Sayers, 2011), placing greater strain on military marriages even after the military partner leaves the service, as they disrupt the typical relationship patterns and career trajectories of both partners over the life course (Karney & Crown, 2007; London et al., 2013). This can be attributed to military spouses shouldering new caregiving responsibilities, such as tending to the physical impairments of their Veteran (Beckham et al., 1996, as cited in Riviere & Merrill, 2011). These

tasks can consume the civilian partner's time and emotional, physical, and financial resources, which could otherwise be directed towards pursuing other life goals, leading to resentment.

Changes in Routine Upon Reintegration. Unsurprisingly, long separations have been known to disrupt family routines, requiring significant adjustments from at-home family members during the length of deployment (Riviere & Merrill, 2011). However, changes in family routine during deployment, while adaptive during separation from the military partner, can also lead to discordance upon reintegration. Reverting back to the original family dynamic, or negotiating new family roles and expectations upon reintegration has been a noted difficulty for military families (Sayers, 2011). Specifically, these changes that can be seen in at-home spouses, family routines, as well as in the disciplinary approach and privileges granted to children, have been hard to accept for the returning service member (Sayers, 2011). Additionally, it was found that returning service members and their partners may have dissimilar expectations and levels of desire about the pace of renewing both emotional and sexual intimacy upon reintegration (U.S. Army, 2007, as cited in Sayers, 2011), which can leave one or both partners dissatisfied about their shared sex life, which may lead to seeking physical fulfillment elsewhere. Additionally, this emotional separation may cause the returning service member to feel constrained from talking about their deployment experiences, which may be perceived as secretive or withholding from the at-home partner's point of view (Sayers, 2011).

Reintegration has also been noted to be difficult for the at-home partner, as they may experience a loss of autonomy upon their service member's return after having adapted to their absence and managing the household independently (Sayers, 2011). It may also be possible that different routines established during deployment can lead to thoughts of relational incompatibility or unwillingness to accommodate the service member upon reintegration, which may further lead to thoughts of relational uncertainty (Jennings-Kelsall et al., 2012).

Problems Related to Relocation. Service personnel are not the only members of military families contending with significant travel and transfers during active duty. Service

members and their families relocate on average at least once every three years (Defense Manpower Data Center, 2007, as cited in Riviere & Merrill, 2011). These repeated and prolonged geographic locations are a challenge for active-duty military families (London et al., 2013), as these relocations force service personnel and their family members to adapt to new situations as they typically leave behind more familiar environments (Riviere & Merrill, 2011). This is especially true when families are relocated to foreign residences. On top of frequent relocations, military families are three times more likely than civilian families to migrate out of the country in a given year (Riviere & Merrill, 2011). The experience of living in foreign residences is typically accompanied by homesickness and difficulty adjusting to new environments and routines (Riviere & Merrill, 2011). While stressful for both partners, this can be especially challenging for the at-home partner, who typically bears most of the burden of adjusting to the host country and new cultural context, as the service member may be more easily eased into an already established and assigned work structure provided by the military (Riviere & Merrill, 2011). It is not surprising that foreign residence predicted declines in physical and mental health among military spouses (Burrell et al., 2006, as cited in Riviere & Merrill, 2011).

Separation from established social supports is another source of stress following relocations. It was found that families that undergo frequent relocations and are placed in foreign residences are at increased risk of social isolation (Riviere & Merrill, 2011). When these military families move, they often become geographically separated from extended family members, friends, and other social ties comprising their social support infrastructures that previously provided emotional, instrumental, informational, and appraisal support (Karney & Crown, 2007; Riviere & Merrill, 2011). Furthermore, re-establishing local social support systems in new residence locations was deemed difficult due to the frequency of moves (Jennings-Kelsall et al., 2012). The resulting social isolation is a risk factor for adjustment problems for at-home spouses (Riviere & Merrill, 2011), with many female at-home partners feeling alone,

without company, and removed from friendly companionship (Jennings-Kelsall et al., 2012).

This can be exacerbated by the nature of being a military spouse, as many women feel like outsiders or isolated from their world given their unique military lifestyle that many non-military folks misunderstand (Jennings-Kelsall et al., 2012). This may lead to military partners seeking extramarital companionship to mitigate feelings of loneliness. Thus, it is without surprise that relocation is a significant stressor for military families (Riviere & Merrill, 2011).

Military Partner's Life On Pause. Given the substantial demands of the military lifestyle on the service members and their families, there is already a disproportionate level of priority for the military personnel's job obligations over their partner's. This is further exacerbated by the unpredictability of military life demands, leaving many at-home partners in a state of flux, unable to proactively plan for their own personal goals, including educational or occupational goals (Jennings-Kelsall et al., 2012). These fluctuations can be caused by deployment(s), relocation (s), and changes in social supports, among many other reasons, and leave many at-home partners feeling like their own lives are on hold (Jennings-Kelsall et al., 2012). This is also true for military partners with established careers who seek change and find themselves having difficulty making the transition to new career roles (Sayers, 2011). These educational, professional, and personal roadblocks have left military partners feeling like they have no control over their lives and have led to shifting blame onto their service member partners, especially as they viewed their challenges as being derived from their partners' choices to join the military (Jennings-Kelsall et al., 2012). The asymmetric focus on and growth of each partner's personal goals can drive couples apart (Karney & Crown, 2007).

Unemployment. As aforementioned, the fluctuating demands of military lifestyle can leave military partners in suspension regarding their educational and occupational progress and trajectory. It has been found that unemployment rates are higher for military spouses compared to civilians, and this may be attributed to the frequent family relocations limiting the number of employment opportunities (Lim et al., 2007, as cited in Riviere & Merrill, 2011). Other barriers to

employment for the at-home partner include a lack of daycare facilities, limited job availability in foreign locations, and employer biases against military family members (Harrell et al., 2004, as cited in Riviere & Merrill, 2011). Underemployment has been noted to negatively affect one's psychological well-being (Feldman, 1996, as cited in Riviere & Merrill, 2011), which can negatively impact the relationship between partners, especially if one partner's unemployment is driven by factors related to the service member partner's job. However, even when employed, military spouses have found themselves earning less than civilian spouses (Lim et al., 2007, as cited in Riviere & Merrill, 2011). The low-skilled employment opportunities given to these military spouses can impact marital satisfaction and relational stability (Snyder & Wills, 1989, as cited in Sayers, 2011).

Unemployment among at-home partners can exacerbate financial challenges, especially when nearly two-thirds of service members who serve as the primary breadwinner in military couples fall within the lowest pay grades (Adler-Baeder et al., 2005, as cited in Karney & Crown, 2007). It was found that service members frequently endorse difficulties paying bills and meeting financial obligations (Wolpert et al., 2000, as cited in Karney & Crown, 2007), which pressures their partners to seek employment (Karney & Crown, 2007), which they are already at a disadvantage for. This is particularly important given that financial strain is a longitudinal predictor of marital distress and subsequent dissolution (Conger et al., 1990; Conger et al., 2002, as cited in Karney & Crown, 2007).

Research Question 2: Relationship Outcomes Post-Infidelity

Infidelity is a significant and potentially traumatic and relationship-altering event that can have various psychological ramifications which are explored below.

Psychiatric Issues. Just as mental health issues can increase the risk of infidelity, infidelity can create and/or exacerbate mental health problems. However, even the suspicion of infidelity can cause significant mental turmoil in at-home partners, as it was found that the fear of infidelity is a constant source of stress for the at-home spouse during separation and

deployment (McNulty, 2005). The fear of and emotional distress stemming from prospective infidelity was unsurprisingly higher for partners with a history of infidelity (Balderrama-Durbin et al., 2017), as it may reinforce the belief that cheating may happen since it has already before. Suspected infidelity has led to nervous breakdowns (Tooth, 1944), and perceived change in the service member's behavior, which one may attribute to possible infidelity, has been noted to cause relational turbulence, psychological distress, fighting, and internal conflict (Monk et al., 2020). This is supported by another study that noted complications during the reintegration process, such as severe marital discord, due to concern over unknown or unconfirmed infidelity (Peebles-Kleiger & Kleiger, 1994, as cited in Sayers, 2011). All in all, suspicion of infidelity has led to negative emotional experiences (Shackelford & Buss, 1997, as cited in Kachadourian et al., 2015) and in turn, the decreased emotional well-being of military couples (Adler et al., 1994, as cited in London et al., 2013).

For at-home partners learning of their service member's confirmed affair, research has indicated a range of negative emotional and behavioral outcomes, including depression, acute anxiety, suicidal ideation, and symptoms akin to posttraumatic stress disorder (Snyder et al., 2011). Furthermore, victims of unfaithful partners in military couples may also experience intense sadness, anger, rage, and jealousy (Cano & O'Leary, 2000; Olson et al., 2002; Spring & Spring, 1996, as cited in Kachadourian et al., 2015). Regarding the development of PTSD-like symptoms, research has evidenced that both concerns for and experience of infidelity were positively associated with posttraumatic stress syndrome (PTSS) in military couples (Kachadourian et al., 2015). Specifically for at-home partners, it was found that learning of their service member's infidelity led to intrusive and persistent ruminations of the affair, hypervigilance to relational threats, and the partner's interactions with others, oscillating between emotional numbing and affect dysregulation, physiological hyperarousal in tandem with poor sleep and appetite, as well as difficulties in concentration (Snyder et al., 2011). Similar to the negative impacts of PTSD on one's confidence in emotional regulation, research has

recognized infidelity as a source of increased perception of loss of control and predictability regarding one's relationship future among military couples (Snyder et al., 2011). This is particularly important given most couples' already incalculable and unsteady lifestyle trajectory in the military.

Infidelity was also found to aggravate pre-existing PTSD symptoms related to combat exposure for service members, which is consistent with data noting that experiencing additional stressors increases the severity of PTSD among individuals with prior trauma (Green et al., 1990; King et al., 1998, as cited in Kachadourian et al., 2015).

Victims of cheating partners were not the only ones suffering the emotional consequences of infidelity. It was found that military partners who participated in the affair also demonstrated symptoms of depression, suicidality, and anxiety (Glass, 2003; Spanier & Margolis, 1983; Wiggins & Lederer, 1984, as cited in Snyder et al., 2011). These symptoms were particularly prominent when the threat of dissolution of the relationship was present (Glass, 2003; Spanier & Margolis, 1983; Wiggins & Lederer, 1984, as cited in Snyder et al., 2011), a threat that is supported by the finding that military couples with a history of infidelity showed the lowest levels of relationship satisfaction (Allen et al., 2012). Furthermore, this threat of separation is a critical cause for concern, as it was found that 50-65% of suicides among U.S. Army active-duty soldiers in recent years were precipitated by the break up of an intimate relationship (Suicide Risk Management & Surveillance Office, 2008, as cited in Snyder et al., 2011).

Disengagement with Social Supports. Infidelity can negatively impact the relationship that military couples have with their social supports, which counteractively, are important resources couples need to weather the relational consequences of cheating. For example, those with unfaithful partners may be reluctant to share their challenges with family members and/or friends due to embarrassment, further isolating them and impacting their mental health (Spring, 1997, as cited in Kachadourian et al., 2015). Both the experience of infidelity and

concerns about possible infidelity were negatively associated with post-deployment social support (Kachadourian et al., 2015). The depletion or withdrawal from these social supports can further increase vulnerability to the impacts of infidelity, exacerbating the consequences of this relational injury (Kacharoudrian et al., 2015).

One intriguing study suggested that while infidelity shares similarities with deployment or military-job-related hazards in terms of their potential mental health impacts, they differ significantly in the level of communal support available for coping with these challenges (Tooth, 1944). Specifically, the study highlighted that combat-related events are seldom faced alone, allowing morale to be bolstered through community with military peers (Tooth, 1944). In contrast, infidelity tends to be more of a dyadic or individual struggle, leaving service members with fewer communal resources to rely on (Tooth, 1944). Subsequently, this can impact the service members' ability to tend to their jobs fully while in combat or serving on other missions during deployment (Kachadourian et al., 2015).

