



**CENTER FOR  
DEPLOYMENT PSYCHOLOGY**  
*Preparing Professionals to Support Warriors and Families*



## **Sexual Assault in the United States Military**

Center for Deployment Psychology  
Uniformed Services University of Health Sciences




## **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.





## **Learning Objectives**

1. Discuss military sexual assault and its prevalence in military populations.
2. Identify strategies for conducting an assessment of a military sexual assault client.
3. Review treatment strategies for military sexual assault survivors.

 **Outline**


- Myths and Facts
- Military Sexual Assault (MSA) defined & prevalence
- Context of MSA
- Risk Factors for PTSD
- Clinical Presentation
- Clinical Issues Specific to Male Survivors
- Assessment of MSA
- Overview of Clinical Diagnoses & Treatment
  - PTSD
  - Depression
  - Death by Suicide
- Resources



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 **Common Myths Regarding Sexual Assault**

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 **Definition**

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## 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

DoD 6495.01



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## Military Sexual Trauma

- VHA term (not Department of Defense)
- “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”] that occurred while a veteran was serving on active duty or active duty for training.

Title 38 U.S. Code 1720 D



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## Examples of Military Sexual Assault

- MSA may 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



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## 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



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## 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 initiated.

\*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 Women Choose Not to Report

- Survivors reported
  - Did not want anyone to know
  - Felt uncomfortable making a report
  - Concern that report may not be confidential
  - Concern that nothing would be done about the assault
  - Thought it was not important enough to report
  - Concern of being labeled a troublemaker
  - Fear retaliation
  - Heard of negative experiences of other survivors who made a report
  - Thought no one would believe them



## Why Men Choose Not to Report

- Survivors reported
  - Concerns that they would get in trouble for infractions (underage drinking)
  - Thought no one would believe them
  - Concern that performance evaluation or chance for promotion would suffer
  - Fear of losing security clearance
  - Heard of negative experiences of other survivors who made a report

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## Prevalence Rates

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## Prevalence - DoD

- Service Members (unwanted sexual contact)
  - 6.1% of Women
  - 1.2% Men

Women, 6% Men, 1%  
Total Service Members, 93%

Gender Relations Survey of Active Duty Members, 2012

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## Prevalence – Lifetime Veterans vs Civilians

Females

- 24.3% veterans
- 19.3% civilians

- Male
  - 1.3% veterans
  - 1.7% civilians

Breidling et al (2014), MST Support Team (2013)

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## Rates of Military Sexual Harassment (Women)

- 8% of women reported sexual coercion
- 23% of women reported unwanted sexual attention
  - Romantic pursuit
  - Being touched in a way that felt uncomfortable
- 41% reported offensive sexual behaviors
  - Sexual stories
  - Joke
  - Discussions about sex

Gender Relations Survey of Active Duty Members 2012

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## Rates of Military Sexual Harassment (Men)

- 2% of men report some form of sexual coercion for not being sexually cooperative
- 6% of men reported unwanted sexual attention
  - Romantic pursuit
  - Being touched in a way that felt uncomfortable
- 20% reported offensive sexual behaviors
  - Sexual stories
  - Joke
  - Discussions about sex

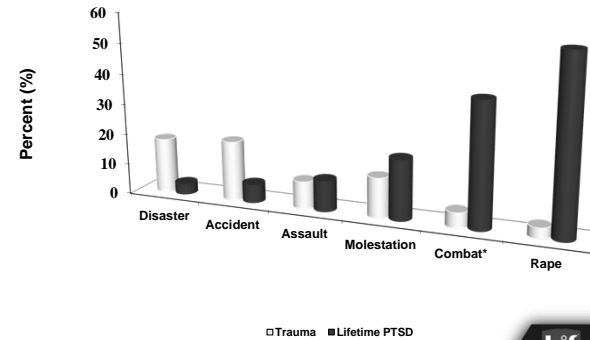
Gender Relations Survey of Active Duty Members 2012



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## Rates of PTSD are Influenced by the Nature of the Trauma



Kessler (1995)



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## 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.

Kimerling et al. (2010)



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## The Context of Military Culture



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## 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



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## Constructive Force

Coercion based on power differential



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Murphy (1996)



## 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



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Breslau et al. (1999)



## Tailhook - 1991



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DoD Inspector General Report, 1993



## Sexual Trauma, Risk Factors, and PTSD



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## The Impact of Trauma

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



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## 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



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## Context: Previous Trauma History

- Rates of revictimization are high
  - 16% - 72% of female childhood sexual abuse survivors experience sexual or physical revictimization as adults (Messman & Long, 1996)
  - Sadler and colleagues (2003) found that 37% of women reporting a history of MST had been raped at least twice during their military service
  - Few studies exist for men, but some suggest sexual revictimization rates comparable to those for women



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Zinzow et al. (2007)





## Context: Previous Trauma History

- Childhood trauma is a known risk factor for sexual assault during adulthood:
  - 30% of all AD women and 6% of all AD men report sexual assault prior to joining the military(WGRA, 2012)
  - 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)

