

Sexual Harassment and Sexual Assault During Military Service

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Amy E. Street Ph.D.

**Women's Health Sciences Division,
National Center for PTSD**

**Assistant Professor, Psychiatry,
Boston University School of Medicine**

Learning Objectives

- 1** Be familiar with the terms used to describe sexual harassment and sexual assault in the military
- 2** Describe estimates of the frequency of sexual harassment and assault in the military
- 3** Describe the mental health impact of sexual harassment and assault in the military and understand the implications for care

Definitions

Sexual Harassment

- ▶ Unwanted sexual experiences that occur in the workplace and create an intimidating, hostile, or offensive working environment
or
- ▶ A situation where participation in or tolerance of unwanted sexual experiences is a condition of employment or is used as the basis for employment decisions

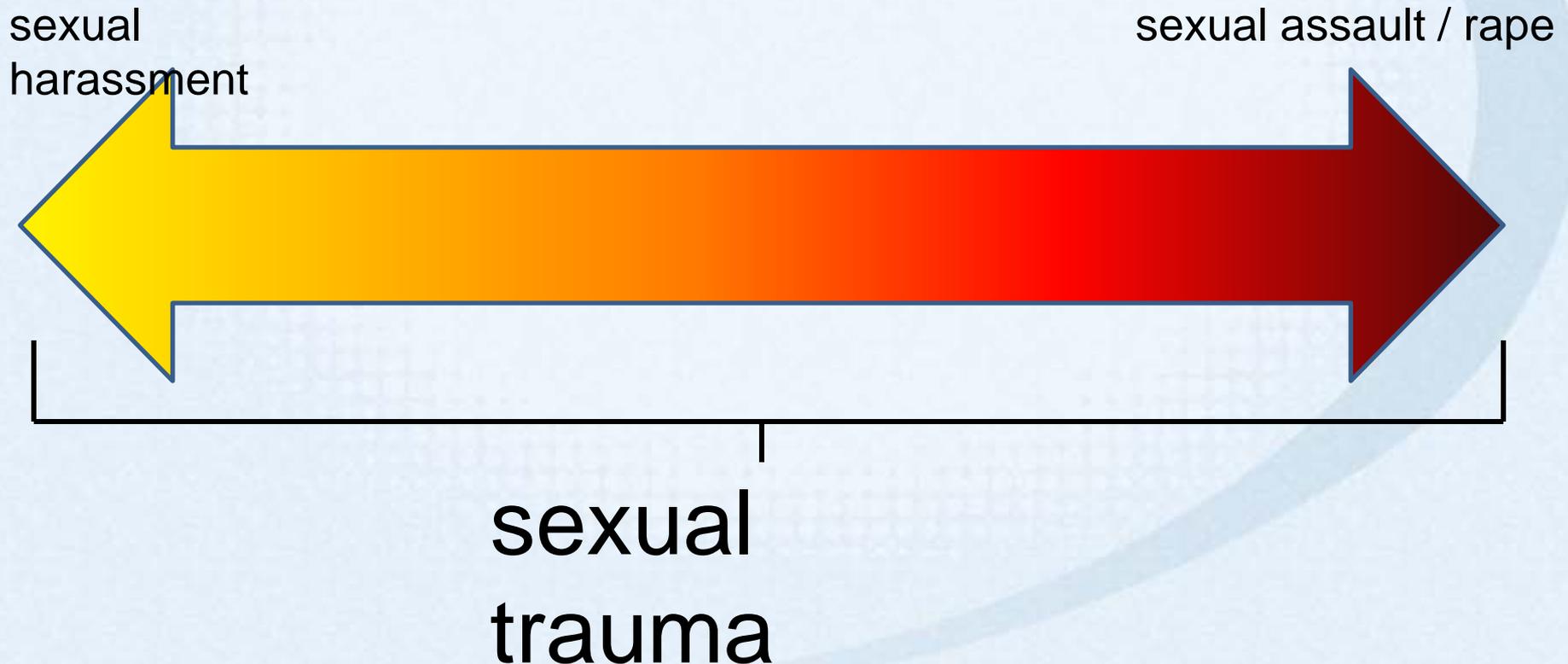
Definitions (cont.)