Threats of Separation or Divorce. As aforementioned, the disclosure or discovery of infidelity has led to threats of separation and/or divorce (Glass, 2003; Spanier & Margolis, 1983; Wiggins & Lederer, 1984, as cited in Snyder et al., 2011). The threat of divorce is high following infidelity, with one study citing infidelity as the most frequent cause for divorce among couples, doubling the risk of divorce compared to those with no history of cheating (Amato & Previti, 2003, as cited in Snyder et al., 2011). This is further supported by another study that found that among U.S. Airmen who experienced infidelity during deployment or afterward, 75% reported divorcing their spouse in comparison to the 5.4% of Airmen who sought divorce but did not experience infidelity (Balderrama-Durbin et al., 2017).

Risk of Violence. Another significant relational consequence of infidelity are various behavioral effects, including an increased risk of partner violence (Snyder et al., 2011). Two studies found that infidelity, or even the suspicion of infidelity, are frequently reported precipitants of domestic violence (Alt, 2006; McCarroll et al., 2008).

Difficulty Healing from Infidelity. Even if they decide to stay together after learning of the infidelity, many military couples are unsure of how to repair the damage and heal their relationship (Sayers, 2011). This is likely because not many well-known military family support programs are designed to reduce adverse consequences on the couple and/or develop resistance to future affairs (Snyder et al., 2011). Additionally, whether it be the cause or consequence of infidelity, several military couples with a history of cheating displayed low levels of communication skills (Allen et al., 2012), which can serve as another barrier to healing and repair.

Research Question 3: Protective Factors Against Infidelity. While there is a multitude of experiences and facets of military life that place couples in the armed forces at higher risk of infidelity, there are a number of resources and practices available that can help decrease the risk of unfaithfulness.

Support Services Offered by the Military. Although it is true that there are not many well-known military support programs that directly address minimizing risk for infidelity, it is without a doubt that the military as a whole has several institutionalized programs and services created to support military couples and families in mitigating some of the adverse effects of this demanding lifestyle (Riviere & Merrill, 2011), which in turn can impact relational functioning. For example, military families can receive financial support, including medical care, childcare services, relocation support, legal support and resources, and extra financial support during deployment (Karney & Crown, 2007). The Army Community Services also aids at-home partners in job searching (Riviere & Merrill, 2011). Since financial strain is a reliable predictor of marital stress and dissolution (Karney & Crown, 2007), mitigating some of these demands can ease relational strain.

There are also various programs that can provide support on top of financial aid during times of deployment. For example, various Army Family Readiness Groups have been known to aid with information and emotional support during separation (Riviere & Merrill, 2011). These

Assistance Centers also distribute deployment and post-deployment education resources to couples (U.S. Department of Defense, 2004, as cited in Riviere & Merrill, 2011). Furthermore, the Family Centers and Family Assistance Centers provide communication resources, including videophone access to couples during deployment (Riviere & Merrill, 2011). This is particularly important given that reduced levels of communication are a known risk factor for partners seeking closeness with those outside of their primary relationship (Balderrama-Durbin et al., 2017).

There is also the BATTLEMIND training program, originally developed to help soldiers during their post-deployment reintegration back home (Sayers, 2011). It now has a military spouse-oriented version that helps at-home partners ease their service member's transition back home (Sayers, 2011). Similar to the aforementioned programs through the Family Centers and Family Assistance Centers, BATTLEMIND provides education about deployment, specifically identifying the positive and negative aspects of military life while also normalizing and validating the areas of deployment-related challenges that couples have conflict over (Riviere & Merrill, 2011). This program helps couples process the adverse relational effects of deployment on their relationship, such as through healthy ways of communicating one's experience of the deployment to their loved ones (Riviere & Merrill, 2011). As stated before, reduced levels of communication between partners may render them more vulnerable to seeking closeness from others (Balderrama-Durbin et al., 2017), and thus BATTLEMIND's approach to help articulate each partner's story to each other can minimize that risk.

Adaptive Processes. There are certain adaptive practices and habits that couples can participate in to mediate the impacts of the military lifestyle on their marital satisfaction (Karney & Crown, 2007). For example, adaptive processes can help couples protect or restore their relationship from the impacts of PTSD (Allen et al., 2010). These adaptive processes are explored below.

Communication. Although one of the many challenges of deployment includes decreased access to and frequency of communication, in tandem with limited conversation topics secondary to the classified nature of missions, communication between partners during separation should still be prioritized, as communication has been shown to be an integral component of marital success (Gottman et al., 2002, as cited in Allen et al., 2010). Given the geographic separation during deployment, online communication has been found to help couples maintain their connection to each other and feel less alone (Rea et al., 2015). Furthermore, online communication has also helped military partners who they themselves may be abroad, stay connected to their family and friends who can serve as personal and social support during stressful times (Rea et al., 2015). Social media platforms, one of the formats of online communication, can also serve as a tool for posting and sharing lived experiences between deployed partners (Rea et al., 2015). However, while the benefits most likely outweigh the risks, it would be remiss to disregard the possibility of social media serving as a medium for extramarital communication and interactions during deployment (Rea et al., 2015). Overall, facilitating communication during deployment may promote more adaptive relationship functioning that can better withstand the stresses and strains innate to deployment and reintegration (Balderrama-Durbin et al., 2017).

Access to Social Supports. As stated before, communication between at-home and deployed partners and the social connection between military families and supports outside the couple's dyad is important. While it is known that military families frequently experience separations from their non-military social supports (Riviere & Merrill, 2011), couples are also provided with the opportunity to take up residence on military bases near other families undergoing similar challenges. (Karney & Crown, 2007). Other military families can form into and serve as a supportive community for each other, which has been shown to facilitate positive relational outcomes (Bowen et al., 2003; Pittman et al., 2004, as cited in Karney & Crown, 2007). All in all, having access to social support has been found to moderate the impact of

stress and well-being on military partners (Lantz et al., 2005, as cited in Jennings-Kelsall et al., 2012), which can benefit the relationship between the couple.

Positive Bonding & Sense of Shared Mission. Not surprisingly, prioritizing positive interactions with one's partner, such as promoting fun, friendship, and physical intimacy, has supported marital success (Gottman et al., 2002, as cited in Allen et al., 2010). Focusing on reducing relationship distress and bolstering intimacy before deployments has been known to create a more adaptable relationship that can withstand the challenges of separation (Balderrama-Durbin et al., 2017). Thus, consistent engagement in these activities, especially between deployments, may help sustain the relationship when weathering challenges. The strength of the relationship can also be bolstered by each partner's sense of fulfillment being part of something larger than them, as it was found that a sense of shared mission can provide feelings of fulfillment in sacrifice, and perceive the sacrifices they make as a couple as representative to sacrifice they make for their country (Alt, 2006).

Military Reprimands Infidelity. Although the military lifestyle is accompanied by several risk factors for infidelity, the uniformed service institution as a whole has been known to have direct admonitions against infidelity practices among their personnel, which can deter such behavior (Blow & Hartnett, 2005, as cited in London et al., 2013). Specifically, infidelity is considered a punishable offense under Article 134 of the Uniform Code of Military Justice (Snyder et al., 2011).

Research Question 4: Treatments for Military Couples. Various treatment and psychoeducational programs that have been noted to help address and abate negative relational functioning amongst military couples are explored below.

Behavioral Couples Therapy. Behavioral couples therapy, or BCT, is a multifaceted intervention well adapted for a military population given its empirical support (Baucom et al., 1998, as cited in Sayers, 2011). Furthermore, BCT is known for its application across various types of couples, and its ability to be modified or flexible depending on the unique needs of the

couple (Baucom et al., 1998, as cited in Sayers, 2011), including couples facing challenges specific to the military. It has also been found that BCT can help address post-deployment reintegration issues, especially if the returning personnel is also attending his or her own individual therapy in tandem with this treatment (Sayers, 2011). Given that problems with reintegration have been tied to increased risk for or possible cause of relational breakdown and subsequent infidelity, BCT can provide a point of intervention to mitigate such adverse relational events.

Cognitive Behavioral Conjoint Therapy for PTSD. Also known as CBCT-PTSD, this form of therapy is specifically for Veterans coming back with posttraumatic stress disorder symptoms (Sayers, 2011). Similar to BCT, CBCT-PTSD has also received favorable and growing empirical support, and can be integrated with BCT to address reintegration issues through communication-focused exercises (Sayers, 2011).

Cognitive-Behavioral Couples Therapy. While this form of therapy, also called CBCT, is utilized amongst civilian couples, this form of couples therapy is another recommended intervention for military couples (Snyder et al., 2011). This therapy is a skill-based approach that focuses on communication skills, such as emotional expressiveness and problem-solving, as well as behavioral-change skills, like constructing individual or shared behavior-change agreements (Epstein & Baucom, 2002, as cited in Snyder et al., 2011). CBCT also emphasizes cognitive processing, such as relationship beliefs and standards, relational expectations, and interpersonal attributions, that moderate the use and impact of these relationship skills (Epstein & Baucom, 2002, as cited in Snyder et al., 2011). CBCT is considered one of the therapeutic model building blocks for affair-specific interventions used for military couples struggling with issues of infidelity (Snyder et al., 2011), further discussed below.

Insight-Oriented Couple Therapy. Also known as IOCT, this therapy takes a developmental approach emphasizing the identification, interpretation, and resolution of conflicting emotional processes between couples (Snyder et al., 2011). These conflicting

emotional processes are attributed to the long-standing maladaptive interpersonal patterns established in previous relationships for both partners (Snyder & Mitchell, 2008, as cited in Snyder et al., 2011). Similar to CBCT, IOCT is another therapeutic platform for affair-specific interventions used with military couples (Snyder et al., 2011).

Affair-Specific Intervention Integrated into CBCT & IOCT. As previously mentioned, one intervention program combined aspects of CBCT and IOCT to specifically address infidelity. This affair-specific intervention for couples draws on evidence regarding recovery from interpersonal injury, such as the stages and processes of forgiveness (Snyder et al., 2007, as cited in Snyder et al., 2011). This intervention also focuses on developing a changed understanding of why the betrayal occurred and constructing a new meaning behind the event (Snyder et al., 2007, as cited in Snyder et al., 2011). This integrated program organized the treatment for affairs into three stages across 25 sessions: dealing with the initial impact, exploring the context finding new meaning, and moving on (Snyder et al., 2007, as cited in Snyder et al., 2011). Couples who underwent this treatment evidenced significant reductions in PTSD symptoms, depression, marital distress, and greater levels of forgiveness towards the partner who cheated (Gordon et al., 2004, as cited in Snyder et al., 2011). Given the efficacy of this affair-focused treatment utilizing CBCT and IOCT for civilian couples, this heterogeneous treatment program was further adapted for the schedules and unique demands of military couples (Snyder et al., 2011), as discussed next.

Adjusting Affair-Specific Intervention for Military Couples. Given that the integrated CBCT & IOCT intervention program spanned across 25 sessions, there was an endeavor to modify and condense the program for military couples with limited time together due to the deployment cycle (Snyder et al., 2007, as cited in Snyder et al., 2011). This resulted in an 8-session intervention protocol for military couples recovering from infidelity, which proved to be efficacious (Snyder et al., 2007, as cited in Snyder et al., 2011). Moreover, military couples tend to turn to clergy rather than mental health professionals when addressing relationship

challenges (Doss et al., 2009, as cited in Snyder et al., 2011). Additionally, mental health professionals treating military personnel typically prioritize individuals with severe pathology (Snyder et al., 2011). Consequently, military chaplains have emerged as the favored option for delivering interventions tailored to infidelity (Snyder et al., 2011). In fact, chaplains are the top-ranked counseling resource sought by soldiers (Shinseki, 2003, as cited in Snyder et al., 2011). This may be due to the fact that in the armed services, chaplains are the only counseling providers whose services remain confidential, which is a significant consideration given, as aforementioned, that infidelity remains a punishable offense under Article 134 of the Uniform Code of Military Justice (Snyder et al., 2011).

