



**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.





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.




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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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



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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”



U.S. Code (1720D of Title 38) (a)(1)



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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



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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.



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DoD Directive (DoDD) 6495.01 (Reference (a))



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**

DoD Directive (DoDD) 6495.01 (Reference (a))



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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



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Prevalence Rates



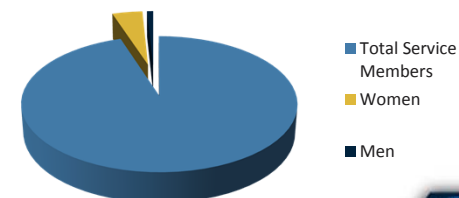
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Prevalence - DoD

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

Unwanted Sexual Contact



(2010 Gender Relations Survey of Active Duty Members)



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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



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Prevalence - Veterans

- Female veterans
 - 22.4% females
- Male veterans
 - 1.4% males



Black et al (2011)



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Prevalence – OEF/OIF Veterans

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

Kimerling & Hyun (2010)



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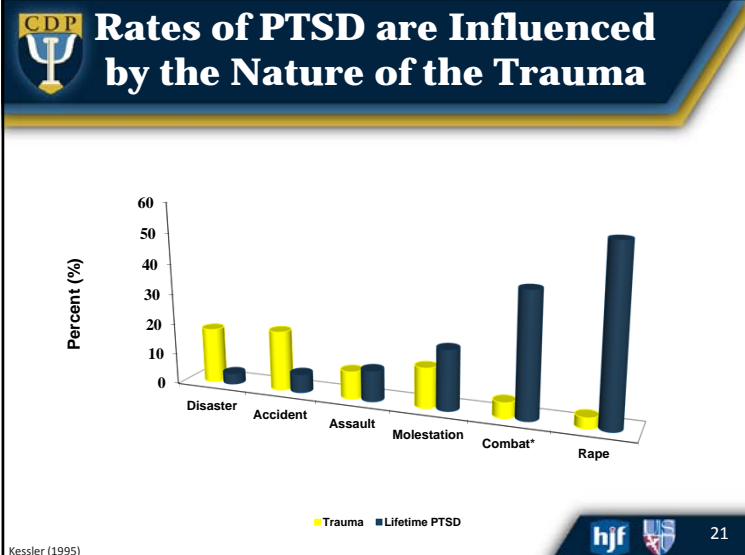
Rates of Military Sexual Harassment

- 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

Lipari et al (2008)



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CDP Deployment Stressors Compound the Trauma

By JACQUELINE ALEMANY / CBS NEWS / March 13, 2013, 9:01 AM

Military sexual assault victims testify before Congress

REPORTED SEXUAL ASSAULTS
2011: 3,192

ESTIMATED SEXUAL ASSAULTS
19,000 PER YEAR

CBS NEWS
CBSNEWS.COM

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CDP 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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CDP The Context of Military Culture

hjf 24



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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The Organization



Constructive Force

Coercion based on power differential



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Ilies et al (2003)



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)



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**

Brewin et al (2000)



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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

- 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)

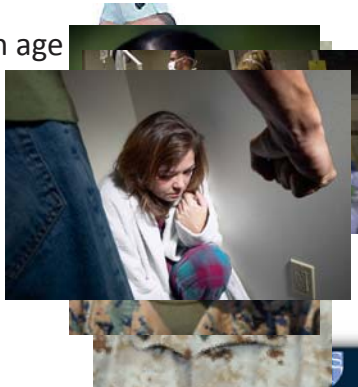


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Personal Risk Factors

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



Kessler et al (1995)

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Interpersonal Stressors

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



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)

- 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”

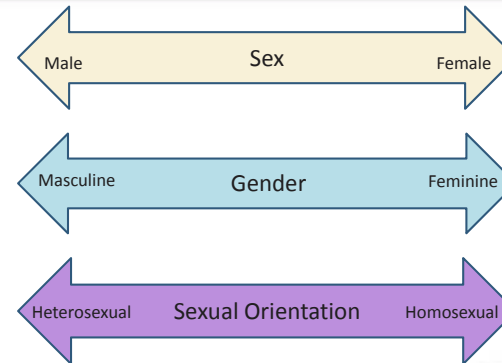
Turchik & Edwards (2012)



