Disclaimer

The views expressed are those of the presenters and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

This presentation is focused on a sensitive topic, although we will not depict scenes of violence, we will discuss sexual harassment and sexual assault throughout the presentation. Some individuals may choose to leave at this time.
Military Sexual Assault Defined by DoD 6495.01

Intentional sexual contact characterized by use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent.

Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (including unwanted and inappropriate sexual contact), or attempts to commit these acts.
Military Sexual Trauma

• VA term (not Department of Defense)
• “Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault or repeated, threatening acts of sexual harassment”

Examples of Military Sexual Assault

• MSA can occur off base, or off duty
• Threatening or unwelcome sexual advances
• Offensive remarks about body or sexual activities
• Cornering with suggestive comments
• Implied or perceived negative consequences for not engaging in sexual behaviors

Examples of Military Sexual Assault

• Violence or threatened use of force to force sexual activity
• Inability to consent to sexual activity due to alcohol/drugs, including being drugged
• Implied better treatment for sexual activities or faster promotions for sexual activities

Restricted Reporting

• A process used by Service members or their adult dependents in certain circumstances* to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis.
• Survivor may receive services but assault will NOT be reported and investigation NOT initiates.

*The matter may not fall under the Family Advocacy Program.
Unrestricted Reporting

• A process a Service member uses to disclose, without requesting confidentiality or restricted reporting, that he or she is the victim of a sexual assault.

• Under these circumstances, the victim’s report and any details provided...are reportable to law enforcement and may be used to initiate the official investigative process.

Why people may choose not to report

• Survivors report concerns that
  – Reports are not confidential
  – They may be perceived as a trouble maker
  – Assailant is friends with command
  – May be accused of false report and penalized
  – Fear retaliation
  – Worries that their use of alcohol may be used against them
  – Fear that they will be labeled with personality d/o and/or discharged

Prevalence - DoD

• Service Members (unwanted sexual contact)
  – 4.4% of Women
  – 0.9% Men

Unwanted Sexual Contact

- Total Service Members
- Women
- Men

(2010 Gender Relations Survey of Active Duty Members)
Prevalence
DoD compared to Civilian

- Attempted/Completed penetration
  - Civilians*
    - 1.1% of US women
    - 5.2% of US college women
  - Active Duty Population**
    - 2.6% women
    - 0.28% men

*Black et al (2011)
**2010 Gender Relations Survey of Active Duty Members

Prevalence - Veterans

- Female veterans
  - 22.4% females

- Male veterans
  - 1.4% males

Prevalence – OEF/OIF Veterans

- Prevalence of MST
  - 0.8% Males
  - 18.5% Females

Rates of Military Sexual Harassment

- 9% of women report some form of sexual coercion for not being sexually cooperative
- 31% of women reported unwanted sexual attention
  - Romantic pursuit
  - Being touched in a way that felt uncomfortable
- 52% reported offensive sexual behaviors
  - Sexual stories
  - Joke
  - Discussions about sex

Kimerling & Hyun (2010)
Rates of PTSD are Influenced by the Nature of the Trauma

Kessler (1995)

<table>
<thead>
<tr>
<th>Trauma</th>
<th>Lifetime PTSD</th>
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<tr>
<td>Disaster</td>
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<td>Molestation</td>
<td>40</td>
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<tr>
<td>Combat*</td>
<td>50</td>
</tr>
<tr>
<td>Rape</td>
<td>60</td>
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Deployment Stressors Compound the Trauma

Kimerling et al (2010)

Military sexual assault victims testify before Congress

Estimated 19,000 per year

Sexual Trauma in the Military Increases Risk

When sexual trauma is experienced during military service, it is more strongly associated with negative MH outcomes than sexual assault experienced before or after military service.