PREP and Strong Bonds. PREP, also known as Prevention and Relationship Education Program, is a couples-based psychoeducational prevention program, typically delivered in workshop format, that focuses on developing the tools needed for couples to thrive (Markman et al., 2010, as cited in Allen et al., 2015). These tools include conflict management, problem solving, preservation of fun and friendship, and managing relationship expectations and commitment (Markman et al., 2010, as cited in Allen et al., 2015). What makes PREP different from other forms of intervention is that couples are usually not expected to reveal personal information given that it is education based instead of in therapy format (Halford & Snyder, 2012; Markman, 2014; Markman & Rhoades, 2012, as cited in Allen et al., 2015). There is much evidence that PREP, and various versions of PREP (including Strong Bonds which is discussed below) has had positive effects on relational functioning and is considered an effective program (Institute of Medicine, 1994; Jakubowski et al., 2004, as cited in Allen et al., 2015).

Strong Bonds is an adaptation of PREP and is offered by Army Chaplains to both active duty and Veteran Army personnel and their partners (Allen et al., 2015). There are variations of Strong Bonds, with specific programs for unmarried soldiers, military couples, and military families, and for military-specific events including deployment and reintegration (Allen et al., 2015). Strong Bonds helps address the relationship needs of service members through

psychoeducational workshops designed to prevent or alleviate marital distress and risk of divorce by reducing negative communication patterns and increase positive interactions between partners (Allen et al., 2015). Military couples with a history of infidelity who participated in the Strong Bonds program evidenced significant gains in marital satisfaction when comparing relationship functioning before Strong Bonds and 1 year following the program (Allen et al., 2015). Furthermore, military couples with a history of infidelity demonstrated improvements in communication skills following Strong Bonds (Allen et al., 2015). Given its focus on psychoeducation and less on therapeutic processing, Strong Bonds can also serve as an access point for military couples seeking additional and more intensive support, including the various couples-based therapies mentioned before (Allen et al., 2015).

Writing Activities. Expressive writing, particularly about one's relationship, has been found to support longer-lasting relationships and reductions in anger and distress following infidelity in civilian couples (Baddeley & Pennebaker, 2011). However, there is evidence that this activity may be an effective intervention for military couples as well. Military couples' relationship satisfaction was noted to increase, with subsequent decrease in verbal disputes, after the service member began engaging in emotional writing (Baddeley & Pennebaker, 2011). This is particularly useful given that many service members face traumatic events while on duty, subsequently suppressing their emotions (Baddeley & Pennebaker, 2011). Writing can be an effective alternative to verbal communication of one's experiences while deployed, especially given that direct conversations about such experiences may prove too triggering and uncomfortable (Bowling & Sherman, 2008; Faber et al., 2008, as cited in Knobloch et al., 2013).

Prioritizing Relationship Issues. As significant of a relationship injury infidelity can be, it may also be important to consider the hierarchy of pressing issues couples must address. For example, the clinician might first consider the acuity of concerns for returning service personnel to determine if infidelity should be the focus of sessions, in comparison to another issue like PTSD (Baucom et al., 2009, as cited in Sayers, 2011). It is highly possible that symptoms of

PTSD and unprocessed experiences of combat exposure can interfere with the service member's ability to focus on addressing relationship issues. Thus, it might be recommended that mental health providers and military chaplains have the skills to assess how relatively critical each various issue is to each couple, in order to mitigate barriers to addressing certain problems.

Chapter 4: Discussion

Overview of Study and Findings

The purpose of this study was to comprehensively analyze the existing literature and take inventory of how aspects of the U.S. military lifestyle impact military couples' relationship functioning regarding infidelity, specifically pertaining to risks, protective factors, relationship outcomes, and available resources and treatments. This systematic review was undertaken given the following triad of reasons: the relatively higher rates of infidelity amongst military couples compared to non-military couples (Snyder et al., 2011), the multitude of military-specific contributing factors to infidelity such as deployment and combat (Karney & Crown, 2007), and the relatively sparse number of treatments or preventative programs available for military couples in addressing infidelity (Snyder et al., 2012). This triad renders military couples highly susceptible to the impacts of adverse relationship events, which is particularly concerning given the already established abundance of mental health issues that military personnel and their families face, and the significant healthcare costs burden for their mental health needs (Davis et al., 2022).

Two separate electronic databases, specific search terms and combinations, and a pre-designated search plan were used to find peer-reviewed studies discussing infidelity within military couples. A title examination was then used to eliminate article duplicates. Inclusion and exclusion criteria were applied and a comprehensive review of titles, keywords, abstracts, and full-text screens was utilized to remove irrelevant articles. After an initial database search identified 95 articles, a total of 23 were chosen for inclusion in this review. Of the 23 articles, 15 discussed infidelity risk factors, 7 articles addressed protective factors against infidelity, 12 articles focused on relationship outcomes following infidelity, and 7 articles discussed treatments used to address infidelity among military partners. Furthermore, 12 of the 23 articles contained secondarily-cited information from articles that did not populate throughout the database search and screening, but given the pertinence of their information, were included in

this review, with secondarily-cited data spanning all 4 key questions/themes (Appendices G, I, K, M).

Discussion of Findings

Risk Factors for Infidelity

There were five overarching themes regarding military lifestyle-specific factors that have been found to increase risk for infidelity, including:

- Demographic factors
- Problems related to deployment
- Problems related to relocation
- Military partner's life on pause
- Unemployment

Demographic Factors. Findings noted that one's youth is a risk factor; even at the onset of their military career, service personnel are already at higher risk of infidelity given their relatively younger age in comparison to the civilian population during enlistment (joining the military), getting married, and having children. Similarly, studies noted that lower levels of education have been tied to marital instability, which appears to be an additional risk factor given that the fickle military lifestyle is a known hindrance for at-home partners pursuing education goals. It is possible that entering the workforce at a young age, a phenomenon common amongst enlisted personnel, can hinder individuals from advancing their education. Likely, the lack of experiences and resources, emotional maturity, and relatively poorer discernment that typically accompany youth contributes to poorer relational functioning. Another possible demographic consideration is the type of person enlisting. Although it would be inaccurate to stereotype all service members as being risk-takers given the demands of the job, especially considering not all service personnel join for combat, one study noted that it may be possible that those who are bold and prone to risk-taking may be more likely to be recruited, with those behaviors carrying over into their relationships.

Furthermore, studies found that service members tend to present with stigma, misunderstanding, and/or defensiveness about emotional difficulties related to the job. This may be due to several things, including demographic factors (i.e. lower educational levels, lower levels of emotional maturity and self-awareness due to younger age), having their beliefs about mental health shaped by the military, or the influence of social expectations regarding mental health and masculinity. This may also be due to military employers having access to medical records which can impact service member's standing (Collier, 2010). Across multiple studies, it was noted that the demographic makeup of service members can be a significant contributing factor to infidelity.

Problems Related to Deployment. Another risk factor is deployment, which unsurprisingly was found to be a significantly stressful aspect of active-duty service and can increase the risk for extramarital engagement through various means. Multiple studies identified these means to include geographic separation between partners, reduced communication (both in means of communication and avoidance of communication during deployment), decreased family cohesion, psychiatric and psychological stressors (experienced by both the service member and their partner), increased opportunities for extramarital relationships during deployment, physical injury from combat and subsequent rehabilitation, changes upon reintegration, problems related to family relocation, as well as the high rates of unemployment that many at-home partners face. Many articles noted that the physical separation caused by deployment which is further compounded by reductions in communication between partners has fostered feelings of relationship uncertainty, feelings of abandonment, and resentment felt by at-home partners having to manage household responsibilities alone. Several studies also indicated that these experiences have led to unmet relational and personal needs, which can prompt partners to seek emotional and physical intimacy outside their relationship. Some articles noted that these unmet personal needs may be fulfilled by commercial sex workers, who are frequently based near overseas military bases, or by opposite-sex coworkers, whom service

members work closely with under stressful conditions for prolonged amounts of time, creating an environment ripe for temptation.

Furthermore, the multiple stressors of deployment have been noted to cause various psychological problems among military couples, including anxiety, which interferes with the couples' ability to engage in important conversations integral to the success of their relationship. Specifically, several articles found that depression, PTSD secondary to combat exposure, and alcohol misuse secondary to these negative emotional experiences can destabilize relationships, which can lead to various adverse forms of emotional coping, including seeking comfort and validation from others.

Another deployment-related risk factor includes injuries sustained by service members in combat with subsequent caregiver burden placed on at-home partners. This change in the relationship has been noted in several studies to increase stress between partners. Although not inferred directly from these studies, it is also possible that physical changes secondary to injury can leave service members feeling inept or unattractive, a perception that their partners may also adopt amidst the stress of caretaking.

Lastly, reintegration, the transition out of deployment, comes with challenges that make couples relationally vulnerable. A few articles identified these challenges to include disruptions to family routines with the return of the service member, a decrease in autonomy and independence of the at-home partner, incongruent expectations about renewing intimacy, and emotional withholding from both partners who may not want to discuss confirmed or potentially adverse relationship-impacting events during the separation.

Problems Related to Relocation. Service members are not the only ones required to frequently travel and move; many military partners relocate to different cities within the domestic U.S. or to various international military base installations if they desire to be close to their loved ones. Several articles noted challenges associated with relocation, including needing to adapt to new environments, experiencing homesickness, separation from established social supports,

difficulty connecting with new neighbors, and hindrances to adapting to new cultures. These challenges can leave military couples vulnerable, particularly the at-home partners, which can lead to extramarital relationship-seeking behaviors to mitigate loneliness and the plethora of psychosocial stressors associated with relocation.

Military Partner's Life on Pause. A few studies discussed the unpredictability of military life, which leaves many at-home partners in limbo regarding their ability to pursue educational or occupational goals. From deployment, relocation, and increased domestic burden during separation, to increased caregiver obligations, amongst many other reasons, it is challenging for these partners to map out and enact long-term aspirations. One study noted that this asymmetric focus on the service member's job compared to the at-home partner's goals could drive partners apart, with another study identifying increased levels of resentment within the at-home partner given these roadblocks. The feelings of resentment stemming from these hindrances can alter the relational dynamic between partners and increase the possibility of obtaining support and validation from others outside the relationship.

Unemployment. One study found that two-thirds of service members, who are the main source of income for military families, fall into the lowest pay grade and subsequently have found themselves experiencing difficulty paying bills. This study also found that at-home partners, in response, were compelled to seek jobs. Several studies noted that these at-home partners are at a disadvantage in this job search given the relatively lower levels of education, frequent relocations that upend job stability, the high likelihood of being removed from familiar social supports that can generally support them in this endeavor, and negative employer biases of military personnel and their families in overseas posts. Unemployment and subsequent financial hardship have negatively impacted psychological well-being and relational functioning.

Overall, there are several challenges that military couples face that foster a relational divide that can lead to extramarital persons filling that void.

Relationship Outcomes Post-Infidelity

There were five overarching themes discussing adverse relationship outcomes following infidelity, which include:

- Psychiatric issues
- Disengagement with social supports
- Threats of separation or divorce
- Risk of violence
- Difficulty healing from infidelity

Psychiatric Issues. Psychiatric issues not only function as a risk factor for extramarital relations but are also the result of infidelity. In several articles, infidelity was noted to cause or exacerbate feelings of sadness, anger, rage, and jealousy for the partner who was cheated on. Research also showed that these partners began exhibiting PTSD-like symptoms, including having intrusive thoughts of the affair, hypervigilance towards future threats to their relationship, emotional dysregulation, and physiological symptoms. One article also noted that the stressors of infidelity aggravated combat-related PTSD. Those who cheated also experienced negative psychological symptoms, as one study found that cheating partners showed symptoms of depression, suicidality, and anxiety, especially when they were threatened with separation.

