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## Sexual revictimization among Iraq and Afghanistan war era veterans

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## ABSTRACT

Research in both civilian and military populations has demonstrated that females who experience childhood sexual abuse (CSA) are more likely to experience sexual assault in adulthood than females who did not experience CSA. Among veteran samples, however, little research has examined previous sexual assault as a risk factor of military sexual assault and post-military sexual assault, and very little research has examined revictimization in male veterans. The purpose of this study was to examine risk of sexual revictimization in a sample of veterans who served during the wars in Iraq and Afghanistan. A sample of 3106 veterans (80.4% male) completed a measure of lifetime exposure to traumatic events, including sexual abuse and sexual assault. Logistic regression analyses were used to examine previous sexual abuse/assault as predictors of later sexual assault; analyses were conducted separately for males and females. In general, previous sexual abuse/assault was associated with later sexual assault in both male and female veterans. These findings have important assessment and treatment implications for clinicians working with veterans.

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## 1. Introduction

Sexual revictimization was originally defined as experiencing both sexual abuse in childhood (child sexual abuse; CSA) and sexual assault in adulthood (Messman-Moore and Long, 2003). More recent studies have defined revictimization more broadly as sexual assault among individuals who have previously experienced sexual abuse or sexual assault in their lifetime (Gidycz et al., 2007; Katz et al., 2010; Littleton and Ullman, 2013; Testa et al., 2010).

There is strong support in civilian literature that previous sexual victimization increases risk of later victimization. Approximately one- to two-thirds of females who experience CSA later experience revictimization (Arata, 2002; Classen et al., 2005). Reviews suggest female survivors of CSA are two to 11 times more likely to experience a sexual assault in adulthood than women who did not experience CSA (Arata, 2002; Classen et al., 2005; Messman-Moore and Long, 2003). More recent research is consistent with previous findings. In a prospective study of undergraduate females, women with a history of sexual victimization prior to college were significantly more likely to experience sexual

assault during their freshman year (45%) than women who did not endorse a history of sexual victimization prior to college (19%; Katz et al., 2010). Another prospective study of women who had experienced sexual victimization after the age of 14 found that 45% of participants experienced an additional sexual assault during a one year observation period (Ullman et al., 2009). While most studies of revictimization have focused on female samples, male survivors of CSA are also at increased risk of adult sexual assault, as college men who experienced CSA were 2.5 times more likely to report adult sexual assault than those who did not experience CSA (36.8% vs. 14.7%, respectively; Aosved et al., 2011).

While less work has examined sexual revictimization in military and veteran samples, the extant literature suggests that female veterans who have experienced adult sexual assault have high rates of other interpersonal traumas, including CSA, physical abuse, emotional abuse, intimate partner violence, and sexual harassment (Campbell et al., 2008; Kelly et al., 2011). Examining sexual revictimization among military and veteran samples may be particularly important because of the high prevalence of sexual assault observed in help-seeking veterans. One study has documented that 39% of female veterans seen for medical or mental health at a VA hospital reported experiencing sexual assault at least twice in their lives (Suris et al., 2007).

Though few studies have examined revictimization across the lifespan in veteran samples, the few existing studies that have

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report findings consistent with those in civilian samples. A study of both male and female veterans found that 6% of males and 38% of females reported at least one incident of sexual abuse or assault in their lifetime; 52% of males and 65% of females who reported lifetime sexual abuse or assault experienced revictimization in either childhood or adulthood (Zinzow et al., 2008). In a sample of female naval recruits, more than half (55.4%) of survivors of CSA reported experiencing rape in adulthood, compared to one-fifth (20.2%) of women who did not experience CSA (Merrill et al., 1999). To date, few studies have examined revictimization across the lifespan among veterans. In another sample of female veterans, CSA did not predict later sexual assault (i.e., premilitary sexual assault, military sexual assault (MSA), and postmilitary sexual assault (Himmelfarb et al., 2006)). However, women who experienced premilitary sexual assault were 3.52 times more likely to experience postmilitary sexual assault than those who did not experience premilitary sexual assault, and MSA increased the odds of postmilitary sexual assault by 1.99 times (Himmelfarb et al., 2006).

### 1.1. Current study

The present study examined sexual revictimization across the lifespan in a sample of veterans, reservists, and military personnel who served during the Iraq and Afghanistan wars (i.e., Operation Iraqi Freedom [OIF], Operation Enduring Freedom [OEF], and Operation New Dawn [OND]). We sought to build upon previous research on revictimization in military personnel by focusing on sexual trauma, by examining sexual trauma from different times in the individuals' lives (i.e., childhood, adolescence, premilitary adulthood, military adulthood, and postmilitary adulthood), and by including both male and female participants. We hypothesized that sexual victimization at earlier time points would predict sexual victimization at later time points.