Sexual Assault

- ▶ Unwanted physical sexual contact involving some type of coercion
 - Physical force
 - Threats of harm
 - Abuse of authority (e.g., “command rape”)
 - When the victim does not or cannot freely consent (e.g., due to intoxication or cognitive impairment)

Definitions (cont.)

- Physical contact can range from touching to rape
- Think of a continuum of severity

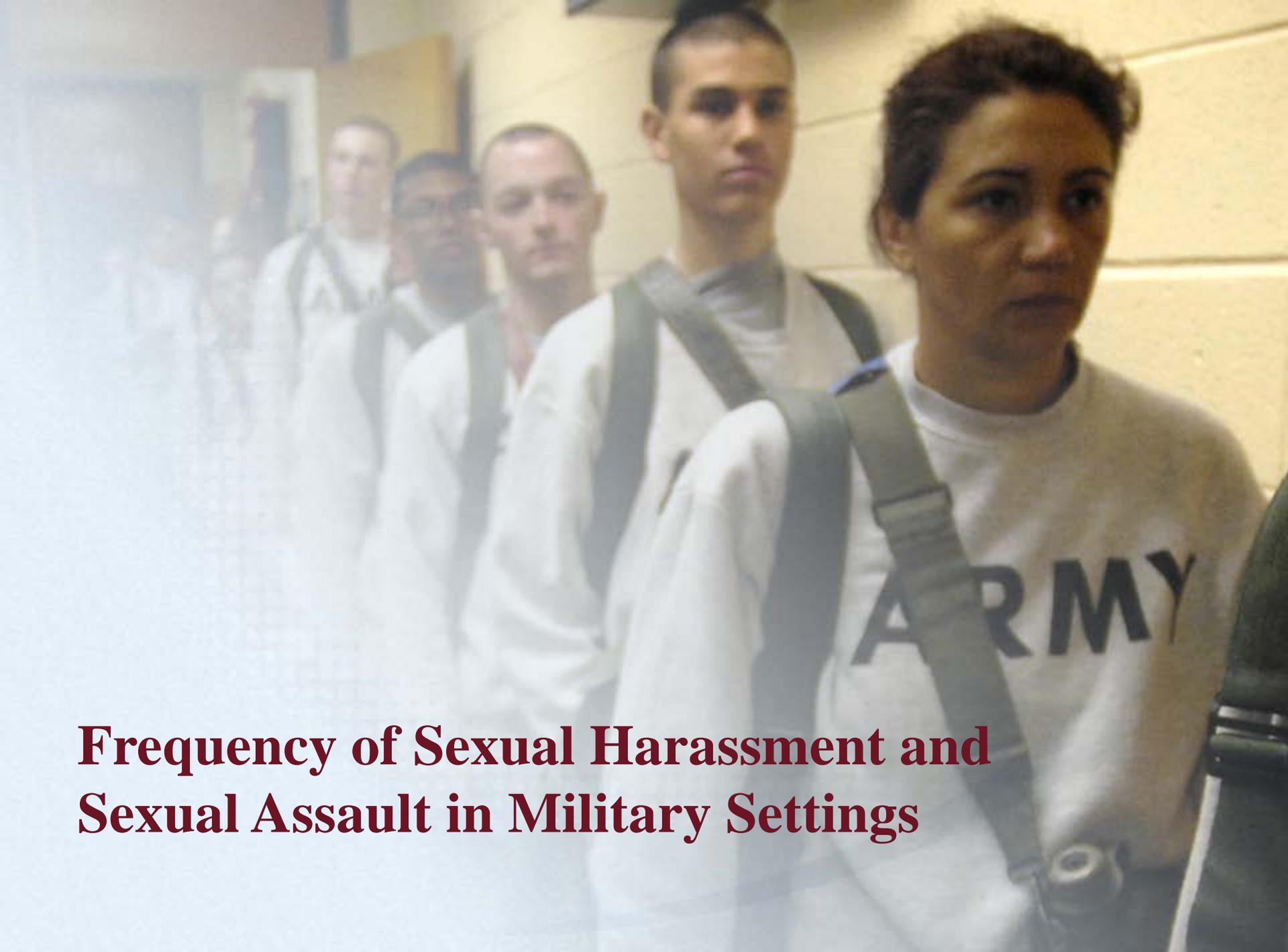


Definitions (cont.)