Disengagement with Social Supports. It was found that infidelity also impacted partners' relationships with their social supports. For example, one article noted that the feelings of shame following infidelity left partners reluctant to share their challenges, further isolating them. This article also reported that couples' social supports tend to deplete following this adverse event. It may be possible that infidelity forces the couple's friends to choose sides, leaving these social supports reluctant to engage in further interactions with the couple to avoid awkward situations. Infidelity has proven to be isolative in another way, as another study noted that, unlike military or combat-related problems in which service members bond together as a unit to face these challenges, infidelity is more of a dyadic or individualistic struggle, leaving service members with a smaller community to rely on or commiserate with. The paradox here is

that couples facing the impacts of infidelity would greatly benefit from their social supports, the very supports that may be diminished following infidelity.

Threats of Separation or Divorce. One of the most significant outcomes of infidelity is the dissolution of a relationship. A few studies found that the threat of divorce is the highest after an affair, stating that infidelity is the most commonly cited reason for divorce. This is a particularly troubling notion given that much research has evidenced high rates of infidelity among military couples.

Risk of Violence. A few studies found an increased rate of partner violence following either the suspicion or confirmation of infidelity. As aforementioned, infidelity can cause acute psychological distress, and when coupled with emotional dysregulation, may be a contributing factor to these violent behaviors.

Difficulty Healing from Infidelity. Another one of the challenges of infidelity is that it is not an easily or quickly resolved issue. A few studies noted that several military couples are unsure how to repair the relationship, which may be due to the few known mental health resources available for military couples. Another reason may be poor communication, which one study noted as a trait commonly held by military couples with a history of infidelity, which can serve as an additional barrier to healing.

Across the studies looking at relational outcomes of infidelity, it is clear that infidelity has the potential to wreak significant havoc on relationships and place partners in even greater positions of vulnerability open to future interpersonal injury.

Protective Factors Against Infidelity

Unlike the identified risk factors for infidelity, there were less known protective factors against infidelity that military couples could utilize, which were comprised of the three following themes:

- Supportive services offered by the military
- Adaptive processes

- Military reprimanding infidelity

There are various family support programs employed by the military that can help mitigate sources of stress for couples. A few studies noted that the military can provide financial support, child care services, relocation support, medical care, and legal support, as well as provide aid to at-home partners in job searching. One study identified the Army Family Readiness Group and Assistance Centers as programs that provide resources and emotional support during separation, including communication platforms that couples can access when the service member is deployed. These programs have been known to aid in the reintegration process as well. A few other studies discussed the BATTLEMIND program, which, while originally created to help soldiers with reintegration, has now been adapted for military spouses to support them during reintegration. Specifically, BATTLEMIND has can to provide education about deployment, provide a realistic perspective on the challenges of deployment, normalize these challenges, and support couples in communicating their challenges with each other. These supports can help decrease the difficulties associated with deployment and reintegration; difficulties can have adverse impacts on relational functioning.

Multiple studies identified various adaptive processes that can improve relational functioning and, in turn, decrease the risk of extramarital behaviors. These studies determined that how military couples communicate, engage in their social supports, and prioritize bonding with each other, can strengthen their relationship. While communication can be limited during deployment by the nature of the job, it was found that couples who adapted to maintain contact, such as through online communication platforms and social media, experienced decreased feelings of loneliness and were able to stay apprised of the events of each others' lives, maintaining that social integration. This is particularly important given that other studies in this review have noted that limited communication and social isolation are direct risk factors for extramarital behavior. Maintaining contact with not only partners but also surrounding social support systems is important, as studies have found that these connections help facilitate

positive relational outcomes and moderate the impact of stress on the well-being of partners. Furthermore, research has shown that promoting bonding time between partners, especially in between deployments, leads to a more resilient relationship that can better withstand the challenges faced during separation. One study noted that this bond can be further solidified through the partners' shared sense of mission, with both parties sacrificing for their country in their individual, unique ways.

Lastly, although the challenges of the military lifestyle have been shown to promote risk factors for infidelity, it would be remiss to ignore that the military institution as a whole reprimands acts of infidelity among its service members. One study highlighted that infidelity is considered a punishable offense under the Uniform Code of Military Justice.

Overall, while the list of protective factors is seemingly shorter than the numerous risk factors that military couples face, it is possible that these adaptive processes and support programs, when utilized consistently and effectively, can provide robust safeguarding of relationship functioning and success.

Treatments for Military Couples

This review found some psychoeducational-based programs and intervention-based treatments that military couples could utilize in addressing infidelity and bolstering relationship repair, including:

- Behavioral Couples Therapy
- Cognitive Behavioral Conjoint Therapy for PTSD
- Cognitive-Behavioral Couples Therapy (CBCT)
- Insight-Oriented Couple Therapy (IOCT)
- Affair-Specific Intervention Integrated into CBCT & IOCT
- PREP and Strong Bonds
- Writing Activities
- Prioritizing Relationship Issues

Behavioral Couples Therapy (BCT), a form of therapy utilized amongst civilian partners, was also found to be effective for military couples. Specifically, one study noted that BCT can easily be modified depending on the couple's unique needs, which military couples have several. This study also noted the efficacy of BCT in addressing challenges associated with reintegration, which is important given the increased risk of relational breakdown and infidelity during this process.

Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD) was also found to aid with the reintegration process given that this treatment can be integrated into BCT and helps address symptoms of PTSD that service members bring home, symptoms that are known to impact relational functioning as well.

Cognitive Behavioral Conjoint Therapy is a form of treatment also utilized with civilian couples. A few studies noted that this treatment is skills-based and can aid military couples in improving communication skills, behavioral-change skills, and cognitive processing, which includes understanding one's beliefs and expectations regarding the relationship and each partner's attributions for relational problems.

One study discussed insight-oriented couple therapy (IOCT), which has been noted to take a developmental approach in highlighting, identifying, interpreting, and resolving emotional conflict between partners. Research has noted that affair-specific interventions can be embedded into a combined CBCT and IOCT treatment program that focuses on recovery, forgiveness, and ultimately creating new meaning behind the betrayal. This study noted that the military-adapted form for this program would include a decreased number of sessions given that military couples frequently move or are separated due to deployment. Another adaptation involves military chaplains facilitating this treatment, given that they are the most sought-after counsel for military couples.

Another study discussed Strong Bonds, a military adapted form of PREP. Similar to the military-adapted IOCT and CBCT program, Strong Bonds is also offered by chaplains. And like

BCT, CBCT, and Cognitive Behavioral Conjoint Therapy, Strong Bonds help to improve communication strategies. However, Strong Bonds is a psychoeducational program in which skills are developed, but specific relationship details are not discussed.

Other studies noted that certain practices, including partners writing out their thoughts and internal processes, or intentional focus on highest-priority/highest-risk items during therapy, may also help with addressing the adverse outcomes of relational conflict, such as infidelity. Overall, across the studies that discussed treatments and psychoeducational programs, a focus on developing effective communication and supporting partners during stressful key events, such as reintegration, was found to be effective for military couples.

Implications and Recommendations for Research and Practice

The purpose of this dissertation is to provide a systematic review of available literature that examines the phenomenon of infidelity that occurs amongst military couples, particularly about its risk factors, protective factors, relational outcomes, and available resources/treatment. The findings of this review highlight that military couples face a multitude of relational threats and vulnerabilities that can lead to a breakdown in the relationship and subsequent extramarital behaviors. While civilian couples are not without relationship challenges of their own, the unique experiences of military life, including frequent geographic separations and relocations, barriers to communication, effects of combat exposure, and potential life or death scenarios, among many other circumstances, create an extremely challenging environment to maintain relationship success. Therefore, it is important that the military institution as a whole, as well as military family advocates, including chaplains and those integrated within family support programs, continue to acknowledge, discuss, and create protective and preventative programs to help bolster couples' adaptability to these vulnerabilities. While a number of studies identified protective factors, it is an area that is still limited, as most of the family support programs pertained to Army families. In addition, some of the adaptive processes cannot be so easily practiced given the nature of deployments, separations, and relocations, including maintaining

communication and connection with social supports. As aforementioned, family support programs should continue developing more support systems and psychoeducational programs to help couples mitigate adverse relationship events that can be utilized and practiced both during and between deployments.

This study also highlighted the myriad of adverse relational outcomes following either confirmed infidelity or suspicion of infidelity, including psychiatric issues, social disengagement, relational dissolution, interpersonal violence, and chronic relational problems due to couples lacking the resources and tools to heal from this relational injury. The understanding is that more widespread acknowledgment of these consequences can help direct chaplains, mental health providers working with military couples, social supports, and the couples themselves towards more targeted preventative strategies, psychoeducational programs, therapies, and community-based social supports aimed at addressing these challenges. For example, given that infidelity can elicit PTSD-like symptoms in victims of cheating, as well as exacerbate established combat-related PTSD in service personnel, those providing counsel and treatment for these couples should be educated in how to process through complex, multi-etiological forms of PTSD experienced by both partners simultaneously.

Regarding the psychoeducational and treatment programs identified for use with military couples facing infidelity, military couples should be made known of these options and family support programs should endeavor to have those trained in these interventions accessible to these couples. Furthermore, chaplains, mental health providers, and couples, should be trained in or provided the knowledge to distinguish between which programs are most appropriate and effective for their current issues and life trajectory in both their military-related and personal lives. One example of this is the program Strong Bonds for PREP, which is more psychoeducational and less process-based, thus it may be helpful for couples to participate in this program as the first step in addressing infidelity, or any relationship issues, before being “triaged” into one of the more intensive, intervention-based treatments. Additionally, it may be

helpful to determine which type of counsel, between spiritually-based chaplains and licensed mental health providers, would be most appropriate depending on the treatment modality utilized, the severity of the issue, and the preference of the couple.

Future studies should continue developing the catalog of protective factors and preventative practices that military couples can engage in to reduce the risk of infidelity. As the research has shown, the adverse outcomes following infidelity are robust and not easily rectified. Considered in the context of currently available treatments in further need of adaptations for military personnel and need for continued dissemination and accessibility of these programs, ongoing development of more protective factors are pertinent. Several protective factors identified in the literature, particularly the adaptive processes such as communication and social engagement maintenance, are easily and frequently impacted by unpredictable military obligations (i.e. deployments, relocations, etc.). While it would be remiss to stop military couples from striving to employ these adaptive processes in spite of this unpredictability, future research should focus on ways that the military and its support programs can create and consistently sustain resources for couples. This may include researching and possibly developing cohort-based couples' social supports that maintain community in spite of relocations, having partner/spouse support programs integrated into all military installations, or even establishing more communication platform options and communication schedules for couples separated to provide stability. Lastly, as aforementioned, both chaplains and mental health providers have been identified as those who can give counsel, guidance, and facilitation of the various psychoeducational and treatment programs geared towards military couples. Future research in this area can look at the differences in treatment efficacy facilitated between these spiritual counselors and mental health specialists and determine what interventions are most appropriately facilitated by chaplains versus therapists.

Limitations

In spite of the abundance of information compiled in this review, it would be negligent to say that the findings from this review can be generalized to all types of U.S. service members. The majority of the studies included focused on Army personnel. While many aspects of military life apply to all branches, including deployment and relocation, several differences exist, such as Army and Marine Corps personnel facing greater combat exposure on-ground versus Navy personnel on ships or in submarines, which can come with its own environmental challenges. Differences in the type of combat exposure and the types of environments our service members find themselves in may lead to variances in the kind of stressors and traumatic experiences that can impact intrapersonal and subsequent interpersonal functioning.