The Context of Military Culture
Military Values

- Particular aspects of military culture may compound feelings of helplessness, isolation, and betrayal
  - Loyalty and teamwork
    - Being harmed by a fellow Service member may be that much more shocking and incomprehensible to victims
    - Taboo to divulge negative information about peers
  - Strength and self-sufficiency
    - Reduces social support available (particularly if far from home), increases likelihood of invalidating responses
    - Being a “victim” conflicts with desired identity
    - Stigma may be particularly strong for men

Constructive Force

Coercion based on power differential

The Organization

- Army Materiel Command
- [Diagram of Army Materiel Command]

The Nature of Military Sexual Assault

- It’s interpersonal
  - The perpetrator is often known to the victim
- The survivor may still work/live with perpetrator in close proximity
- The trauma is often repeated over a period of time
- The environment in which it occurs carries additional risks
Sexual Trauma, Risk Factors, and PTSD

The Impact of Trauma

- Requires an understanding of:
  - Characteristics of the trauma
  - Characteristics of the individual
  - Context in which the trauma occurs

Context: Sexual Assault in the Military is Unique

- Work/Live/Play in same environment
- Members of military become like family
- Hierarchy is very rigid
- Members of unit should protect each other not hurt each other

Context: Previous Trauma History

- Childhood trauma is a known risk factor for sexual assault during adulthood:
- Given a history of CSA, risk of sexual revictimization as an adult is at least twice as high and possibly 10x higher than for those without a history of CSA (Messman & Long, 1996)
- Rates of childhood trauma in women veterans is twice that of civilian women (Rosen & Martin, 1996)
- Among active duty women, those who are younger at the time of enlistment, of lower rank, or who have a history of childhood physical or sexual abuse or rape prior to enlistment are twice as likely to report MST (Sadler, 2003)
Personal Risk Factors

- Female Gender
- Typically younger in age
- Prior Trauma
- Domestic Violence

Interpersonal Stressors

- Rigid gender roles
- Lack of positive relationships/social support

One Other Factor To Consider: an Interpersonal Trauma

- Perpetrated by another human being
  - Often by a friend/intimate partner/coworker
  - Involves a profound violation of boundaries and personal integrity
  - Sends confusing messages about what relationships involve, what is acceptable and expected behavior from a trusted other, what rights/needs the victim has, what is “theirs” versus publicly accessible...

→ Has significant implications for survivors’ subsequent relationships and understanding of self
  - Particularly true when victim is young and trauma is chronic and/or repeated

Risk factors for PTSD: Combat versus Interpersonal Violence

Combat trauma
- Peritraumatic dissociation
- Perceived life threat
- Perceived [lack of] support
- Prior trauma
- Family of origin psychopathology
- Prior emotional problems

IPV
- Peritraumatic dissociation
- Perceived life threat
- Prior emotional problems
- Family of origin psychopathology
- Prior trauma
- Perceived [lack of] support
Clinical Presentation

Following MSA, Survivors often report...

- Self-Blame
- Restricted Affect
- Trust Issues
- Boundary Issues
- Substance Use
- Sensitive to Power & Control
- Over-Eating
- Under-Eating
- Self-Injurious Behavior

Re-Conceptualizing Symptoms

- Even seemingly purposeless or self-destructive behaviors often turn out to be serving a self-protective function if you look more closely
  - Allowed the victim to survive the event at the time, but have persisted into different, inappropriate contexts
  - Represent best efforts to deal with (overwhelming) uncharted territory

- Particularly true in the case of early or complex trauma (and thus often MST) – the trauma occurred before the victim had developed more sophisticated coping strategies

Male Survivors of Sexual Assault (Service Members and Veterans)
Male Rape Myths (all false)

- Male rape is homosexual sex
- Real men can defend themselves against rape
- Only gay men rape other men
- Women cannot sexually assault men
- Homosexuals and bisexuals are being punished
- Men raped by men become gay
- A physical response to a rape means the victim “wanted it”

Turchik & Edwards (2012)

Sex vs Gender identity vs Sexual orientation

APA Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients

When Male Service Members & Veterans are Assaulted

- Frequent responses include
  - Male survivors often question their masculinity
  - Confusion regarding sexual identity
  - May overcompensate with promiscuity
  - Concerns that no one will believe they have been assaulted

Self-Blame (maladaptive thoughts)
- “I’m not a real man”
- “I must give off a ‘homosexual vibe’”
- “I’m damaged” or “Perpetrators must know about my past” (especially for CSA)

Disruptions in intimate relationships
Rape myths
Male Service Members & Veterans

- Specific Clinical Issues
  - May avoid group treatment (do not want to be with combat veterans)
  - Higher rates of suicidal behavior
  - Higher rates of depression
  - Fear of being judged by provider
  - Concerns about medical records

