

Annotated Bibliography for Military Sexual Trauma



DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE
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DISCALIMER: The findings in this report are not to be construed as providing an official DEOMI, U.S Military Services, or Department of Defense position, unless designated by other authorized documents.

Burgess, A. W., Lee, W. J., & Carretta, C. M. (2016). Online reporting of military sexual trauma. *Military Medicine*, 181(4), 350-355.

Case finding and treatment of military sexual trauma (MST) remains a serious problem in military and veteran populations as well as in the civilian population. This report provides descriptive examples, with statistics, of persons serving in the military or while living/working on a military base when they experienced unwanted sex. Males, more than females, never disclosed MST before online survey, had more physical injuries as a result and reported chronic disturbing thoughts of the experience. Undisclosed and unreported intrafamilial childhood sexual experiences were cited before an MST by some respondents. Interprofessional collaboration is recommended between military nurse practitioners and behavioral health clinicians as well as innovative strategies using telecommunication and online counseling.

Holland, K. J., Rabelo, V. C., & Cortina, L. M. (2016). Collateral damage: Military sexual trauma and help-seeking barriers. *Psychology of Violence*, 6(2), 253-261.

OBJECTIVE: Military Sexual Trauma (MST) can be a harmful aspect of military life. Despite the availability of resources, Service members may encounter barriers that impede help-seeking for sexual assault (i.e., encountering logistical constraints, anticipating stigma). We examined how such barriers undermine wellbeing (i.e., exacerbate symptoms of depression and posttraumatic stress disorder [PTSD]) among MST survivors, both women and men. Additionally, we investigated how these barriers aggravate depression among Service members who feel unsafe from sexual assault.

METHOD: The current study was a secondary analysis of the 2010 Workplace and Gender Relations Survey of Active Duty Members (WGRA; N 26,505). Personnel who had experienced MST (n 542) and those who felt unsafe from sexual assault (n 1,016) were included in the analyses.

RESULTS: The most commonly endorsed barriers were fears that they would be seen as weak, their leaders may treat them differently, and their coworkers might have less confidence in them. As expected, both MST survivors and those feeling unsafe reported more negative psychological symptoms as a function of help-seeking barriers.

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CONCLUSIONS: Results suggest that removal of these barriers may be helpful for the protection of mental health—among assault victims and nonvictims alike. For instance, efforts could be taken to reduce logistical barriers (e.g., allowing time for health care visits) and stigma (e.g., enhancing training for all personnel who work with MST survivors).

Holliday, R., Williams, R., Bird, J., Mullen, K., Suris, A. (2015). The role of cognitive processing therapy in improving psychosocial functioning, health, and quality of life in veterans with military sexual trauma-related posttraumatic stress disorder. *Psychological Services, 12*(4), 428-434.

Although research has identified evidence-based treatments (EBTs) for military sexual trauma (MST)- related posttraumatic stress disorder (PTSD), few studies have examined the effect of such treatments on psychosocial functioning, health or quality of life in individuals with MST-related PTSD. Male and female veterans (N 45) with MST-related PTSD took part in a randomized clinical trial that included either 12 weeks of an evidence-based psychotherapeutic treatment (cognitive processing therapy; [CPT]) or a standard control condition (present centered therapy) and 6 months of follow-up. To assess quality of life and psychosocial functioning, each participant was administered the Quality of Life Inventory and the Short Form (36) Health Survey. Using a hierarchical linear modeling approach, results demonstrated that participants treated with CPT reported significantly higher physical functioning over time than did participants treated with PCT. Implications are discussed with regard to the role of psychotherapy in improving a patient's psychosocial and health functioning.

Hyun, J. K., Pavao, J., & Kimerling, R. (2009). Military Sexual Trauma. *PTSD Research Quarterly, 20*(2), 1-8.

Summary: Designed to promote understanding of sexual trauma in the military, this article reports the epidemiology, health correlates, related conditions, and treatment options for MST. Additionally, the abstracts of related articles are provided as sources to further inform the reader on the pervasive issue of sexual trauma among military personnel. This publication is replete with information that clearly defines MST and its prevalence. Moreover, it works to illuminate its physical and psychological consequences and the best ways to address these in order to encourage recovery. These characteristics make this article a possible educational tool for individuals hoping to cultivate a foundational understanding of sexual trauma in the military.