Furthermore, participants of several articles were identified as enlisted personnel, in comparison to the few studies using mixed enlisted and officer participants, with no articles whose participants were solely officer service members. This is a particularly significant limitation given that in general, officers tend to have higher levels of education, are typically older upon being commissioned into the military, and, given their job status and roles in more administrative positions, tend to have higher income, all of which are considered protective factors against infidelity. Future research could see if, overall, officers demonstrate lower rates of infidelity, and if there are other risk and protective factors specific to this type of personnel.

Another limitation was the complete lack of studies whose participants were comprised of only female service members. Although a number of studies conducted research with both male and female personnel, there were no findings specific to the experiences of female service members. Military sexual trauma (MST) is, unfortunately, a common experience for women in uniformed services, with significant and long-standing impacts (Webermann et al., 2023). Based on the inclusion and exclusion criteria of this review, studies included did not convey data regarding the connection between MST and extramarital behaviors among female service members, nor much literature regarding infidelity specifically with female service members and

male at-home partners in general. This limitation can also be another point of suggestion for future research.

Another limitation was that most of the included studies had participants comprised of cis-gendered, heterosexual military couples. Given the relatively conservative sociocultural views within military culture, it is likely that military personnel/military couples who do not fall within the cis-gendered and heteronormative demographic face additional stressors that can impact their individual and subsequent relational well-being. Future research could help identify these additional forms of relational stress that increases vulnerability for these military couples.

Another limitation was that most studies focus on relatively younger military personnel. Most studies utilized in this systematic review recruited participants who had served in various operations in the Middle East from the 1990s to the 2000s. Only a few studies focused on personnel who served in earlier wars, including the Korean War, Cold War, and Vietnam War. This asymmetric distribution may hinder the full representation of the impacts of infidelity, especially long-standing relational outcomes that older Veterans may still be facing decades after the impact. Data gathered from these older populations may provide insight into the long-term efficacy of protective factors and treatments, depending on the success and stability of their relationships further down the line.

As mentioned previously, 11 of the 23 articles were found through screening the reference lists of the originally included 12 articles found through the database search. This is likely due to limitations in key search terms. For example, additional terms representing the “military” variable that can be used for future research might include “armed forces,” “combatant,” “troops,” and/or “service personnel” to name a few. Limited access to certain databases also prevented retrieval of full texts; future research might mitigate this limitation by directly contacting authors of relevant articles to see if they can provide their materials without burden of cost/database membership payment.

Lastly, in an effort to capture and take inventory of infidelity risk factors for military couples, both direct (i.e. access to commercial sex services) and indirect (i.e. adverse relationship events including financial stressors) factors were included in this review. However, the indirect risk factors included in this study were primarily or secondarily cited data from articles that also discussed infidelity (per the inclusion criteria). Given that within this review, an infidelity risk factor is generally equated with risk of relational breakdown, future research may include searching for studies that discuss risk factors for adverse relational functioning for military couples in general.

Conclusion

This systematic review was driven by the multitude of unique, and frequently extreme, relationship challenges that our service members face daily. In utilizing a narrative synthesis of both quantitative, qualitative, and mixed studies, the purpose of this review is to identify, consolidate, summarize, and disseminate data regarding the risk factors, protective factors, relational outcomes, and available treatments regarding infidelity experienced among military couples.

The military lifestyle contains several types of stressors and challenges that can inhibit healthy and productive relational functioning for couples and in turn can lead to relationally detrimental behaviors, including infidelity, which can cause further injury to the relationship. These negative relational outcomes post-infidelity are numerous and can be hard to rectify, usually leaving a long-lasting impact on the relationship. There are some protective factors that can minimize the risk of these adverse relational events, however, many of them, including adaptive processes that couples can engage in, are still hindered by the unpredictability of military life, such as deployments, relocations, and declines in communication between partners and between couples and their social supports. Thankfully, there are some psychoeducational and intervention-based programs, especially those that can be or already have been adapted to

the needs of military couples, that can be utilized to address infidelity and subsequently mend the relationship.

The results from this systematic review is to inform those involved in the relational success of military couples, including the military institution as a whole, chaplains, mental health providers, military family support program staff, and the couples themselves, of ways to protect, repair, and sustain the wellbeing of our service members and their partners.

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APPENDIX A

Search Documentation Record

SEARCH DOCUMENTATION RECORD					
Search Date	FULLSEARCH ID#	TYPE OF SEARCH	DATABASE/SOURCE	SEARCH TERMS ID#s	SEARCH SYNTAX
10/31/23	001	Electronic Database	APA PsylINFO; Military & Government Collection	01, 02	(military OR army OR navy OR air force OR marines OR marine corps OR armed forces OR soldier OR combat OR deployment OR deployed OR overseas OR separation) AND (infidelity OR cheating OR adultery OR affair OR unfaithfulness OR extramarital)
10/31/23	002	Electronic Database	APA PsylINFO; Military & Government Collection	01, 02, 03	(military OR army OR navy OR air force OR marine corps OR armed forces OR soldier OR combat OR deployment OR deployed OR overseas OR separation) AND (infidelity OR cheating OR adultery OR affair OR unfaithfulness OR extramarital) AND (couple OR couples OR marriage OR spouse OR partner)
10/31/23	003	Search through references/citations of found articles	Reference/citation pages of included articles	N/A	N/A

FIELDS SEARCHED	SEARCH SPECIFIER: Years	Publication Type	Additional Specifiers	# of RECORDS	NOTES
Expanders - Apply related words; Apply equivalent subjects Search modes - Boolean/Phrase	Unspecified	Peer Reviewed, Exclude Dissertation	English language only	134	
Expanders - Apply related words; Apply equivalent subjects Search modes - Boolean/Phrase	Unspecified	Peer Reviewed, Exclude Dissertation	English language only	35	
Reference Pages	Unspecified	Peer Reviewed, Exclude Dissertation	English language only	11	

APPENDIX B

Screening and Selection Record

Phase 1: Title/Keywords/Abstract (Screening)

Search ID #	Author(s)	Year	Abbreviated Title	Database /Source	Title Screen: Decision/Date	Keyword Screen: Decision/Date	Abstract Screen: Decision/Date
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Phase 2: Full-Text Review (Eligibility)

Full-Text Screen & Date	INCL: Published	INCL: In English	INCL: U.S. Military life	INCL: Infidelity Risk Factors <i>and/or</i>	INCL: Relationship Outcomes Post Infidelity <i>and/or</i>
INCL: Relationship Protective Factors Against Infidelity <i>and/or</i>	INCL: Treatment for Infidelity <i>and/or</i>	EXCL: Only Children	EXCL: USSF	EXCL: Non-U.S. military personnel & partners	EXCL: Non-English study

Phase 3: Final Decision (Selection)

Final Decision	Final Decision Date
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APPENDIX C

Data Collection and Extraction Form

Document ID# (4-digit assigned to each document – check google drive; save document as DATA EXTRACTION FORM ID#)

Authors and Year (last names of authors and year of publication, e.g., Johnson, 2011)

Full Document Title

Research Variables (keywords of article)

APA Reference

Notes:

1. GENERAL INFORMATION	
1. Data form completed (dd/mm/yyyy)	
2. Initials/ID of person extracting data	
3. Source/Publication Type (journal, book, etc.)	
4. Notes:	

2. DESIGN CHARACTERISTICS AND METHODOLOGICAL FEATURES		
	Descriptions as stated in report/paper	Location in text (pg & ¶/fig/table)
5. Aim of study		
6. Research question(s)		
7. Method (Quant, Qual, Mixed)		
8. Participant (Military personnel, partner/spouse.)		
9. Instruments (Yes or <u>No</u>)		
10. Notes:		

3. STUDY PARTICIPANT CHARACTERISTICS AND RECRUITMENT		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
11. Population Description (Military personnel, partner/spouse.)		
12. Recruitment Methods		
13. Sample Size		
14. Age (M)		
15. Gender		
16. Race/Ethnicity		
17. Uniform Branch		
18. Active Duty or Veteran		
19. Enlisted or Officer		
20. War Era/Operation		
21. Notes:		

4. SETTING CHARACTERISTICS		
	Descriptions as stated in report/paper	Location in text (pg & ¶/fig/table)
22. Study Location		
23. Data Collection Setting		
24. Notes:		

5. ANALYSES CONDUCTED		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
25. Descriptive Statistics used (Yes, No; descriptive features of data ex. means, standard deviation, etc.)		
26. Inferential Statistics used (Yes, No; ex. t-test, ANOVA, ANCOVA, etc.)		
27. Qualitative Analyses conducted		
28. Other		
29. Notes:		

6. RESULTS – INFIDELITY RISK FACTORS		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
30. Key Result #1		
31. Key Result #2		
32. Key Result #3		
33. Key Result #4		
34. Key Result #5		
35. Notes:		

7. RESULTS – RELATIONSHIP OUTCOMES POST-INFIDELITY		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
36. Key Result #1		
37. Key Result #2		
38. Key Result #3		
39. Key Result #4		
40. Key Result #5		
41. Notes:		

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8. RESULTS – INFIDELITY PROTECTIVE FACTORS		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
42. Key Result #1		
43. Key Result #2		

8. RESULTS – INFIDELITY PROTECTIVE FACTORS		
	Description as stated in report/paper	Location in text (pg. & ¶/fig/table)
44. Key Result #3		
45. Key Result #4		
46. Key Result #5		
47. Notes:		

□

9. RESULTS – TREATMENT POST-INFIDELITY		
	Description as stated in report/paper	Location in text (pg. & ¶/fig/table)
48. Key Result #1		
49. Key Result #2		
50. Key Result #3		
51. Key Result #4		
52. Key Result #5		
53. Notes:		

10. RESULTS – OTHER FACTORS RELATED TO MILITARY & INFIDELITY		
	Description as stated in report/paper	Location in text (pg. & ¶/fig/table)
54. Key Result #1		
55. Key Result #2		
56. Key Result #3		
57. Key Result #4		

10. RESULTS – OTHER FACTORS RELATED TO MILITARY & INFIDELITY		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
58. Key Result #5		
59. Notes:		

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11. CONCLUSION AND FOLLOW UP		
	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
60. Key conclusions		
61. Recommendations for Future Research		
62. Does the study directly address your review question? (any issues of partial or indirect applicability)		
63. Your Take-Aways: General		
64. Your Take-Aways: Implications for Practice		
65. Salient Study Limitations (to inform Quality Appraisal)		
66. References to other relevant studies		
67. Further study information needed? (from whom, what and when, contact info)		
68. Correspondence received (from whom, what and when)		
69. Notes:		

□

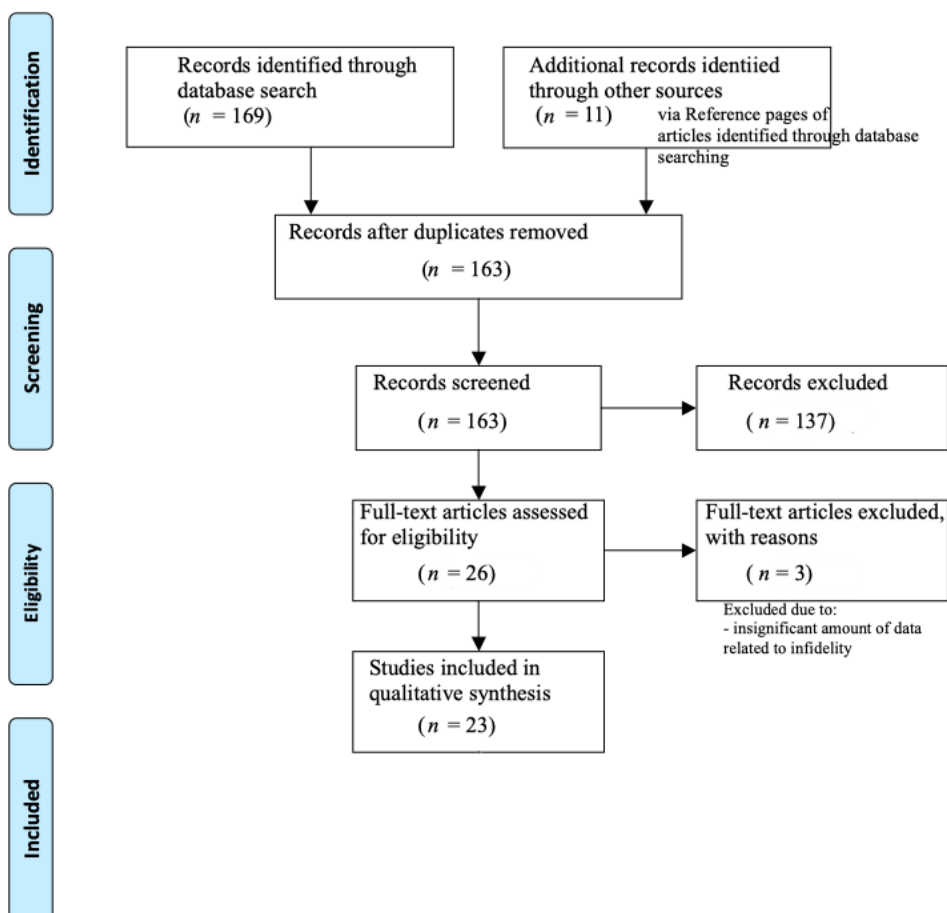
APPENDIX D

Quality Appraisal Form

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non- randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

