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Military Sexual Trauma among Recent Veterans: Correlates of Sexual Assault and Sexual Harassment

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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.”

RESEARCH HIGHLIGHTS

- Department of Defense surveillance of sexual assault and harassment 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. However, at the time of this study, there were no other known population based studies on MST among recent veterans. This study examines the population prevalence of military sexual trauma among OEF/OIF-era veterans.
- Using the 2009-2011 National Health Study for a New Generation of U.S. Veterans, the researchers found that almost 41% of women and 4% of men reported a military sexual trauma, indicating a high prevalence of OEF/OIF-era veterans who have experienced a MST. Men who had deployed reported a lower risk for MST than men who had not deployed. However, combat exposure during deployment was found to increase risk for military sexual trauma.
- Since military sexual trauma is associated with a broad and persistent number of health consequences among U.S. veterans and there is a high prevalence among all OEF/OIF-era veterans, military sexual trauma should be routinely considered when assessing the health needs of OEF/OIF era women veterans.

ABSTRACT

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

IMPLICATIONS

FOR PRACTICE

This study shows that a significant number of men and women veterans who served during Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) experienced a military sexual trauma (sexual assault or sexual harassment). Servicemembers and veterans who have experienced a military sexual trauma (MST) should seek medical help, such as counseling. Given this finding, practitioners serving veteran populations should screen for military sexual trauma and provide or refer veterans to appropriate services. Healthcare administrators should stress to their healthcare professionals that addressing military sexual trauma can promote better overall health, especially mental health.

FOR POLICY

The Department of Defense (DoD) might continue its efforts to reduce negative repercussions often associated with reporting sexual assault or sexual harassment. The DoD might also continue its efforts to ensure perpetrators of MST are appropriately are disciplined. The DoD might also continue offering necessary services to those who have been sexually assaulted or harassed. The DoD might continue its periodic surveillance of sexual assault and sexual harassment experienced by active duty personnel. The DoD might further investigate reasons for a decreased risk for military sexual trauma in the U.S. Air Force compared to an increased risk with the U.S. Marine Corps. After determining reasons for lower risk for MST among the Air Force branch the DoD might consider applying similar strategies to other branches where feasible. This study demonstrated a need to continue public awareness on MST. Policymakers might allocate additional funds to study MST and public health.

FOR FUTURE RESEARCH

This study is one of the first known population based studies on military sexual trauma. Continued research is needed on the prevalence of MST in the general population and its effects on public health. A limitation of this study is that the authors were unable to determine if the MST occurred during deployment or concurrent with a combat exposure during deployment. Additionally, the authors did not have information on several variables that may have been related to MST, including rank, previous mental health diagnoses, time in service, unit support, leadership behavior, and other occupational and environmental factors. More research is needed on the health effects of MST in the context of extended or multiple deployments, adverse deployment conditions and the interactive effects of combat trauma with sexual trauma. Another limitation of this study is that the MST assessment measure used is primarily a clinical screening instrument that is designed to be accompanied by face-to-face interactions between a veteran and a VA provider.

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