“Military sexual trauma” (or “MST”)

- ▶ Term used by the Department of Veterans Affairs
- ▶ Defined by U.S. Code:

“Psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment [“repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character”] which occurred while a Veteran was serving on active duty or active duty for training.”



**Frequency of Sexual Harassment and
Sexual Assault in Military Settings**

Difficult to Identify How Common These Experiences are

- ▶ Frequency rates vary substantially across studies
- ▶ Differences in rates are affected by:
 - The group of people surveyed
 - The time period asked about
 - The wording of the survey questions
 - The participants' beliefs about their anonymity
 - The characteristics of the interviewer and organization sponsoring the survey

Frequency Among Active Duty Personnel

- ▶ 2006 Workplace and Gender Relations Survey of Active Duty Members
- ▶ Conducted by Department of Defense via Internet and mailed paper surveys
- ▶ Survey responses are not connected to identifying information
- ▶ 23,595 respondents
- ▶ Asked about experiences consistent with definitions of sexual harassment and sexual assault in the past year

Frequency Among Active Duty Personnel (cont.)

With reference to the past year,

- ▶ 52% of women and 29% of men reported experiencing offensive sexual behavior
- ▶ 31% of women and 7% of men reported experiencing unwanted sexual attention
- ▶ 9% of women and 3% of men reported experiencing some form of sexual coercion
- ▶ 6.8% of women and 1.8% of men reported experiencing unwanted sexual contact

Frequency Among Users of VA Healthcare

- ▶ In the Department of Veterans Affairs, all users of VA Healthcare are screened by a health-care provider for experiences of MST
- ▶ 4,205,680 Veterans who used VA healthcare in fiscal year 2008 have been screened
- ▶ “While you were in the military...
 - Did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?
 - Did someone ever use force or the threat of force to have sexual contact with you against your will?”

Frequency Among Users of VA Healthcare (cont.)

- ▶ Veterans who respond positively to either item are considered to have screened positive for MST
- ▶ A positive screen does not indicate the Veteran's current subjective distress, diagnosis, interest in, or need for treatment

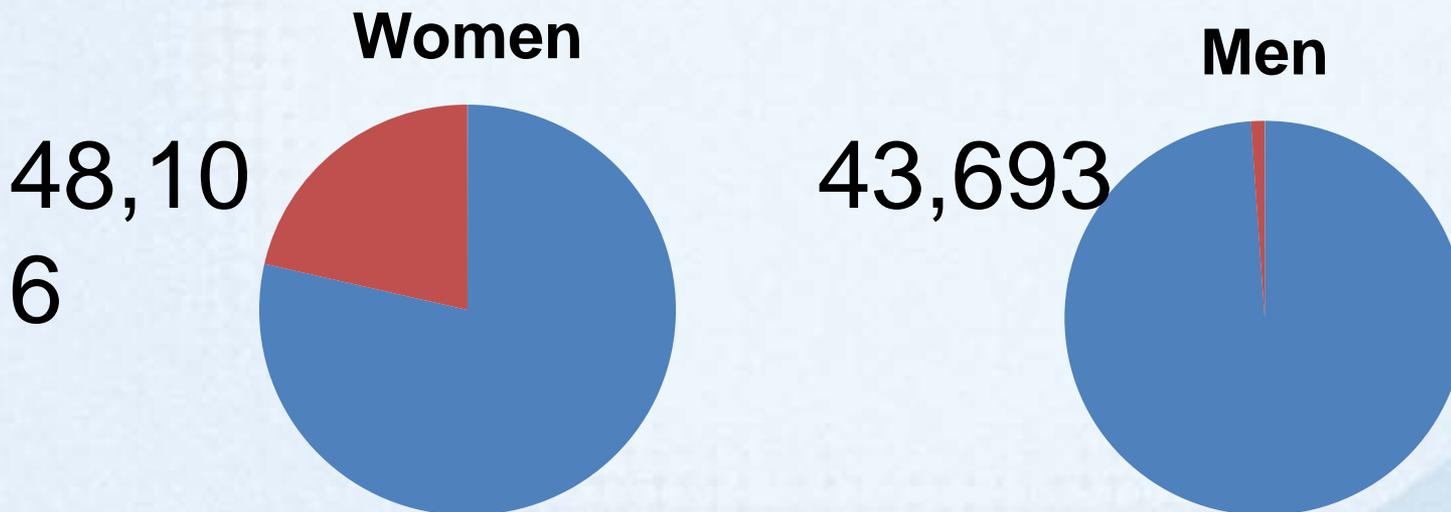
Frequency Among Users of VA Healthcare (cont.)