APPENDIX E

PRISMA Flow Diagram



APPENDIX F

Evidence Table 1 - Infidelity Risk Factors (Direct Citations)

Citation	Year	Risk Factor	Impact on Relationship
Riviere et al.	2012	Substance Use	Screening positive for alcohol misuse significantly increased the likelihood of infidelity. Alcohol misuse was also associated with separation/divorce.
Riviere et al.	2012	Depression	Depression significantly increased the likelihood of infidelity.
Gimbel & Booth	1994	PTSD	PTSD symptoms has considerable negative impact across multiple aspects of marital functioning
Karney & Crown	2007	PTSD	The negative impact of PTSD symptoms on marital functioning observed across different military missions and multiple aspects of relational functioning
Riviere et al.,	2012	Youth	Younger soldiers were more likely to report recent infidelity compared to older military personnel
Sayers	2011	Younger Age of Marriage	Younger age of marriage may have impact on marital stability
Karney & Crown	2007	Younger Age of Marriage	Younger age of marriage may further contribute to marital distress and instability
Karney & Crown	2007	Younger Age of Having Children	Having children sooner, compared to their civilian counterparts; these relatively young couples face financial stress to having to face these life challenges early with lower pay; having children young has been found to predict increased risk of marital dissolution
Sayers	2011	Lower Education	Lower education level may have impact on marital stability
Sayers	2011	Past interpersonal violence	Past IPV may impact marital stability
London et al.	2013	Geographic Separation	Extended and repeated separations serve as a challenge to active-duty military families
Allen et al.	2010	Geographic	Separation during deployments can

		Separation	undermine opportunities for positive connections and require significant adaptations in the communication processes of the couple
Riviere & Merrill	2011	Geographic Separation	Separation is considered another significant stressor for military families, that typically co-occurs with other stressors
Jennings-Kelsall et al.	2012	Geographic Separation	There is presence of feelings of relational uncertainty due to geographic separation and lack of physical presence of the service member. Prolonged separation during deployment exacerbates relational uncertainty.
Balderrama-Durbin et al.	2017	Reduced Communication	Reduced communication, combined with disruption of physical intimacy, may render either partner more vulnerable to seeking emotional or physical closeness with someone outside their primary relationship
Riviere & Merrill	2011	Reduced Communication	Communication with deployed spouse identified as a difficult redeployment challenge for military spouses
McNulty	2005	Reduced Communication	There is reluctance to worry the at-home partner and to distract the service member from warzone duties
Sayers	2011	Reduced Communication	Military personnel may feel constrained from discussing their deployment. This may be seen as secretiveness or withholding in the perspective of the nonmilitary partner.
Sayers	2011	Decreased Family Cohesion	Deployment decreases family cohesion (e.g. sense of togetherness) and organization
Jennings-Kelsall et al.	2012	Decreased Family Cohesion	The absence of shared turning points may be related to the emergency of various stressors, because military life inhibits the natural development of family identity. Many women adjust to their service member's absence during their first or subsequent births, birthdays, anniversaries, and other

			holidays
Sayers	2011	Feelings of Abandonment	Civilian spouses may have lingering resentment about feeling abandoned during deployment
Jennings-Kelsall et al.	2012	Feelings of Abandonment	Stay at home partners have to deal with the pressures of military lifestyle, including moving and restarting life, but can be exacerbated with having to manage without the support of their relational partner who may be away for work or deployment
Riviere & Merrill	2011	Problems with Reintegration	Long separations disrupt family routines and require significant adjustments from all family members
Sayers	2011	Problems with Reintegration	Service members may have difficulty accepting changes in their spouse, family routines, or changes in discipline or privileges granted to the children in their deployment/absence
Sayers	2011	Problems with Reintegration	Problems with negotiating family roles upon reintegration
Sayers	2011	Problems with Reintegration	Spouse of service member may experience a loss of autonomy after having adapted to the service member's absence and managing the household
Jennings-Kelsall et al.	2012	Problems with Reintegration	Relational uncertainty was also experienced in association with the service member's reintegration with the family after a period of deployment
Sayers	2011	Mental Health Stressors	Severity of psychiatric symptoms was positively associated with an index of family reintegration problems
McNulty	2005	Depression	During separation/deployment, at home spouses most often present with symptoms of depression (guilt, sleep disturbances, boredom, helplessness, fatigue, headaches, low self-esteem, poor concentration, hopelessness, anxiety, and suicidal ideation)
Riviere & Merrill	2011	Depression	Post-deployment, married soldiers

			reported symptoms of major depression, which was associated with lower marital quality, increased infidelity (or both soldier and spouse), and decreased trust. Deployment related depression was also related to increased plans to separate or divorce.
Jennings-Kelsall et al.	2012	Anxiety	Deployment separations can heighten anxiety, uncertainty, and loneliness, and can decrease relational closeness, satisfaction, and emotional support
Allen et al.	2010	PTSD	PTSD, alongside depression and anxiety, have been associated with greater levels of marital distress, marital conflict, and an increased intent to divorce
Gimbel & Booth	1994	PTSD	Combat causes PTSD and antisocial behaviors that increases marital adversity
Karney & Crown	2007	Financial Problems	Financial limitations put pressure on non-military spouses to seek employment
Sayers	2011	Bodily Injury	Bodily injuries increase difficulties for reintegration
London et al.	2013	Bodily Injury	Long-term service-related physical problems put strain on military marriages and disrupt typical patterns of relationship patterns and career over life course
Karney & Crown	2007	Bodily Injury	Service members returning from battle may bring home lasting injuries (emotional, mental, physical) that alter the dynamics of the existing relationship even after the member leaves the service
Jennings-Kelsall et al.	2012	Social Isolation	Military lifestyle leaves female at home partners feeling alone without company, and removed from sympathetic or friendly companionship
Karney & Crown	2007	Social Isolation	Military lifestyle separates military families from non-military sources of support by requiring that service

			members and their dependents relocation away from family and friends, and this separation can be a source of stress for military couples
Jennings-Kelsall et al.	2012	Social Isolation	Military families have a unique lifestyle that is often misunderstood by those who are not members of a military family; as a result, women expressed that their networks sometimes made them feel like an outsider or isolated from the world
Riviere & Merrill	2011	Social Isolation	Military families experiencing frequent relocations may be at risk for social isolation. This isolation entails a break from social networks, which provide emotional, instrumental, informational, and appraisal support. When military families move to a new location, they often move away from extended family members, friends, and other social ties. The resulting social isolation is a risk factor for adjustment problems
London et al.,	2013	Access to Sex Outside the Relationship	There may be increased opportunity for extramarital sex provided by access to commercial sex industries, which are often located near overseas bases or in places where service members go for rest and relaxation
Karney & Crown	2007	Access to Sex Outside the Relationship	The military requires spouses to be separated more frequently than civilian spouses. This means more opportunity/access to alternative partners amongst coworkers, with risk increased given that military personnel are sequestered away from their partners and often work closely with members of the opposite sex under extreme work conditions. The spouse who is not deployed is also confronted with alternative sources of companionship that would be less accessible, and less attractive, if the deployed spouse was present.
London et al.	2013	Access to Sex Outside the	Deployment may represent significant opportunity, and often motivation, for

		Relationship	extramarital sex
Riviere & Merrill	2011	Relocation	Relocations force service personnel and family members to adapt to new situations, typically leaving behind more familiar environments. Families are three times more likely than nonmilitary families to migrate out of the country in a given year. Living in foreign residence may be accompanied by homesickness and difficulty adjusting to the new environment and new routines. Although the service member may be busy with work-related demands, military spouses typically bear most of the burden of adjusting to the host country and a different cultural context.
London et al.	2013	Relocation	Repeated and extended geographic relocations have been a challenge for active-duty military families
Jennings-Kelsall et al.	2012	Relocation	Military spouses found it challenging to re-establish local support symptoms because of frequent moves
Balderrama-Durbin et al.	2017	History of Separation	Separation history increased infidelity risk; those who reported at least on separation in the current relationship prior to deployment were 4.6 times more likely to experience later infidelity compared with those with no separation history
Balderrama-Durbin et al.	2017	Past History of Infidelity	Service personnel who reported a history of infidelity prior to deployment were 8.1 times more likely to experience another infidelity during deployment compared with those without prior incidence

APPENDIX G

Evidence Table 2 - Infidelity Risk Factors (Secondary Citations)

Citation	Risk Factor	Impact on Relationship
Sayers et al., 2009, as cited in Sayers, 2011	Depression	Veterans with Major Depressive Disorder were more than three times more likely to report feeling like a guest in one's own home
Sherman et al., 2005, as cited in Allen et al., 2010	PTSD	Nightmares can lead to couples to sleep separately, which can interfere with intimacy. Avoidance symptoms can lead to isolation and rejection of fun activities with spouse. Arousal symptoms can contribute to tension, anger, and rapid escalation of conflict.
Ehlers & Clark, 2000, as cited in Allen et al., 2010	PTSD	Individuals with PTSD may be quite vulnerable to overgeneralizing from the trauma to a more general sense of threat/feeling that one is less capable in their efforts to achieve life goals, such as reacting to their own irritability and anger with thoughts regarding the dissolution of their marriage
Atkins et al., 2001, as cited in Snyder et al., 2011	Younger Age of Marriage	Soldiers tend to enlist young and marry young; just 1% of the civilian population under 20 is married, compared with nearly 14% of military members in the same age group, and marriage at a young age is a strong predictor of subsequent infidelity
Harrell et al., 2004, as cited in Riviere & Merrill, 2011	Lower Education	Military life negatively affected the educational goals of more than a third of military spouses
Cooper et al., 2008; Hutchinson et al., 2008, as cited in London et al., 2013	Risk Prone Personality Traits	Persons who are prone to taking risks may be selected into military service with their risk-taking behaviors carrying over into their marriages
Allen et al., 2005, as cited in Balderrama-Durbin et al., 2017	Geographic Separation	Periods of geographic separation is an established correlate of infidelity
Greene et al., 2010, as cited in Knobloch et al., 2013	Reduced Communication	Channel issues can hinder communications during deployment (e.g. expense, intermittent access, unreliable technology, confidentiality regulations)
Bowling & Sherman, 2008; Faber et al.,	Reduced Communication	Military couples may avoid discussed sensitive topics due to fear of vulnerability