Zinzow et al. (2007)



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## Personal Risk Factors

- Female Gender
- Typically Younger in Age
- Prior Trauma
- Domestic Violence



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Kessler et al (1995)



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## Interpersonal Stressors

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



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Specialist 2nd Class Jennifer Johnson , DVIDS, is free of known copyright restrictions under US copyright law

Rosen et al (1999), Vogt et al (2005), Brailey et al (2007)



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## 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



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## 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

Ozer et al (2003)



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## Clinical Presentation



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## 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



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## 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

**and/or**

  - 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



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## Male Survivors of Sexual Assault (Service Members and Veterans)

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## Male Rape Myths (all false)

- 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)

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## Sex vs Gender Identity vs Sexual Orientation

Male Sex Female

Masculine Gender Feminine

Heterosexual Sexual Orientation Homosexual

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

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## When Male Service Members & Veterans Are Assaulted

- Frequent responses include
  - Confusion regarding sexual identity
  - May overcompensate with promiscuity
  - Concerns that no one will believe they have been assaulted

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## When Male Service Members & Veterans Are 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



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## 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



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## Male Service Members & Veterans (Homosexual)

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



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## 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



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**Assessment of Sexual Assault  
 and Basic Tips**



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**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)



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**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

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**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?

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## 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?



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## 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



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## Tips for Treatment with Military Sexual Assault Survivors



- Empathy, not sympathy
- Trust is earned, and maintained
- Create structure & boundaries
- Establish treatment plan, use treatments that work!



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## 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

Turchick et al (2013)



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## Psychological Consequences of Military Sexual Assault and Harassment and Overview of Interventions

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## Trauma Themes

"I have a hard time setting limits and maintaining boundaries"	Fear	"They kept kicking me and I was thinking...if I could just get up I could hit him in the nose"
Humiliation and shame—related to who you are	Alienation	"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"	Loss of Self-Worth	Sex with strangers Unsafe sex Gambling Reckless driving

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Psychological Consequences

Post-Traumatic Stress Disorder	Substance Abuse	Depression
	Suicidal Behavior	

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## PTSD

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## DSM-5: Symptom Criteria for PTSD

**1+1+2+2 = PTSD**

Re-experiencing (B)	Avoidance (C)	Negative Alterations in Cognitions and Mood (D)	Arousal (E)
<ul style="list-style-type: none"> <li>Intrusive, Distressing Recollections</li> <li>Distressing Dreams</li> <li>Dissociative Reactions (e.g. flashbacks)</li> <li>Psychological Distress to Reminders</li> <li>Marked Physiological Reactions to Reminders</li> </ul> <p><b>1</b></p>	<ul style="list-style-type: none"> <li>Avoidance of Internal Reminders (memories, thoughts, feelings)</li> <li>Avoidance of External Reminders (people, places, conversations, activities, objects, situations)</li> </ul> <p><b>1</b></p>	<ul style="list-style-type: none"> <li>Traumatic Amnesia</li> <li>Persistent Negative Beliefs and Expectations</li> <li>Persistent Distorted Blame</li> <li>Persistent Negative Emotional State</li> <li>Diminished Interest</li> <li>Detachment or Estrangement</li> <li>Persistent Inability to have Positive Emotions</li> </ul> <p><b>2</b></p>	<ul style="list-style-type: none"> <li>Irritable Behavior and Angry Outbursts</li> <li>Reckless or Self-Destructive Behavior</li> <li>Hypervigilance</li> <li>Exaggerated Startle Response</li> <li>Concentration Difficulties</li> <li>Sleep Difficulties</li> </ul> <p><b>2</b></p>

DSM-5 (2013)

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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

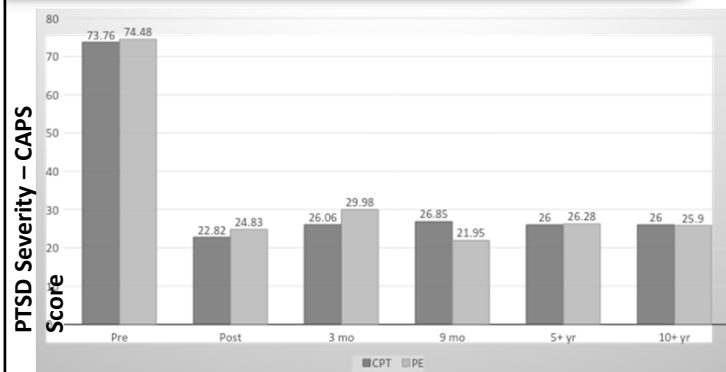
- Very effective
- Approx 10-12 sessions
- Provide psychoeducation
- Exposure and habituation
- Individual format
- Approved DoD-wide



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## CPT and PE Follow-up



Resick et al (2012)