- A positive response does not indicate if the perpetrator was a member of the military

VA Statistics	DoD Statistics
<ul style="list-style-type: none">• Asks about Veterans from all eras• Ask about experiences any time in the military• Are not anonymous	<ul style="list-style-type: none">• Asks only about active service members• Ask only about experiences in the past year• Are anonymous

Frequency Among Users of VA Healthcare (cont.)

With reference to their entire military service, **21.4% of women** and **1.1% of men** reported they had experienced MST



Frequency Among OEF/OIF Users of VA Healthcare

Population	Time frame	Women	Men
All VHA users FY 2008	Anytime during service	21.4% (48,106)	1.1% (43,693)
OEF/OIF VHA users FY 2008	Anytime during service (i.e., not necessarily while deployed)	17.1% (4,184)	.8% (1,244)

Why are rates lower among OEF/OIF Veterans?

- ▶ Possibly decreases in rates of MST
- ▶ Possibly delays in disclosure and/or seeking care

Men and Sexual Trauma in the Military

- ▶ Sexual harassment and assault are sometimes thought of as women's issues
 - Rates of sexual harassment and assault in the military are indeed higher among women
 - However, smaller rates for men nonetheless result in a significant absolute number of victimized men, given the disproportionate ratio of men to women in the military
- ▶ In addition, there are ways in which experiences of sexual trauma may be particularly damaging for male survivors



**Mental Health Impact of Sexual
Trauma
in The Military and Implications
for Care**

Impact of Sexual Trauma in the Military

- ▶ Across a range of studies, male and female Veterans with histories of sexual harassment and/or assault in the military (as compared to those without those histories) report:
 - More mental health problems
 - More physical health symptoms and conditions
 - More problems readjusting after discharge

Impact of Sexual Trauma in the Military (cont.)

- ▶ For example, a recent study of all Veterans using VA healthcare found that Veterans who reported experiencing MST were at a threefold risk for receiving a mental health diagnosis, as compared to those who did not report MST
- ▶ Most frequently identified diagnoses included:
 - Anxiety disorders
 - Depression
 - Dissociative disorders
 - Eating disorders
 - Bipolar disorders
 - Substance use disorders
 - Personality disorders

Sexual Trauma Is Closely Associated with PTSD in Particular

- ▶ In both civilian and military populations, sexual assault is one of the stressors with the highest conditional risk for PTSD
- ▶ For example, among Gulf War Veterans, PTSD is more strongly associated with sexual assault than heavy combat exposure

Probability of Developing PTSD

	Military Sexual Assault	Heavy Combat Exposure
Women	5x higher rates	4x higher rates
Men	6x higher rates	4x higher rates

Sexual Trauma Experiences Impact Mental Health Symptoms

- Sexual harassment or assault may be incomprehensible to victims because it shatters or confirms previously held belief systems
 - Generally prevalent beliefs that:
 - The world is a safe place (or no one is ever safe)
 - Bad things don't happen to good people (or bad things always happen to me)
- Sexual assault in the military challenges additional beliefs particular to the military setting:
 - Military setting promotes a self-identify of being strong, tough, and physically powerful
 - Military units are cohesive, loyal groups with an important shared mission