## 2. Method

### 2.1. Participants and procedure

The Study of Post-Deployment Mental Health is an ongoing multi-site study conducted by the VA Mid-Atlantic Mental Illness Research, Education, and Clinical Center (VISN 6 MIRECC). The data collection sites include four VA medical centers located in North Carolina and Virginia. Recruitment methods included flyers, VA clinic referrals, and invitational letters. All participants served in the military after September 11, 2001. A total of 3119 OEF/OIF/OND U.S. military veterans, active duty personnel, and reserve forces members had completed the study when these analyses were conducted. Twelve participants were excluded due to missing data on variables of interest (i.e., missing response to one or more items assessing child sexual abuse, adolescent sexual assault, and adult sexual assault) and one participant was excluded due to missing gender, resulting in a final sample of 3106 participants. Only participants who reported having been discharged from the military were included in the analysis examining post-military sexual assault ( $n=2938$ ; 2366 males and 572 females). Demographic information for the sample is presented in Table 1.

All study procedures were approved by the institutional review board at each data collection site, and all participants provided informed consent prior to initiating participation in the study. Participants were administered a structured diagnostic interview and a battery of self-report questionnaires, including the questionnaires described below; most completed all measures in a single study visit (for additional information on study recruitment and methods, see Brancu et al., 2014; Crawford et al., 2013; Green

**Table 1**  
Demographic information for sample.

Characteristic	Total sample ( <i>N</i> =3106)		Females ( <i>n</i> =609)		Males ( <i>n</i> =2497)	
	<i>M</i>	( <i>SD</i> )	<i>M</i>	( <i>SD</i> )	<i>M</i>	( <i>SD</i> )
Age at time of assessment <sup>a</sup>	37.31	(10.24)	36.84	(10.03)	37.43	(10.30)
Age at enlistment <sup>b</sup>	20.76	(4.41)	21.59	(4.96)	20.56	(4.24)
Length of service <sup>c</sup>	12.72	(9.11)	11.31	(8.44)	13.06	(9.24)
Time since active duty <sup>d</sup>	3.55	(3.05)	4.09	(3.16)	3.42	(3.01)
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
Ethnicity						
Hispanic/Latino (a)	164	(5.3)	22	(3.6)	142	(5.7)
Not Hispanic/Latino(a)	2889	(93.0)	575	(94.4)	2314	(92.7)
Missing	53	(1.7)	12	(2.0)	41	(1.6)
Race <sup>e</sup>						
White	1515	(48.8)	207	(34.0)	1308	(52.4)
Black or African American	1500	(48.3)	385	(63.2)	1115	(44.7)
American Indian or Alaskan Native	63	(2.0)	13	(2.1)	50	(2.0)
Asian	41	(1.3)	8	(1.3)	33	(1.3)
Native Hawaiian or Pacific Islander	14	(0.5)	2	(0.3)	12	(0.5)
Missing	33	(1.1)	12	(2.0)	21	(0.8)
Marital status						
Married	1522	(49.0)	169	(27.8)	1353	(54.2)
Remarried	146	(4.7)	18	(3.0)	128	(5.1)
Widowed	9	(0.3)	7	(1.1)	2	(0.1)
Separated	216	(7.0)	38	(6.2)	178	(7.1)
Divorced	524	(16.9)	167	(27.4)	357	(14.3)
Never married	685	(22.1)	208	(34.2)	477	(19.1)
Missing	4	(0.1)	2	(0.3)	2	(0.1)
Employment status						
Employed full time	1567	(50.5)	282	(46.3)	1285	(51.5)
Employed part time	336	(10.8)	87	(14.3)	249	(10.0)
Unemployed	1194	(38.4)	238	(39.1)	956	(38.3)
Missing	9	(0.3)	2	(0.3)	7	(0.3)
Military branch						
Air force	144	(4.6)	37	(6.1)	107	(4.3)
Army	943	(30.4)	208	(34.2)	735	(29.4)
Coast guard	6	(0.2)	0	(0.0)	6	(0.2)
Marines	266	(8.6)	11	(1.8)	255	(10.2)
Navy	393	(12.7)	87	(14.3)	306	(12.3)
Reserves	141	(4.5)	50	(8.2)	91	(3.6)
National guard	138	(4.4)	49	(8.0)	189	(7.6)
Multiple branches	931	(30.0)	157	(25.8)	774	(31.0)
Missing	44	(1.4)	10	(1.6)	34	(1.4)
VA service-connected Condition/Disability						
Yes	1777	(57.2)	365	(59.9)	1412	(56.5)
No	1308	(42.1)	237	(38.9)	1071	(42.9)
Missing	21	(0.7)	7	(1.1)	14	(0.6)
Warzone exposure	2549	(82.1)	410	(67.3)	2139	(85.7)
Child sexual abuse	504	(16.2)	208	(34.2)	296	(11.9)

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