Sexual Assault in the United States Military

Center for Deployment Psychology
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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.
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

Common Myths Regarding Sexual Assault

Definition
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.

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

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.

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 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

Gender Relations Survey of Active Duty Members, 2012
Prevalence Rates

Prevalence - DoD

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

Gender Relations Survey of Active Duty Members, 2012

Prevalence – Lifetime
Veterans vs Civilians

Females
  – 24.3% veterans
  – 19.3% civilians

• Male
  – 1.3% veterans
  – 1.7% civilians

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

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
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

Rates of PTSD are Influenced by the Nature of the Trauma

- PTSD rates vary depending on the nature of the trauma

Kessler (1995)

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)

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 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

Tailhook - 1991

Breslau et al. (1996)

Murphy (1996)

DoD Inspector General Report, 1993
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

- 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

Zinnow 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)

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

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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
Male Survivors of Sexual Assault
(Service Members and Veterans)

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”

Sex vs Gender Identity vs Sexual Orientation

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
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

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 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**

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

**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

*Arbach et al (2013)
Psychological Consequences of Military Sexual Assault and Harassment and Overview of Interventions

Trauma Themes
- Fear
- Alienation
- Loss of Self-Worth
- Risk-Taking Behaviors
- Sex with strangers
- Unsafe sex
- Gambling
- Reckless driving

Psychological Consequences
- Substance Abuse
- Depression
- Suicidal Behavior
- Post-Traumatic Stress Disorder
- PTSD
DSM-5: Symptom Criteria for PTSD

1+1+2+2 = 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, actions, 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
- Restless or Self-Destructive Behavior
- Hypervigilance
- Exaggerated Startle Response
- Concentration Difficulties
- Sleep Difficulties

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)

Core Beliefs

Intermediate Beliefs (rules, attitudes, assumptions)

I am worthless

Good things don’t last
If I don’t ___________ I will lose respect
I’m not good enough

Core Beliefs

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.

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
* Withdrawn
* Anger
* Disassociated
* Mood Changes

Rudd et al. (2006a); American Association of Suicidology (2012); Martin et al. (2005); Lewus et al. (2012); Martin et al. (2012); Bryan et al. (2013)
Legal Updates & Policy Change

- 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

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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)

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.

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

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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How to Contact Us

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