O'Brien, C., Keith, J. & Shoemaker, L. (2015). Don't tell: Military culture and male rape. *Psychological Services, 12(4), 357-365.*

The issue of sexual assault that occurs during military service has been a focus of attention over the past several years. Although approximately 50% of survivors of military sexual assault are men, virtually all of the literature focuses on the assault of female service members. Research has demonstrated that cultural variables are robust correlates of the sexual assault of women. This paper proposes that cultural variables are equally important when examining the rape of men, especially when this assault occurs in military contexts. We discuss male rape myths and related constructs as they are expressed within military culture. The results of data analysis from a treatment sample of veterans with military sexual trauma (MST)-related posttraumatic stress disorder (PTSD) and clinical case examples are presented to further explore the concepts. We conclude that male rape myths and related beliefs that arise from cultural norms and are further amplified and modified by military culture impact male MST survivors and delay or obstruct their recovery. Suggestions for clinical application and future research are offered to encourage further efforts in this important area of practice.

Potter, S. J. & Moynihan, M. M. (2011). Bringing in the bystander in-person prevention program to a U.S. military installation: Results from a pilot study. *Military Medicine, 176(8), 870-875*

OBJECTIVES: This pilot study describes an evaluation of the Bringing in the Bystander (BITB) in-person program conducted with United States Army Europe personnel.

METHODS: The sample was comprised of 394 soldiers (29% participated in and 71% had not participated in the BITB program). Data were analyzed 4½ months after the program was presented.

RESULTS: Compared to the soldiers who did not participate in the program, soldiers who participated in the program were significantly more likely to report that they had engaged in one or more of the 117 behaviors, that they had helped an acquaintance or a stranger, and that they had taken action when they saw sexual assault or stalking occurring, about to occur or after it had occurred.

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CONCLUSIONS: The results indicate that with thoughtful and appropriate modifications, the BITB in-person prevention program, initially developed for a college audience, can be transferred to a military audience.

Rau, T. J., Merrill, L. L, McWhorter, S. K., Stander, V. A., Thornsen, C. J., Dyslin, C. W., ... Milner, J. S. (2011). Evaluation of a sexual assault education/prevention program for female U.S. Navy personnel. *Military Medicine*, 176(10), 1178-1183.

The U.S. Navy Sexual Assault Intervention Training (SAIT) program for women was evaluated in a randomized clinical trial. The SAIT uses multiple presentation modalities (lecture, slides, discussion, film) to provide information related to sexual assault, including risk factors, consequences, prevention, and relevant military regulations. Female personnel who had completed basic training (N = 550) participated in the SAIT or a Comparison condition, and then completed measures of rape knowledge, empathy for rape victims, and acceptance of rape myths (false beliefs about rape justifying sexual violence). Results showed that the SAIT increased factual knowledge about rape. In addition, the SAIT increased empathy with rape victims in some groups of women. However, the program did not reduce women's rape myth acceptance. Given the enormity of the problem of sexual assault and these promising initial findings, additional research on the efficacy of the SAIT is clearly warranted.

Rau, T. J., Merrill, L. L, McWhorter, S. K., Stander, V. A., Thornsen, C. J., Dyslin, C. W., ... Milner, J. S. (2011). Evaluation of a sexual assault education/prevention program for male U.S. Navy personnel. *Military Medicine*, 175(6), 429-434.

A randomized clinical trial was conducted to evaluate the effectiveness of the Navy Sexual Assault Intervention Training (SAIT) program for men. A four-group Solomon design was used to control for possible pretest sensitization effects. Male Navy personnel (N = 1,505) were assessed for rape knowledge, rape myth acceptance (two scales), and rape empathy after participating in the SAIT program or viewing an educational video about HIV/AIDS (comparison condition). The SAIT program was found to be effective in increasing rape knowledge, reducing rape myth acceptance, and increasing empathy for rape victims. As expected, men who had exhibited previous coercive sexual behavior, compared with those who had not, reported lower levels of knowledge, higher levels of rape myth acceptance, and less rape empathy. However, the SAIT program was generally effective in changing men's knowledge, beliefs, and feelings on the key measures, regardless of participants' histories of coercive sexual behavior.

Turchik, J. A., McLean, C., Rafie, S., Hoyt, T., Rosen, C. S., & Kimerling, R. (2013). Perceived barriers to care and provider gender preferences among veteran men who have experienced military sexual trauma: A qualitative analysis. *Psychological Services, 10*(2), 213-222.