2008, as cited in Knobloch et al., 2013		
Knobloch & Satterlee, 2009, as cited in Knobloch et al., 2013	Reduced Communication	Military couples experiencing relational uncertainty during reintegration may engage in topic avoidance because they are unwilling to risk the costs embedded in open communication.
Drummet et al., 2003; Knobloch & Theiss, 2012; Sahlstein et al., 2009, as cited in Knobloch et al., 2013	Reduced Communication	Open communication may reveal that infidelity occurred, or that individuals grew apart, or that resentment is brewing over sacrifices made during deployment
U.S. Army, 2007, as cited in Sayers, 2011	Reintegration Problems	The service member and spouse may not have similar expectations and desires about the pace of renewing emotional and sexual intimacy
Monson et al., 2008; Sayers et al., 2009; Tichenor et al., 2002, as cited in Snyder et al., 2011	Mental Health Stressors	High incidence of stress-related mental health problems among combat-exposed troops, evidenced 3-4 months after returning from deployment further strains couples relationships and renders them more vulnerable to infidelity
Allen, Stanley, Rhoades, Markman, and Loew, 2011, Allen et al., 2015	Mental Health Stressors	Deployment has been identified as one of the primary stressors for military spouses
Adler et al., 2005; Mental Health Advisory Team IV, 2007, as cited in Riviere & Merrill, 2011	Mental Health Stressors	Service members' mental health problems increased when deployments were longer or more frequent
Allen, Stanley, Rhoades, and Markman, 2011, as cited in Kachadourian et al., 2015	Mental Health Stressors	The frequent and lengthy deployments that characterize military service place considerable stress on the marriages and families of service members

Milliken et al., 2007, as cited in Knobloch & Theiss, 2011	Interpersonal Conflict	Soldiers report a fourfold increase in interpersonal conflict three to six months following deployment compared to immediately after returning home
Newman & Erickson, 2010, as cited in Knobloch et al., 2013	Anxiety	Anxiety can stifle one's ability to believe they can confidently navigate difficult conversation topics. Individuals with high level of generalized anxiety may be uncomfortable experiencing strong emotions, and subsequently may prefer to avoid witnessing and expressing intense affect
Taft et al., 2008, as cited in Riviere & Merrill, 2011	PTSD	Soldiers' trauma symptoms indirectly predicted low levels of relationship satisfaction in their spouses
Solomon, 1988, as cited in Riviere & Merrill, 2011	PTSD	PTSD symptoms such as emotional numbing and avoidance can negatively affect a service member's emotional involvement and family reintegration
Adler-Baeder et al., 2005, as cited in Karney & Crown, 2007	Financial Problems	Nearly two-thirds of military personnel fall into the lowest pay grades
Wolper et al., 2000, as cited in Karney & Crown, 2007	Financial Problems	Service members frequently report difficulties paying bills and meeting financial obligations
Conger et al., 1990; Conger et al., 2002, as cited in Karney & Crown, 2007	Financial Problems	Financial strain is a reliable longitudinal predictor of marital distress and dissolution
Rena et al., 1996, as cited in Riviere & Merrill, 2011	Bodily Injury	Military family members are much more likely to deal with injuries than deaths. Some injuries may lead to physical disabilities, which also have chronic and daily stressor dimensions in adapting to new limitations
Beckham et al., 1996, as cited in Riviere & Merrill, 2011	Bodily Injury	Family members and spouses may face caregiving burdens as they attend to the mentally and physically impaired combat Veterans
Malone et al., 1993, as cited in London et al.,	Access to Sex Outside of Relationship	It is possible that young, unmarried, active-duty personnel seek out experiences with commercial sex workers while they are deployed, and these experiences may make them

2013		more prone to have such relationships during their subsequent married lives
Snyder & Wills, 1989, as cited in Sayers, 2011	Employment	Low-skilled employment may also impact marital satisfaction and stability
Lim et al., 2007, as cited in Riviere & Merrill, 2011	Employment	Frequent relocations can limit employment opportunities for military spouses who are looking for work. Unemployment rates are higher in military spouses than in their civilian counterparts. Not only do military spouses have lower employment rates, but also earn less than civilian spouses.
Harrell et al., 2004, as cited in Riviere & Merrill, 2011	Employment	One in every three at-home military spouses that there were barriers to employment, including a lack of day care facilities, limited job availability, and employer bias against military spouses
Feldman, 1996, as cited in Riviere & Merrill, 2011	Employment	Underemployment negatively affects psychological well being
Defense Manpower Data Center, 2007, as cited in Riviere & Merrill, 2011	Relocation	In the military, service members and their families relocate frequently, typically at least once every 3 years
Burrell et al., 2006, as cited in Riviere & Merrill, 2011	Relocation	Foreign residence predicted poorer physical and mental health among military spouses
Hoge et al., 2004, as cited in Sayers, 2011	Stigma Against Mental Health Services	Clinicians working with military couples are particularly likely to find concerns from military Veterans about stigma and misunderstanding or defensiveness about their post-deployment difficulties

APPENDIX H

Evidence Table 3 - Relationship Outcomes Post-Infidelity (Direct Citations)

Citation	Year	Relationship Outcome	Impact on Relationship Post-Infidelity
McCarroll et al.	2008	Domestic Violence	Frequently reported precipitant of domestic violence included infidelity, amongst marital discord and jealousy.
Snyder et al.	2011	Domestic Violence	For persons recently learning of their partner's affair, research demonstrates behavioral effects, including partner violence
Alt	2006	Domestic Violence	Many times infidelity or the suspicious of infidelity leads to violence
Sayers	2011	Reintegration Problems	Upon return, military couples have to face severe marital discord and the impact of infidelity that occurred during deployment
McNulty	2005	Mental Health Stressors	Fears of infidelity may be a constant source of stress for the at-home spouse during separation/deployment
Snyder et al.	2011	Mental Health Stressors	For persons recently learning of their partner's affair, research demonstrates a range of negative emotional and behavioral effects including depression, suicidal ideation, acute anxiety, and symptoms similar to posttraumatic stress disorder
Snyder et al.	2011	PTSD	Reactions to infidelity include intrusive and persistent rumination about the affair, hypervigilance to relationship threats and the partner's interactions with others, vacillation of emotional numbing with affect dysregulation, physiological hyperarousal accompanied by disrupted sleep or appetite, difficulties in concentration, and a broad spectrum of symptoms similar to those in PTSD
Kachadourian et al.	2015	Mental Health Stressors	Both the experience of infidelity and concerns about infidelity were positively associated with posttraumatic stress syndrome, depression symptoms severity, post-deployment life stressors that were negatively associated with post-deployment social support
Snyder et al.	2011	Mental Health Stressors	Infidelity causes increased perceived loss of control and unpredictability for the partner regarding their relational future
Booth	1944	Mental Health Stressors	Real or suspected infidelity of civilian wife during deployment has led to nervous breakdowns

Monk et al.	2020	Mental Health Stressors	Perceptions of change of a partner's behavior, or suspicion of infidelity led to turmoil, which included relational turbulence, psychological distress, fighting, and feeling conflicted
Allen et al.	2012	Mental Health Stressors	Military couples with a history of infidelity who were randomly assigned to a marriage education program showed the lowest levels of satisfaction prior to the intervention
Balderrama-Durbin et al.	2017	Mental Health Stressors	History of infidelity increases pre-deployment stress compared to those with no history
Kachadourian et al.	2015	Decrease in Social Supports	Depletion of social supports due to shame following infidelity can lead to increased vulnerability to the effects of subsequent stressors, for example, a dissolved relationship or maltreatment by a significant other and thus increased psychological distress
Balderrama-Durbin et al.	2017	Separation or Divorce	Infidelity demonstrated a strong association with divorce for both Veteran and non-Veteran groups. Of the Airmen who experienced infidelity during or since their deployment, a majority of them (75%) reported divorcing their spouse, in contrast to only two Airmen (5.4%) who did not experience infidelity during this same time period
Sayers	2011	Difficulty Addressing Infidelity	Military couples may stay together after an incident of infidelity, but may be unsure how to heal from the incident
Snyder et al.	2011	Difficulty Addressing Infidelity	There are not many well-established treatment programs for military couples regarding infidelity; although the Army has responded with various programs to strengthen couples and families (e.g., the Deployment Cycle Support Program, the Strong Bonds program), none of these programs is designed to reduced adverse individual and relationship consequences of infidelity or specifically strengthen the couple's resistance to future affairs
Tooth	1944	Decrease in Social Supports	The relatively lower virulence of the effect of enemy action is probably due to the fact that it is rarely a solitary experience and morale can be built up against it. By contrast with these communal stressors, the infidelity of a wife affects the husband's self-esteem given that it is a solitarily experienced event

Allen et al.	2012	Decreased Communication	Military couples with a history of infidelity who were randomly assigned to a marriage education program showed the lowest levels of communication skills prior to the intervention
Kachadourian et al.	2015	Impact on Job Performance	The experiences of infidelity may also impact the ability of service members to do their jobs when in combat or serving on other missions during deployment

APPENDIX I

Evidence Table 4 - Relationship Outcomes Post-Infidelity (Secondary Citations)

Citation	Relationship Outcome	Impact on Relationship Post-Infidelity
Peebles-Kleiger & Kleiger, 1993, as cited in Sayers, 2011	Reintegration Problems	Other complications of reintegration also include concern about unknown infidelity
Cano & O'Leary, 2000; Olson et al., 2002; Spring & Spring, 1996, as cited in Kachadourian et al., 2015	Mental Health Stressors	Individuals who have discovered unfaithful partners may experience intense sadness, depression, anger, rage, anxiety, and jealousy
Glass, 2003; Spanier & Margolis, 1983; Wiggins & Lederer, 1984, as cited in Snyder et al., 2011	Mental Health Stressors	For the person who participated in the affair, they can also demonstrate symptoms of depression, suicidality, acute anxiety, especially when the threat of separation or divorce is on the table
Suicide Risk Management & Surveillance Office, 2008, as cited in Snyder et al., 2011	Suicide	U.S. Army estimates that approximately 50-65% of suicides among active-duty soldiers in recent years were precipitated by the breakup of an intimate relationship
Green et al., 1990; King et al., 1998, as cited in Kachadourian et al., 2015	PTSD	Infidelity may increase posttraumatic stress symptoms (PTSS) among individuals exposed to potentially traumatic events during deployment, such as combat exposure. This is consistent with research showing that exposure to additional stressors is associated with increases in PTSD among individuals who have experienced a prior trauma
Shackelford & Buss, 1997, as cited in Kachadourian et al., 2015	Mental Health Stressors	Even suspicion of infidelity can produce negative emotional experiences
Adler et al., 1994, as cited in London et al., 2013	Mental Health Stressors	Worries about marital infidelity are negatively associated with emotional well-being of active duty service members' spouses
Spring, 1997, as cited in Kachadourian et al., 2015	Decrease in Social Supports	Individuals whose partners are unfaithful may feel that they cannot turn to other family members or friends for support as a result of embarrassment about the infidelity, which may negatively impact mental health
Glass, 2003; Spanier & Margolis, 1983; Wiggins & Lederer,	Separation or Divorce	Disclosure or discovery of infidelity results in separation or threats of divorce

1984, as cited in Snyder et al., 2011		
Amato & Previti, 2003, as cited in Snyder et al., 2011	Separation or Divorce	Infidelity is the most frequently cited cause of divorce

APPENDIX J

Evidence Table 5 - Protective Factors Against Infidelity (Direct Citations)