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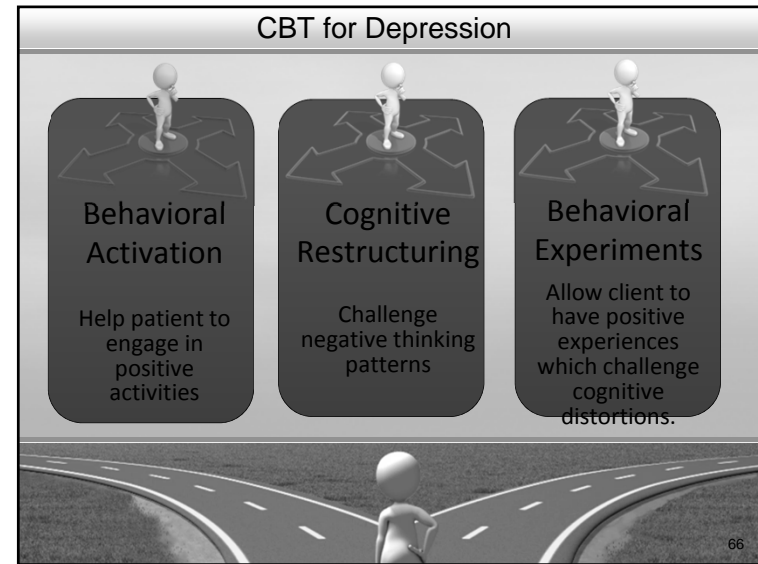
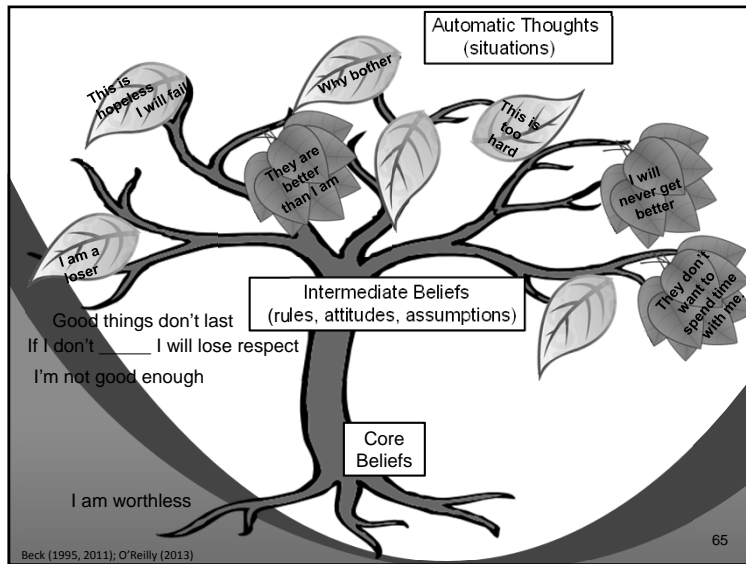


## Depression



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## Death by Suicide

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## Death by Suicide


### Suicide Risk Factors

- \*Relationship problems
- \*Hopelessness/worthlessness
- \*Alcohol abuse/dependence
- \*Feelings of disgrace/isolation
- \*Guilt or shame
- \*Stressful military life events
- \*Easy access to firearms
- \*Unexplained mood change/depression
- \*Financial, legal or job performance problems
- \*Medical or administrative discharge processing
- \*Sleep problems
- \*Previous suicide attempts \*\*



### Warning Signs

- \*Ideation
- \*Substance Abuse
- \*Purposelessness
- \*Anxiety
- \*Trapped
- \*Withdrawn
- \*Anger
- \*Recklessness
- \*Mood Changes


Rudd et al. (2006c); American Association of Suicidology (2012); Martin et al. (2009); Jones et al. (2012); Ribeiro et al. (2012); Bryan et al. (2013) hjf 68



## Legal Updates & Policy Change







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## 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



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Stars & Stripes (2013)



## 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](http://www.nsvrc.org)
- Overcoming sexual victimization of boys and men
  - [www.malesurvivor.org](http://www.malesurvivor.org)

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**DoD Safe Helpline**  
Sexual Assault Support for the DoD Community

Live 1-on-1 Help **Confidential** Worldwide 24/7

*No one has to know unless YOU want them to!*

*Safe Helpline offers free confidential and anonymous sexual assault support.*

Click [www.SafeHelpline.org](http://www.SafeHelpline.org)  
Call 877-995-5247  
Text\* 55-247 (INSIDE THE U.S.)  
202-470-5546 (OUTSIDE THE U.S.)

\*Text your location for the nearest support resources


Want to go mobile? To download the free DoD Safe Helpline app, visit the App Store or Google Play.




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## 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)

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## 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



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## 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.*

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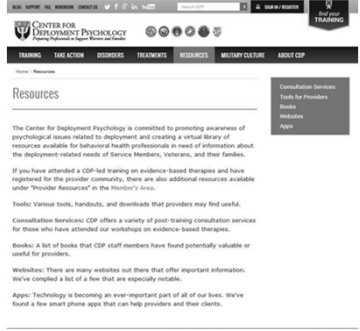
## Provider Support

**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](http://Deploymentpsych.org).



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## How to Contact Us

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