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Sex vs Gender identity vs Sexual orientation



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
 - Male survivors often question their masculinity
 - 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



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)



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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



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



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

CDP

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

Suicidal Behavior

Depression

CDP

PTSD

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CDP

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"> Intrusive, Distressing Recollections Distressing Dreams Dissociative Reactions (e.g. flashbacks) Psychological Distress to Reminders Marked Physiological Reactions to Reminders <p>1</p>	<ul style="list-style-type: none"> Avoidance of Internal Reminders (memories, thoughts, feelings) Avoidance of External Reminders (people, places, conversations, activities, objects, situations) <p>1</p>	<ul style="list-style-type: none"> 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 <p>2</p>	<ul style="list-style-type: none"> Irritable Behavior and Angry Outbursts Reckless or Self-Destructive Behavior Hypervigilance Exaggerated Startle Response Concentration Difficulties Sleep Difficulties <p>2</p>

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PTSD Treatment

Cognitive Processing Therapy

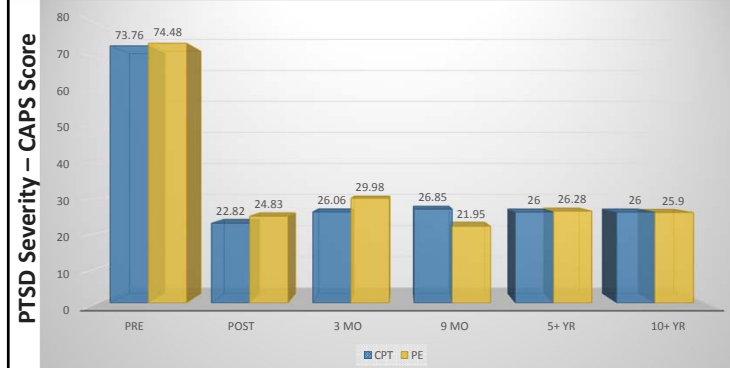
- Very effective
- Approx 12 sessions
- Provide psychoeducation
- Cognitive Restructuring
- Individual and/or group
- Approved DoD-wide

Prolonged Exposure Therapy

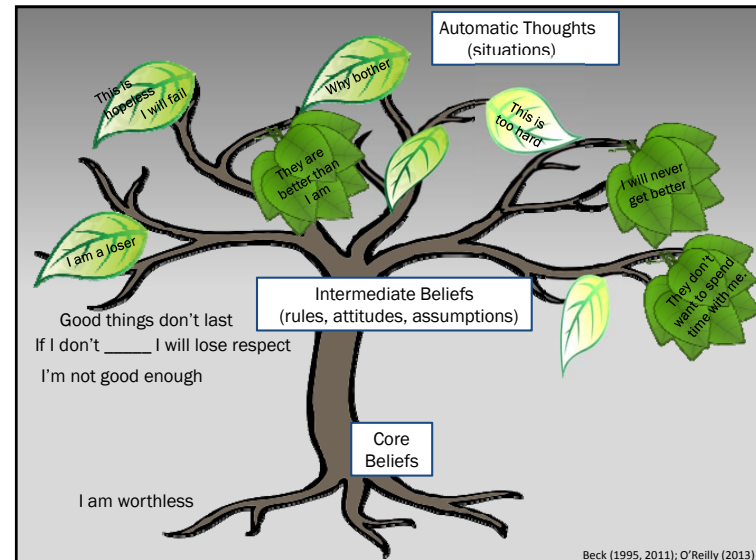
- Very effective
- Approx 10-12 sessions
- Provide psychoeducation
- Exposure and habituation
- Individual format
- Approved DoD-wide




CPT and PE Follow-up



Depression




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



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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

Ribeiro (2012)



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Legal Updates & Policy Change



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Legal Updates

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



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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



Military.com



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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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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

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.

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.





How to Contact Us

Center for Deployment Psychology

Department of Medical & Clinical Psychology
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Executive Office: Bldg. 11300-602
Bethesda, MD 20813-4768

Email: General@DeploymentPsych.org

Website: DeploymentPsych.org

Facebook: <http://www.facebook.com/DeploymentPsych>

Twitter: @DeploymentPsych