Male Service Members & Veterans (Homosexual)

- May feel that the crime is “punishment”
- May worry that sexual orientation may be impacted
- May experience “self-loathing” related to sexual orientation
- May worry that they were targeted because they were gay which may lead to withdrawal from community
- Disruption in intimate relationships

Working with Male Survivors

- Expect that many will be hesitant to document their sexual assault, may document as “assault”
- Many will expect you NOT to believe them, especially if perpetrator is female
- If assaulted by homosexual male, may have intense anger/hatred towards homosexual males
- May attempt to assault others (male & female), especially when drinking or using substances

Assessment of Sexual Assault and Basic Tips
Trauma Assessment Tools

- Sexual Experiences Questionnaire - DoD
  - Sexual Harassment
    - Sexual Experiences Questionnaire - DoD
    Fitzgerald, Magley, Drasgow & Vialdo (1999)

- Sexual Experiences Survey
  - Sexual Assault
    - Forced and coerced behaviors
    Koss, Gidycz & Wisniewski (1987)

Trauma Assessment Guidelines

- Begin assessment with presenting problem
- Be direct, empathic and nonjudgmental
- Build rapport before assessment
- Do not display discomfort
- Start broadly and use follow-up questions
- Describe behaviors, not terms
- Repeat assessments as necessary

Sexual Trauma Assessment Questions

- Have you ever received unwanted or threatening sexual attention?
- Have you ever been physically assaulted or attacked?
- Has anyone ever used force to have sexual contact with you against your will?
- Have you ever been forced to touch someone in a sexual way when you did not want to?
- Have you ever had an unwanted sexual experience?

Childhood Trauma Exposure Questions

- When you were a child, what was it like at your house?
- Who did you grow up with?
- Did you see any violence as a child?
- As a child, how were you disciplined? Was it predictable?
- As a child, was anyone abusive to you in any way?
- As a child, did anyone ever do anything sexual to you?
Sexual Trauma Assessment Questions

• If trauma disclosed, follow up with questions regarding
  – Were you injured as a result?
  – Did you require medical attention for these injuries?
  – Are you currently experiencing any medical problems related to your assault?
  – Other medical consequences...pregnancy or STD

Tips for Treatment with Military Sexual Assault Survivors

• Believe them! Validate that they were assaulted against their will.
• They are likely to have significant shame, guilt and self-blame
• Men who are sexually harassed are likely to have higher levels of psychological distress than women who are sexually harassed*
• They may be anticipating a negative response from you, the clinician
• Work with prescribing provider to minimize medications that may interfere with CBT

Psychological Consequences of Military Sexual Assault and Harassment and Overview of Interventions
Trauma Themes

- Fear
- Alienation
- Loss of Self-Worth

- Helplessness
- Shame
- Alienation
- Loss
- Guilt
- Loss of Self-Worth
- Risk-Taking Behaviors

"I have a hard time setting limits and maintaining boundaries."
"They kept kicking me and I was thinking...if I could just get up I could hit him in the nose."
"I've really lost a piece of myself; I've changed."
"I must be gay if I couldn't keep that asshole from abusing me."
"I must be gay if I couldn't keep that asshole from abusing me."
"If I could just get up I could hit him in the nose."
"They kept kicking me and I was thinking...If I could just get up I could hit him in the nose."
"I've really lost a piece of myself; I've changed."

Psychological Consequences

- Substance Abuse
- Depression
- Suicidal Behavior

- Post-Traumatic Stress Disorder

- PTSD

Re-experiencing (B)

- Intrusive, Distressing Recollections
- Distressing Dreams
- Dissociative Reactions (e.g. Flashbacks)
- Psychological Distress to Reminders
- Marked Physiological Reactions to Reminders

Avoidance (C)

- Avoidance of Internal Reminders (memories, thoughts, feelings)
- Avoidance of External Reminders (people, places, conversations, activities, objects, situations)

Negative Alterations in Cognitions and Mood (D)

- Traumatic Amnesia
- Persistent Negative Beliefs and Expectations
- Persistent Distorted Blame
- Persistent Negative Emotional State
- Diminished Interest
- Detachment or Estrangement
- Persistent Inability to have Positive Emotions