Additional Issues to Consider

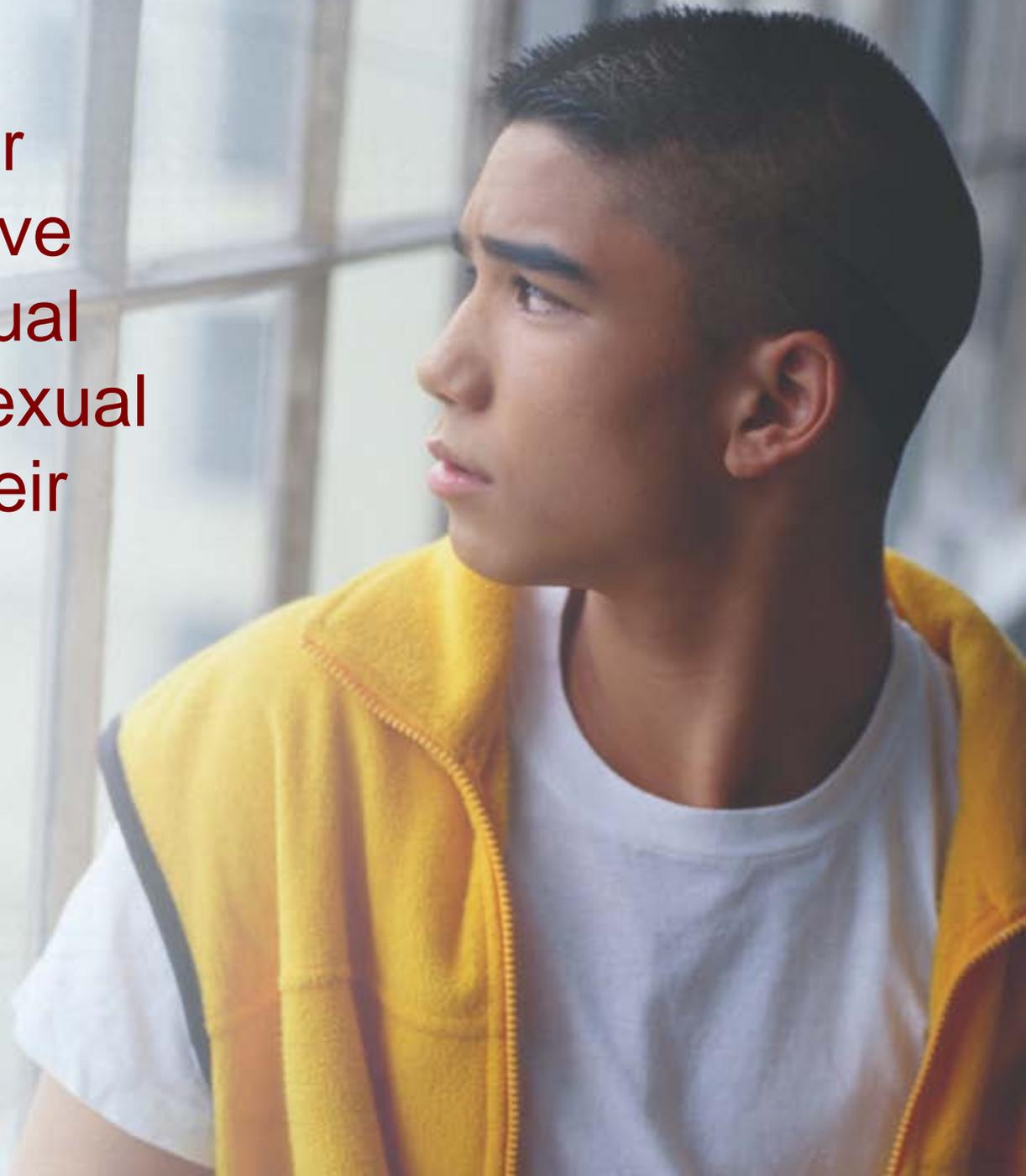
- ▶ Sexual trauma may be a “complex trauma”
 - Involves interpersonal victimization, possibly by a known perpetrator
 - May be ongoing over a period of time
 - May occur relatively early in development
 - May represent one of multiple traumatic events across the lifespan
- ▶ Among Veterans deployed to a combat zone, there is the possibility of multiple types of trauma exposure
 - Exposure to both sexual trauma and combat trauma likely increases the risk of negative mental health outcomes
 - Sexual trauma is likely to be experienced as even more threatening because of the generalized decreased sense of safety

Additional Issues to Consider (cont)

Veterans who experienced sexual trauma during a combat deployment may struggle with unique readjustment issues at homecoming:

- ▶ May believe that their experiences are not as “legitimate” as combat trauma experiences
- ▶ May be particularly reluctant to disclose experiences to loved ones or healthcare providers, limiting important opportunities to receive support
- ▶ May believe that treatment programs targeted at returning Veterans will not welcome them

Providing care for
Veterans who have
experienced sexual
harassment or sexual
assault during their
military service