Research suggests that there may be unique barriers to accessing care among men who have experienced sexual trauma. The primary goal of the current research was to elucidate potential barriers to accessing military sexual trauma (MST)-related care for male veterans. A secondary goal was to explore whether veterans have preferences regarding the gender of clinicians providing MST-related care. Qualitative analyses were used to examine data collected from semistructured interviews conducted with 20 male veterans enrolled in Veterans Health Administration care who reported MST but who had not received any MST-related mental health care. Veterans identified a number of potential barriers, with the majority of reported barriers relating to issues of stigma and gender. Regarding provider gender preferences, veterans were mixed, with 50% preferring a female provider, 25% a male provider, and 25% reporting no gender preference. These preliminary data suggest that stigma, gender, and knowledge-related barriers may exist for men regarding seeking MST-related care. Interventions to address potential barriers, such as outreach interventions and providing gender-specific psychoeducation, may increase access to care for male veterans who report MST.

Voelkel, E., Pukay-Martin, N. D., Walter, K. H., & Chard, K. M. (2015). Effectiveness of cognitive processing therapy for male and female U.S. veterans with and without military sexual trauma. *Journal of Traumatic Stress, 174-182.*

Military sexual trauma (MST) affects approximately 2% and 36% of male and female veterans, respectively, (e.g., Allard, Gregory, Klest, & Platt, 2011). Although the deleterious consequences of MST have been clearly established, few studies have explored treatment effectiveness for this population. Using archival data from a residential treatment program, the current study explored the effectiveness of cognitive processing therapy (CPT) in treating full or subthreshold posttraumatic stress disorder (PTSD) to compare U.S. veterans reporting an MST index trauma (MST-IT) to those without MST-IT. Of the 481 participants, 40.7% endorsed MST-IT. Multiway frequency analyses were utilized to compare men and women with and without MST on baseline demographic variables. Hierarchical linear models were constructed to investigate treatment outcome by MST status and sex. Results showed that 44.8%, 23.8%, and 19.6% of the variation in clinician- and self-reported PTSD and depression symptoms were explained by three models.

Scores on all outcome measures significantly decreased over time for both groups. Additionally, women demonstrated a sharper decrease in PTSD symptoms over time than men. Lastly, men who reported MST-IT had higher PTSD symptoms than men without MST-IT on average. With no control group or random assignment, preliminary findings suggest residential treatment including CPT may be effective for MST-IT regardless of sex.

Voller, E., Polusny, M. A., Noorbaloochi, S., Street, A., Grill, J., & Murdoch, M. (2015). Self-efficacy, male rape myth acceptance, and devaluation of emotions in sexual trauma sequelae: Finds from a sample of male veterans. *Psychological Services, 12(4), 420-427.*

Sexual trauma is an understudied but regrettably significant problem among male Veterans. As in women, sexual trauma often results in serious mental health consequences for men. Therefore, to guide potential future interventions in this important group, we investigated associations among self-efficacy, male rape myth acceptance, devaluation of emotions, and psychiatric symptom severity after male sexual victimization. We collected data from 1,872 Gulf War era Veterans who applied for posttraumatic stress disorder (PTSD) disability benefits using standard mailed survey methods. The survey asked about history of childhood sexual abuse, sexual assault during the time of Gulf War I, and past-year sexual assault as well as Veterans' perceived self-efficacy, male rape myth acceptance, devaluation of emotions, PTSD, and depression symptoms. Structural equation modeling revealed that self-efficacy partially mediated the association between participants' sexual trauma history and psychiatric symptoms. Greater male rape myth acceptance and greater devaluation of emotions were directly associated with lower self-efficacy, but these beliefs did not moderate associations between sexual trauma and self-efficacy. In this population, sexual trauma, male rape myth acceptance, and devaluation of emotions were associated with lowered self-efficacy, which in turn was associated with more severe psychiatric symptoms. Implications for specific, trauma-focused treatment are discussed.

Washington, D. L., Yano, E. M., McGuire, J., Hines, V., Lee, M., & Gelberg, L. (2010). Risk factors for homelessness among women veterans. *Journal of Health Care for the Poor and Underserved, 21, 81-91.*

BACKGROUND. Women veterans are three to four times more likely than non-veteran women to become homeless. However, their risk factors for homelessness have not been defined.

METHODS. Case-control study of non-institutionalized homeless women veterans (n533) and age-matched housed women veterans (n5165). Health, health care, and factors associated with

homelessness were assessed using multiple logistic regression with a Monte Carlo algorithm to estimate exact standard errors of the model coefficients and p-values.

RESULTS. Characteristics associated with homelessness were sexual assault during military service, being unemployed, being disabled, having worse overall health, and screening positive for an anxiety disorder or post-traumatic stress disorder. Protective factors were being a college graduate or married.

CONCLUSIONS. Efforts to assess housed women veterans' risk factors for homelessness should be integrated into clinical care programs within and outside the Veterans Administration. Programs that work to ameliorate risk factors may prevent these women's living situations from deteriorating over time.