

# Military Sexual Trauma

---

Erica Rossignol

Women in War

July 2023

# Abstract

---

The purpose of this presentation is to provide education on the issues related to Military Sexual Trauma (MST).

Someone of any gender can experience MST, which includes any non-consensual sexual activity. Experiencing trauma in the form of sexual assault or sexual harassment is particularly significant when it occurs to someone while serving in the military. Members of the military often have a strong sense of identity, trust, and respect for the others in their unit. When MST occurs, the betrayal is significant because it disrupts the fundamental aspects of military service and interferes with the sense of trust and safety one may have within the institution. There are many conditions that may be present in an individual who experienced MST. Post-Traumatic Stress Disorder, alcohol abuse, substance abuse, functional impairments, chronic conditions, reproductive problems and sexual health issues may occur secondary to MST. Both the Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA) have systems and policies in place to prevent and respond to MST. Ongoing research and understanding is required to effectively prevent and respond to MST. Using the Centers for Disease Control guidelines, the military can continue to develop and adopt education, prevention, and response strategies for the future.

# Military Sexual Trauma (MST)

---

- Sexual assault or sexual harassment that takes place during military service.
- MST can happen to both men and women.
- Examples of MST:
  - Pressured into sexual activities
  - Unable to consent to sexual activities (intoxicated or sleeping)
  - Unwanted sexual touching or gestures
  - Offensive or unwanted sexual remarks

# Prevalence of MST from VA Screening

---

- VA National screening program screens every veteran in VA healthcare system.
- Screening results:
  - 1 in 3 women enrolled in VA healthcare system report MST
  - 1 in 50 men VA healthcare system report MST

# MST Prevalence Meta-Analysis

---

- Computerized database searched PsycINFO, PubMed, and Pilots revealing 584 citations for review. 69 met meta-analysis inclusion criteria.
- 15.7% of military personnel and veterans (38.4% women and 3.9% men) report MST including sexual harassment and sexual assault (Wilson, 2018).
- 13.9% of military personnel and veterans (23.6% women and 1.9% men) report MST when only sexual assault is measured (Wilson, 2018).
- 31.2% of military personnel and veterans (52.5% women and 8.9% men) report MST when only sexual harassment is measured (Wilson, 2018).

# What Makes MST Different?

---

- Institutional betrayal is a specific type of betrayal that refers to betrayal by an institution upon individuals who are dependent on that institution (Freyd, 2023).
- May include failure to prevent or failure to respond appropriately to the committed act of betrayal when an individual experiences sexual assault or sexual harassment in a setting where there is an expectation of protection (Freyd, 2023).
- Institutional betrayal has a harmful effect on MST survivors due to experiencing MST within the military. Survivor may have to continue to function within the institution and rely on the institution for safety and survival despite traumatic experience (Monteith et al., 2016).
- Institutional betrayal is linked to higher rates of PTSD symptoms, depression, and higher risk of suicide (Monteith et al., 2016).

# What Makes MST Different?

---

- Fear of reprisal in the form of repeat occurrence or unwanted job assignments if MST is reported.
- Fear of disruption of unit cohesion, isolation from peers, loss of support and ostracism from a group they depend on and highly identify with.
- Distrust of command and comrades
- Living and working with perpetrator may be unavoidable causing increased distress.

(Galovski et al., 2022)

# Sequelae of MST

---

- Post Traumatic Stress Disorder (PTSD)
- Alcohol and Substance Abuse
- Reproductive Health and Sexual Function
- Functional Impairments



# Post-Traumatic Stress Disorder (PTSD)

---

- PTSD is the most common psychiatric condition developed as a result of MST (Galovski et al., 2022).
- Women Veterans who experienced MST are 9 times more likely to develop PTSD compared to women veterans without history of MST (Galovski et al., 2022).
- PTSD rarely occurs in isolation and is commonly associated with many other mental health disorders such as depression, anxiety, and eating disorders (Galovski et al., 2022).

# Alcohol and Substance Abuse

---

- MST may be an important risk factor to alcohol and/or substance abuse in veterans who may already be at a higher risk.
- Individuals who have experienced MST may consume Alcohol or abuse substances as a coping strategy for undesirable emotions.
- Veterans with MST history have been found to have 50% higher odds of opioid use disorder diagnosis (Beckman et al., 2022).

# Reproductive and Sexual Health

---

- MST increases risk for sexually transmitted infections (STI's), which can lead to both short-term and long-term consequences such as:
  - Physical discomfort
  - Sexual dysfunction
  - Cancer
  - Infertility

(Holliday et al., 2017)

# Functional and Physical Impairments

---

- Post-deployment reintegration, relationships with family, and occupational/educational functioning may be negatively impacted in MST survivors.
- Post-deployment homelessness is associated with MST—particularly in males.
- MST history is associated with some chronic medical conditions, such as increased risk for diabetes, hypertension, obesity, chronic pain and cardiovascular conditions.

# Existing Policy and System: Prevention and Response

---

- In 2005, the DoD developed the Sexual Assault Prevention and Response (SAPR) program. SAPR aims to prevent sexual assault and improve the military response to MST when it occurs.
- The DoD has also changed the reporting policy so MST victims have the option to file a unrestricted or restricted report.
  - Unrestricted: results in an investigation into the sexual assault and the chain of command is notified.
  - Restricted: allows confidential reporting of the sexual assault to the Sexual Assault Response Coordinator (SARC), the SAPR Victim Advocate or other healthcare personnel so that medical treatment and services can be accessed without an official investigation of the crime or report to the chain of command.

(DoD., n.d.)