Arousal (E)

- Irritable Behavior and Angry Outbursts
- Risk-Taking or Self-Destructive Behavior
- Hypervigilance
- Exaggerated Startle Response
- Concentration Difficulties
- Sleep Difficulties

DSM-5: Symptom Criteria for PTSD

1+1+2+2 = PTSD

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Post-Traumatic Stress Disorder

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PTSD

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PTSD Treatment

Cognitive Processing Therapy
- Very effective
- Approx 12 sessions
- Provide psychoeducation
- Cognitive Restructuring
- Individual and/or group
- Approved DoD-wide

Prolonged Exposure Therapy
- Very effective
- Approx 10-12 sessions
- Provide psychoeducation
- Exposure and habituation
- Individual format
- Approved DoD-wide

CPT and PE Follow-up

Depression

Automatic Thoughts (situations)
- I am worthless
- Good things don’t last
- If I don’t _____ I will lose respect
- I’m not good enough
- They are better than I am

Intermediate Beliefs (rules, attitudes, assumptions)
- I am a loser
- I’m never going to be enough

Core Beliefs
- I am worthless

**CBT for Depression**

- **Behavioral Activation**
  - Help patient to engage in positive activities

- **Cognitive Restructuring**
  - Challenge negative thinking patterns

- **Behavioral Experiments**
  - Allow client to have positive experiences which challenge cognitive distortions.

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**Death by Suicide**

**Suicide risk factors**
- Relationship problems/loss of relationship
- Substance use/dependence
- Legal problems
- Feeling disgraced/isolated
- Trauma History
-Medical or Administrative discharge
-Significant financial strain or job loss
-Prior suicide attempt*

**Warning Signs**
- Anxiety
- Lack of purpose
- Talking about self-harm, killing self
- Increased substance abuse
- Trapped
- Withdrawn; reckless

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**Legal Updates & Policy Change**
Legal Updates

• Ruth Moore Act 2013
• Proof of assault is not required

Legal Updates

• National Defense Authorization Act
  – Prohibits recruiting of felons
  – Separate convicted sex offenders from military
  – Review of unrestricted reports and service members who separated after making report
  – Options to have military records corrected following assault or harassment

Resources

• Veterans Crisis Line 1-800-273-8255 (Press 1)
• Rape Abuse and Incest National Network
  – https://www.safehelpline.org/
  – 1-877-995-5247 (DSN users 94+ 10 digit number)
• National Sexual Violence Resource Center
  – www.nsvrc.org
• Overcoming sexual victimization of boys and men
  – www.malesurvivor.org
QUESTIONS?

More Information?

Additional resources
http://www.afterdeployment.org
http://www.dcoe.health.mil
http://maketheconnection.net

For more information on sexual assault:
Trauma & Recovery by Judith Herman
The Invisible War (documentary film)

CDP Website:
Deploymentpsych.org

Features include:
• Descriptions and schedules of upcoming training events
• Blog updated daily with a range of relevant content
• Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
• Other resources and information for behavioral health providers
• Links to CDP’s Facebook page and Twitter feed

Online Learning

The following online courses are located on the CDP website at:
http://www.deploymentpsych.org/content/online-courses

NOTE: All of these courses can be taken for free or for CE Credits for a fee

• Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CE Credits)
• Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CE Credits)
• Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CE Credits)
• Provider Resiliency and Self-Care: An Ethical Issue (1 CE Credit)
• Military Cultural Competence (1.25 CE Credits)
• The Impact of Deployment and Combat Stress on Families and Children, Part 1 (2.25 CE Credits)
• The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CE Credits)
• The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CE Credits)
• Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CE Credits)
• Depression in Service Members and Veterans (1.25 CE Credits)

All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for $350.

Provider Support

CDP’s “Provider Portal” is exclusively for individuals trained by the CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

Features include:
• Consultation message boards
• Hosted consultation calls
• Printable fact sheets, manuals, handouts, and other materials
• FAQs and one-on-one interaction with answers from SMEs
• Videos, webinars, and other multimedia training aids

Participants in CDP’s evidence-based training will automatically receive an email instructing them how to activate their user name and access the “Provider Portal” section at Deploymentpsych.org.
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