Don't Be Afraid to Ask Veterans about Experiences of Sexual Trauma

Important to ask all Veterans about sexual harassment and sexual assault they may have experienced during their military service

- ▶ As in civilian populations, Veterans are unlikely to disclose unless asked directly
- ▶ Studies have shown that most men and women are comfortable with their healthcare providers routinely asking about a sexual trauma history
- ▶ Understanding that a patient has a history of sexual trauma may provide context for some of his or her presenting problems

How to Ask about Sexual Trauma Experiences

▶ Normalize the process

- Include questions in a broader discussion of social history
- Provide rationale for asking

▶ Ask the question

- Avoid jargon (i.e. “rape”; “sexual assault”) or negative questioning (“Nothing like that has happened to you, right?”)

▶ Be sensitive to barriers to disclosure

- Shame
- Fear of how others will view them, particularly if they have had previous negative experiences disclosing or reporting

Treatment

- ▶ Treatment of sexual trauma survivors is in many ways similar to treatment of survivors of other forms of trauma
- ▶ There are also certain issues that sexual trauma survivors struggle with more than do other trauma survivors
 - Survivors who were young at the time or multiply traumatized may have particularly complex presentations

General Approaches to Treatment

■ Skills training therapies

- To promote initial stabilization
- To provide skills to manage a course of trauma processing therapy
- E.g., Stress Inoculation Therapy, Seeking Safety, Dialectical Behavior Therapy

■ Trauma processing therapies

- Exposure therapies, to process the traumatic experience
- E.g., cognitive processing therapy, prolonged exposure

Common Themes

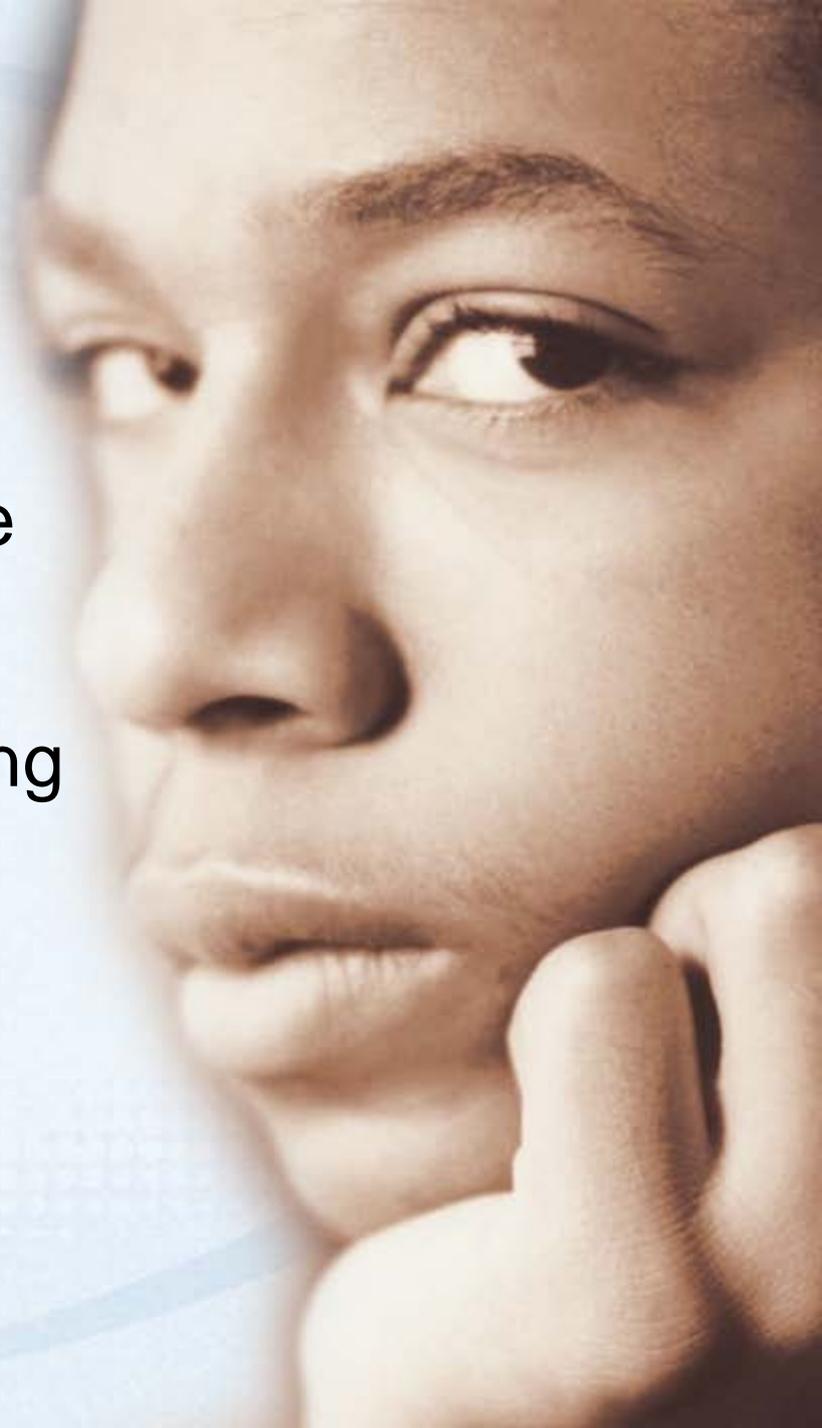
Difficulty with interpersonal relationships