# Existing Policy and System: VA MST-Related Services

---

- Every VA health care facility has a MST Coordinator who can help veterans access MST services and programs.
- All treatment for physical and mental health conditions must be free of charge.
- Veterans who are not eligible to receive other type of VA care may be eligible for MST-related care. There is no requirement to be service-connected or to have reported the incident.
- Outpatient community care is available for Veterans who prefer a setting outside of the VA.

# Existing System: Where Can Veterans Get Help?

---

- Speak with PCP
- Contact facility MST Coordinator
- Contact local Vet Center
- Contact Veteran's Crisis line for immediate assistance or if in crisis.  
[www.veteranscrisisline.net](http://www.veteranscrisisline.net) or 988 option 1 to reach a qualified responder.

(U.S. Department of Veterans Affairs, 2023)

# Recommendations for the Future

---

In addition to maintaining the existing policies the DoD and VA already have, further recommendations include the understanding of risk and protective factors to reduce sexual violence. The Centers for Disease Control (CDC) resource: Stop Sexual Violence. Recommendations for the future include adopting this research based prevention strategy for the military population.

**S:** Promote **social norms** that protect against violence

Military Approach: Educate military members on recognizing inappropriate situations and on bystander intervention

**T: Teach** skills to prevent sexual violence.

Military Approach Use full-time staff to educate military members about sexual violence prevention rather than using staff who take on this responsibility as an additional duty.

Enforce treating everyone with dignity and respect.

Increase prosecution and accountability for sexual assault and harassment.

**O:** Provide **Opportunities** to empower all genders and ranks.

Military Approach Promote positive command leadership and education.

Reduce stigmas of reporting.

**P:** Create **Protective** environments.

Military Approach Establish zero tolerance policies for sexual violence, harassment, and retaliation.

Emphasize gender equality.

**SV: Support Victims/Survivors** of MST in a way they prefer—that may be care in a VA, care in the community, or care with a preferred gender provider.

Maintain reporting options for both restricted and unrestricted reports.

Zero tolerance for retaliation or reprisal.

(Centers for Disease Control and Prevention, 2022)



# References

---

Beckman, K., Williams, E., Hebert, P., Frost, M., Rubinski, A., Hawkins, E., Littman, A., and Lehavot, K. (2022). Associations among military sexual trauma, opioid use disorder and gender. *American Journal of Preventative Medicine*. DOI: [10.1016/j.amepre.2021.08.020](https://doi.org/10.1016/j.amepre.2021.08.020)

Centers for Disease Control and Prevention. (2022). Prevention strategies. <https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html>

DoD. (n.d.), Safe helpline. *Reporting Options*. Accessed 27 July, 2023 from: <https://www.safehelpline.org/reporting-option>

Freyd, J. (2023). Institutional betrayal and institutional courage. *Freyd Dynamics Lab*. <https://dynamic.uoregon.edu/ijf/institutionalbetrayal/>

Galovski, T., Street, A., Creech, S., Lehavot, K., Kelly, U., & Yano, E. (2022). State of knowledge of va military sexual trauma research. *Journal of General Internal Medicine*. 37, 825-832. <https://link.springer.com/article/10.1007/s11606-022-07580-8>

Gilmore, A., Brignone, E., Painter, J., Lehavot, K., Fargo, J., Suo, Y., Simpson, T., Carter, M., Blais, R., and Gundlapali, A. (2016). Military sexual trauma and co-occurring posttraumatic stress disorder, depressive disorders and substance use disorders among returning Afghanistan and Iraq veterans. *Womens Health Issues*. 26(5). 546-554. doi: [10.1016/j.whi.2016.07.001](https://doi.org/10.1016/j.whi.2016.07.001)

Goldberg, S., Livingston, W., Blais, R., Brignone, E., Suo, Y., Lehavot, K., Simpson, T., Fargo, J., Gundlapalli, A. (2019). A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans. *Psychology of Addictive Behaviors*. 33(5), 477-483. <https://doi.org/10.1037/adb0000486>

Holliday, R., Bonds, S., & Williams, R. (2017). Military sexual trauma and sexual health: Practice and future research for mental health professionals. *Federal Practitioner*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6370405/>.

Monteith, L., Nazanin, B., Matarazzo, B., Soberay, K., Smith, C. (2016). Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma. *Journal of Clinical Psychology*. Vol. 0(0), 1-13. [https://www.researchgate.net/profile/Carly-Smith-14/publication/299395664\\_Perceptions\\_of\\_Institutional\\_Betrayal\\_Predict\\_Suicidal\\_Self-Directed\\_Violence\\_Among\\_Veterans\\_Exposed\\_to\\_Military\\_Sexual\\_Trauma/links/56fba20d08ae3e0f264d24ed/Perceptions-of-Institutional-Betrayal-Predict-Suicidal-Self-Directed-Violence-Among-Veterans-Exposed-to-Military-Sexual-Trauma.pdf](https://www.researchgate.net/profile/Carly-Smith-14/publication/299395664_Perceptions_of_Institutional_Betrayal_Predict_Suicidal_Self-Directed_Violence_Among_Veterans_Exposed_to_Military_Sexual_Trauma/links/56fba20d08ae3e0f264d24ed/Perceptions-of-Institutional-Betrayal-Predict-Suicidal-Self-Directed-Violence-Among-Veterans-Exposed-to-Military-Sexual-Trauma.pdf)

U. S. Department of Veterans Affairs. (2023). *PTSD: National center for PTSD*. [https://www.ptsd.va.gov/understand/types/sexual\\_trauma\\_military.asp](https://www.ptsd.va.gov/understand/types/sexual_trauma_military.asp)

Wilson, L. (2018). The prevalence of military sexual trauma: A meta-analysis. *Trauma Violence Abuse*. doi: 10.1177/1524838016683459.