

# Military Sexual Trauma Among Recent Veterans

## Correlates of Sexual Assault and Sexual Harassment

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**Introduction:** Military sexual trauma (MST) includes sexual harassment or sexual assault that occurs during military service and is of increasing public health concern. The population prevalence of MST among female and male veterans who served during Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) has not been estimated to our knowledge. The purpose of this study is to assess the population prevalence and identify military correlates of MST, sexual harassment, and sexual assault among OEF/OIF veterans.

**Methods:** MST was assessed in the 2009–2011 National Health Study for a New Generation of U.S. Veterans, a survey of 60,000 veterans who served during the OEF/OIF eras (response rate, 34%,  $n=20,563$ ). Weighted prevalence estimates and AORs of MST, sexual harassment, and sexual assault among women and men were calculated. Gender-stratified logistic regression models controlled for military and demographic characteristics. Data analyses were conducted in 2013–2014.

**Results:** Approximately 41% of women and 4% of men reported experiencing MST. Deployed men had lower risk for MST compared with non-deployed men, though no difference was found among women. However, veterans reporting combat exposure during deployment had increased risk for MST compared with those without, while controlling for OEF/OIF deployment. Among women, Marines and Navy veterans had increased risk for MST compared with Air Force veterans. MST was significantly higher among veterans who reported using Veterans Affairs healthcare services.

**Conclusions:** These prevalence estimates underscore the importance of public awareness and continued investigation of the public health impact of MST.

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### Introduction

Sexual assault and harassment during military service are preventable duty-related hazards that are associated with broad and pervasive health

consequences among U.S. veterans. The Department of Veterans Affairs (VA) uses the term military sexual trauma (MST) to refer to these experiences, defined in 38 U.S. Code Sec. 1720D as “physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training.”<sup>1</sup> Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.” In this definition, sexual harassment and assault are conceptualized as experiences along a continuum of sexual trauma for the purposes of responding to the healthcare needs of veterans.

Although the term MST is not used by the Department of Defense (DoD), DoD does conduct periodic surveillance to monitor the incidence of sexual assault and

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harassment. These data indicate that such experiences are common; among active duty personnel, 6.1% of women and 1.2% of men reported sexual assault incidence and 23% of women and 4% of men reported sexual harassment incidence in 2012.<sup>2</sup> Estimates of 12-month incidence of sexual assault range from 10.1% among Marine Corps women to 3.1% among Air Force women but do not significantly differ by branch among active duty men.<sup>2</sup> The 12-month incidence estimates of sexual harassment are significantly lower among Air Force women (14%) compared with all other branches, and among men range from 6% among Army to 2% among Air Force and Marine Corps.<sup>2</sup> The annual incidence of sexual trauma appears somewhat lower among the National Guard and Reserve components; the incidence of sexual assault was 2.8% among women and 0.5% among men, and the incidence of sexual harassment was 18% and 2%, respectively.<sup>3</sup> The incidence estimates of sexual assault do not significantly differ by branch among Reserve component women and men, though Army women report higher incidence of sexual harassment (22%) compared with all other branches.<sup>3</sup>

Since 2002, VA has implemented universal screening for MST using a standard clinical reminder within the electronic medical record. Data from VA indicate that 20.5% of women and 0.8% of men seen in the VA healthcare system who have returned from recent deployments to Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) report MST when screened by a provider.<sup>4</sup> MST experiences are associated with a wide range of mental and physical health conditions among OEF/OIF veterans using VA care.<sup>5,6</sup> Although slightly more than 50% of veterans returning from recent deployments have been seen in VA, the population prevalence of MST among the larger population of recent-era veterans (including those who were not deployed or have not used VA healthcare) is unknown.<sup>7</sup> Population-based research with OEF/OIF veterans estimates that the prevalence of some degree of deployment-related sexual harassment is experienced by more than half (51.2%) of women and 11.1% of men.<sup>8</sup> Data are inconsistent regarding whether these experiences are more prevalent among deployed service members. One study found that women were at increased risk for reporting sexual assault or sexual harassment in the presence of deployment-related combat exposure, but the relationship was less robust for deployed women who did not report combat experiences.<sup>9</sup> Another recent study found that the 3-year incidence of sexual assault was higher among active duty deployed women compared with non-deployed women.<sup>10</sup> No studies have examined the relationship between MST and deployment among men.

This study examines the population prevalence of MST among OEF/OIF-era veterans and presents differences in MST prevalence as a function of OEF/OIF deployment status, service branch (Army, Air Force, Navy, Marine Corps), unit component (active duty, reserve, National Guard), combat exposure, and VA healthcare use. This study includes separate examination of two components of MST: sexual assault and sexual harassment occurring during active duty service. Results fill key gaps in understanding the epidemiology of MST in the veteran population.

## Methods

Data for this study came from the 2009–2011 National Health Study for a New Generation of U.S. Veterans (NewGen), a population-based survey of 60,000 veterans who served during the OEF/OIF eras.<sup>11</sup> The sampling frame consisted of 30,000 OEF/OIF deployed veterans and 30,000 veterans who were not deployed to OEF/OIF, but served in the military during the same time period (October 2001–June 2008). A stratified random sample was applied to ensure adequate representation of women and Reserve and National Guard. VA healthcare users and non-users were included in the sample. A modified Dillman method guided three sequential mailings.<sup>12</sup> An advance letter was mailed to each potential participant with an invitation to complete the survey on the Web, followed by a reminder letter. Veterans then received up to three mailing waves of envelopes containing the 16-page structured health questionnaire with an introductory letter, consent form, and return envelope. Post card reminders were sent 4 weeks after each mailing. Computer-assisted telephone interviews were attempted with all non-responders. Of the 60,000 veterans invited to participate, 20,563 completed the questionnaire (34.0% response rate; 44% of deployed and 25% of non-deployed). Deployed and non-deployed were similar with respect to demographic and military characteristics.<sup>13</sup> This study was reviewed and approved by the Washington, DC, VA Medical Center IRB and planned and executed by the VA's Post Deployment Health Epidemiology Program, Office of Public Health.

The two-item VA MST clinical screen was included in the survey.<sup>5</sup> The first item has been broadly conceptualized as an indicator of sexual harassment: *When you were in the military... Did you ever receive uninvited or unwanted sexual attention (e.g., touching, cornering, pressure for sexual favors, inappropriate verbal remarks)?*<sup>14</sup> The second item has been broadly conceptualized to measure sexual assault: *...Did anyone ever use force or the threat of force to have sex with you against your will?*<sup>14</sup> Respondents select from *yes* or *no* response options. For this study, we analyzed three dichotomous outcome measures: MST, sexual harassment, and sexual assault (as described above). Respondents with an affirmative response to either the sexual harassment or assault questions were categorized as *yes* for MST. Respondents with a *no* response to both items were categorized as *no* for MST. The sexual harassment and sexual assault variables are not mutually exclusive. Because the screen was designed as two items that address a single construct, there is some overlap between items. For example, in some circumstances, *pressure for*

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