- ▶ Struggles with trust, safety, and intimacy
- ▶ Identifying and setting appropriate boundaries
- ▶ Strong reactions to hierarchical relationships

Common Themes

Negative view of self

- ▶ Self-blame, guilt, and shame
- ▶ Mistrust of self
- ▶ Difficulty with decision-making



Common Themes

Sexuality and sexual functioning

- Sexual dysfunction
- More general difficulties with sexual behavior
- Extremes in sexual behavior
 - Avoidance of all sexual behavior
 - Engaging in sex only while intoxicated
 - Hypersexuality

Common Themes

Safety and revictimization

► Extremes in behavior

- Global distrust of others and hyperattention to safety
- Trusting too easily and seeming inattentive to safety

► High rates of revictimization

- May continue to be in same environment with perpetrator
- Some of the strategies survivors developed to protect themselves may leave them at risk:
 - Dissociation
 - Substance abuse
 - Inattention to internal reactions

Gender Issues



Male Survivors

- ▶ May be more at risk for negative mental health outcomes
- ▶ Reluctant to disclose or engage in treatment
- ▶ Particularly strong feelings of shame and self-blame
- ▶ Struggles with gender identity and/or concerns about sexual orientation
- ▶ Substance abuse may be a gender-acceptable way to cope

Gender Issues

Female Survivors

- ▶ Toughness had to exhibit as a woman in the military conflicts with victim role
- ▶ Effect of sexual trauma on evaluation of military service
- ▶ Difficulties in relationships with men



Gender Issues

- ▶ For both male and female survivors of sexual trauma, sex of provider is often a concern
 - May have concerns related to safety, ability to disclose, inhibition due to gender roles
 - May affect willingness to engage in treatment
- ▶ May be useful to encourage survivors to consider working with a provider of the same sex as their perpetrator
 - Help challenge assumptions and confront fears, foster development of appropriate boundaries in relationships, result in an emotionally corrective experience
- ▶ However, widely considered best practice to allow survivors some control in choice of sex of

Group Therapy

- ▶ Can help to normalize experiences
- ▶ Can be an important means of reducing sense of being alone
- ▶ Mixed gender groups
 - Raises issues similar to those for clinician gender
- ▶ Mixed trauma type groups
 - Allow for normalization and validation
 - May not adequately address issues specific to sexual trauma
 - Sexual trauma survivors may be reluctant to participate
 - If resources permit, there are benefits to having both mixed trauma and sexual trauma-specific groups

Resources for Survivors

- ▶ Every VA facility has providers knowledgeable about treatment for the after-effects of MST; Vet Centers also have specially trained sexual trauma counselors
 - Ask to speak to the MST Coordinator or Sexual Trauma Counselor
- ▶ A list of VA and Vet Center facilities is available at www.va.gov and www.vetcenter.va.gov or from VA's general information hotline at [1-800-827-1000](tel:1-800-827-1000)
- ▶ Information specifically relevant to current service members can be found with the Department of Defense Sexual Assault Prevention & Response Program at