Citation	Year	Protective Factor	Impact on Relationship
Karney & Crown	2007	Support Services Offered by the Military	Military provides health & child care service, relocation support, legal support, information support, extra financial support during deployments, and practical support to help families manage demands
Riviere & Merrill	2011	Support Services Offered by the Military	Army Family Readiness Groups: support initiatives provided by these groups include information and emotional support over the course of a deployment. Army Community Services: provide instrumental support by managing relocation hassles, job searches, and finding good child care. BATTLEMIND: part of the larger BATTLEMIND Training System; Army mandated that Spouse BATTLEMIND Training be offered before and after combat deployment. This training reviews the positive and negative aspects of military life, identifies and normalizes typical areas of deployment-related couples conflict, and emphasizes actions that both military spouses and soldiers can take to address the negative impact of deployment. One of the goals of this training is learning how to communicate effectively about the deployment and how to tell one's story
Karney & Crown	2007	Adaptive Processes	Adaptive processes are posted as mediating the impacts of military experiences on marital satisfaction
Rea et al.	2015	Adaptive Processes	Online communication appeared to assist couples in maintaining relationships during deployment, and allowed spouses to feel connected and less alone. Online communication also helped military spouses remain connected with family and friends, who serve as a means of personal support during times of uncertainty (e.g., relocation, separation). Social media served as a tool for sharing lived experiences between deployed

			couples, even despite geographic separation. However, some spouses felt concern about social media opening up platforms for their husbands to pursue extramarital communication during deployment.
Alt	2006	Adaptive Processes	Sense of shared mission may provide more fulfillment in sacrifice, as these partners couple perceive that sacrifice to the spouse as a sacrifice to country and mission
Allen et al.	2010	Adaptive Processes	Adaptive processes are considered a good point of intervention/education since these processes help couples protect or restore their relationship from the effects of PTSD, which is consistent with current research-based couples interventions

APPENDIX K

Evidence Table 6 - Protective Factors Against Infidelity (Secondary Citations)

Citation	Protective Factor	Impact on Relationship
U.S. Department of Defense, 2004, as cited in Riviere & Merrill, 2011	Support Services Offered by the Military	Family Centers and Family Assistance Centers: Provided for both active-duty and reserve component families, these centers provide communication resources (videophone access), and deployment and post-deployment education among other resources
Blow & Hartnett, 2005, as cited in London et al., 2013	Military Reprimands Infidelity	There are direct admonitions against infidelity in the military, which might deter the behavior
Gottman et al., 2002; Markman et al., 2010, as cited in Allen et al., 2010	Adaptive Processes	Communication has been empirically demonstrated to be important in general marital success
Gottman et al., 2002; Markman et al., 2010, as cited in Allen et al., 2010	Adaptive Processes	Positive bonding (e.g., fun, friendship, and physical intimacy) has been empirically demonstrated to be important in general marital success
Lantz et al., 2005, as cited in Jennings-Kelsall et al., 2012	Access to Social Supports	Access to social supports can moderate impact of stress on well-being military spouse and partner
Bowen et al., 2003; Pittman et al., 2004, as cited in Karney & Crown, 2007	Access to Social Supports	Military families, especially those living on or near bases, form a supportive community for each other, and the ability to rely on that community has been shown to facilitate positive outcomes

APPENDIX L

Evidence Table 7 - Treatments for Infidelity (Direct Citations)

Citation	Year	Treatment	Treatment Description
Sayers	2011	BATTLEMIND	The goal of this program is to help soldiers make post-deployment behavioral transition (which can also be provided alongside a spouse-BATTLEMIND version that helps spouses ease service members' transition)
Sayers	2011	Behavioral Couples Therapy (BCT)	Utilizing Behavioral Couples Therapy to focus on family reintegration issues, even if the Veteran is in individual therapy, may be advantageous
Sayers	2011	Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD)	One of the benefits of this program is that many of the suggestions for addressing reintegration using BCT can be integrate within communication exercises contained within CBCT-PTSD. This program has received very favorable and growing empirical support
Snyder et al.	2011	Affair-Specific Intervention Integrated into CBCT & IOCT	Military chaplains have emerged as the favored option for delivering interventions tailored to infidelity
Snyder et al.	2011	Chaplains as Primary Counselors	In the Armed Services, chaplains are the only counseling providers whose services remain strictly confidential, which is an important consideration given that infidelity remains a punishable offense under Article 134 of the Uniform Code of Military Justice
Allen et al.	2015	Strong Bonds	Strong Bonds is an adaptation of PREP and is offered by Army Chaplains to both active duty and Veteran Army personnel and their partners. There are variations of Strong Bonds, including programs for unmarried soldiers, military couples, military families, and for military-specific events such as deployment and reintegration. Strong Bonds helps address the relational needs of service members through psychoeducational workshops designed to prevent or alleviate marital distress and risk of divorce by reducing

			<p>negative communication patterns and increase positive interactions between partners. Military couples with a history of infidelity who participated in the Strong Bonds program evidenced significant gains in marital satisfaction when comparing relationship functioning before Strong Bonds and 1 year following the program. Military couples with a history of infidelity demonstrated improvements in communication skills following Strong Bonds. Strong Bonds can serve as an access point for military couples seeking additional and more intensive support.</p>
Baddeley & Pennebaker	2011	Writing Activities	<p>Expressive writing, such as writing about one's relationship, has been found to support longer-lasting relationships and reductions in anger and distress following infidelity in civilian couples. There is evidence that this activity may be an effective intervention for military couples as well; military couples' relationship satisfaction was noted to increase, with subsequent decrease in verbal disputes, after the service member began engaging in emotional writing. This is particularly useful given that many service members face traumatic events while on duty, subsequently suppressing their emotions</p>

APPENDIX M

Evidence Table 8 - Treatments for Infidelity (Secondary Citations)

Citation	Treatment	Treatment Description
Baucom et al., 1998, as cited in Sayers, 2011	Behavioral Couples Therapy	This form of therapy is a multifaceted intervention that is suitable for military population due to its empirical support, extensive application across a broad range of types of couples, and the flexibility for addressing some of the unique needs of these couples
Epstein & Baucom, 2002, as cited in Snyder et al., 2011	Cognitive-Behavioral Couples Therapy (CBCT)	CBCT is a skill-based approach emphasizing communication skills (e.g., emotional expressiveness and problem-solving), as well as behavior-change skills (e.g. constructing independent or shared behavior change agreements), with additional emphasis on cognitive processes (e.g., relationship beliefs and standards, expectancies, and interpersonal attributions) that moderate the initiation, maintenance, or impact of these relationship skills
Snyder & Mitchell, 2008, as cited in Snyder et al., 2011	Insight-Oriented Couple Therapy (IOCT)	IOCT is a developmental approach emphasizing the identification, interpretation, and resolution of conflictual emotional processes in the couple's relationship related to enduring maladaptive interpersonal patterns established in previous relationships
Snyder et al., 2007, as cited in Snyder et al., 2011	Affair-Specific Intervention Integrated into CBCT & IOCT	Consistent with conceptualization of infidelity as an interpersonal trauma, this affair-specific intervention for couples also draws on literature regarding recovery from interpersonal injury, including an emerging empirical literature on stages and processes of forgiveness. Similar to trauma-based approaches, across diverse conceptualizations of recovery from interpersonal injury, a crucial component involves developing a changed understanding of why the injury or betrayal occurred and reconstructing a new meaning for the event. The treatment for affair couples is organized into three stages: 1) dealing with the initial impact, 2) exploring context and finding meaning, and 3) moving on. The preliminary evaluation of this intervention was originally designed to be delivered in 25 sessions across 6 months.
Gordon et al., 2004, as cited in Snyder et al., 2011	Affair-Specific Intervention Integrated into CBCT & IOCT	The majority of couples who underwent this program showed significant reductions in PTSD symptomatology, depression, and marital distress; individuals whose partner had engaged in the affair reported greater forgiveness toward their partner
Snyder et al., 2007, as cited in Snyder et al., 2011	Affair-Specific Intervention Integrated into CBCT & IOCT	This treatment has been adjusted for military couples, especially considering the length of their deployment cycle and how it precludes treatment lasting several months or longer; thus an abbreviated intervention

		protocol may be essential. The 25-session treatment was modified into an 8-session intervention for military couples recovering from infidelity based on the full-length treatment previously demonstrating to be effective.
Doss et al., 2009, as cited in Snyder et al., 2011	Affair-Specific Intervention Integrated into CBCT & IOCT	Military couples more often seek the assistance of clergy than mental health professionals when pursuing relationship preparation or counseling,
Shinseki, 2003, as cited in Snyder et al., 2011	Affair-Specific Intervention Integrated into CBCT & IOCT	Chaplains are the first-ranked counseling resource sought by soldiers
Markman et al., 2010, as cited in Allen et al., 2015	PREP and Strong Bonds	PREP, also known as Prevention and Relationship Education Program, is a couples-based psychoeducational prevention program, typically delivered in workshop format that focuses on developing the tools needed for couples to thrive. These tools include conflict management, problem solving, preservation of fun and friendship, and managing relationship expectations and commitment.
Halford & Snyder, 2012; Markman, 2014; Markman & Rhoades, 2012, as cited in Allen et al., 2015	PREP and Strong Bonds	PREP is different from other forms of intervention because couples that participate are not usually expected to reveal personal information given that it is education based instead of in therapy format
Institute of Medicine, 1994; Jakubowski et al., 2004, as cited in Allen et al., 2015	PREP and Strong Bonds	PREP and various versions of PREP (including Strong Bonds) has had positive effects on relational functioning and is considered an effective program
Bowling & Sherman, 2008; Faber et al., 2008, as cited in Knobloch et al., 2013	Writing Activities	Writing can be an effective alternative to verbal communication of one's experiences while deployed, especially given that direct conversations about such experiences may prove too triggering and uncomfortable
Baucom et	Prioritizing	For couples reporting infidelity or suspected infidelity, the

al., 2009, as cited in Sayers, 2011	Relationship Issues	clinician might first consider the acuity of the concerns compared with the range of other presenting problems in order to decide of the concerns about infidelity should be the focus of sessions, relative to another problem, like PTSD
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APPENDIX N

Evidence Table 9 - Other Data Related to Military Couples & Infidelity (Direct Citations)

Citation	Year	Other Data	Other Data Description
Riviere et al.	2012	Marital Quality	Rates of marital quality has decreased over time following deployment
Alt	2006	Infidelity as a common concern	Infidelity has been cited as a concern for military couples, particularly the possibility of infidelity during deployment
Monk et al.	2020	Stereotype	Military men are stereotyped as being unfaithful
Balderrama-Durbin et al.	2017	When infidelity occurs	The majority of affairs occur during deployment over course of marriage of married service members
Gimbel & Booth	1994	Infidelity as a common concern	Infidelity has been cited as a concern for military couples, with evidence that infidelity is more prevalent in military or Veteran populations than among civilian populations

APPENDIX O

Evidence Table 10 - Other Data Related to Military Couples & Infidelity (Secondary Citations)

Citation	Other Data	Other Data Description
Curran, 1985, as cited in Jennings-Kelsall et al., 2012	Military families face the same problems as civilian families on top of unique military burdens	Military families face the same challenges as all families, including financial difficulties, child-rearing issues, insufficient alone time, spousal relational troubles, and overscheduling
Black, 1993, as cited in Jennings-Kelsall et al., 2012	Military families face the same problems as civilian families on top of unique military burdens	Families in the military are also subject to distinct stressors related to relocation, deployment, and frequent moves
Hoge et al., 2004, as cited in Jennings-Kelsall et al., 2012	Military population makes up a significant demographic of our population	As of 2009, more than two million service members have deployed in support of the Global War on Terror, resulting in the largest number of troops returning from a war zone since the Vietnam War
Defense Manpower Data Center, 2009, as cited in Snyder et al., 2011	Increasing rates of divorce	Both the prevalence and adverse consequences of relationship problems among military couples have generated growing concern. For example, between 2001 and 2007, the divorce rate in the Army more than doubled
Peebles-Kleiger & Kleiger, 1994, as cited in Sayers, 2011	Infidelity as a common concern	Infidelity is a common concern among military service members and their spouses during deployment
Atkins et al., 2005, as cited in Snyder et al., 2011	Infidelity as a common concern	Among military couples seeking marital therapy from U.S. Army family life chaplains, roughly 50-60% seek assistance with issues of infidelity, which is a rate strikingly higher than for the percentage of civilian couples in marital therapy (approximately 15%)