

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Military-Related Sexual Trauma Among Veterans Health Administration Patients Returning From Afghanistan and Iraq

Kimerling, R., Street, A. E., Pavao, J., Smith, M. W., Cronkite, R. C., Holmes, T. H., & Frayne, S. M. (2010). Military-related sexual trauma among veterans health administration patients returning from Afghanistan and Iraq. *American Journal of Public Health, 100*(8), 1409-1412. doi:10.2105/AJPH.2009.171793

SUMMARY: Veterans Affairs (VA) administrative data for 164,603 (87% male) Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans were used to examine the relationship between a positive military sexual trauma screen, demographic and military variables, and mental health diagnoses. More women reported military sexual trauma than men and military sexual trauma was significantly related to receiving a mental health diagnosis in the VA healthcare system.

KEY FINDINGS:

- Military sexual trauma was reported by 15% of the women and 1% of the men.
- Veterans with a history of military sexual trauma were significantly more likely to receive a mental health diagnosis including PTSD, other anxiety disorders, depression and substance use compared to those who did not report military sexual trauma.
- Veterans who were Active Duty (compared to National Guard/Reserve), in the Navy or Coast Guard, had a single deployment, and whose most recent deployment was less than six months were more likely to report military sexual trauma.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Develop classes to support men and women who have experienced military sexual trauma, including information about healthy lifestyle, coping, and referral options
- Disseminate information for military families on how to help Service members who have experienced sexual trauma
- Provide programs that educate families on the relationships between mental health, deployment, and parenting

IMPLICATIONS FOR POLICIES:

Policies could:

- Increase awareness on installations and bases of military sexual trauma by offering classes and resources to Service members and families
- Recommend training for professionals who work with military couples about military sexual trauma, including sensitive manners of discussing the issue, recognition of possible consequences of sexual trauma, and effective means of providing referrals
- Promote reintegration programs that include attention to assisting Service members' family in adjusting to the Service member's return

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METHODS

- Veterans deployed as part of OEF/OIF who were separated from the military by September 30th, 2006, and who used VA mental health or primary care services between October 1st, 2001 and September 30th, 2007 were included in this study.
- Data about military sexual trauma screen status, International Classification of Disease Ninth Revision (ICD-9) diagnoses for mental health conditions, and military and demographic variables were extracted from centralized databases.
- Statistical analyses were used to determine which variables were associated with military sexual trauma status by gender as well as the extent to which mental health diagnosis were a function of military sexual trauma status

PARTICIPANTS

- Participants were 164,603 (87% male) OEF/OIF previously deployed Veterans.
- Of the entire sample, more women screened negative (N= 14,932) for military sexual trauma than positive (N = 2,648). Most female participants were younger than 35 years (75%), White (55%), never married (60%), and Active Duty (50%).
- Of the entire sample, more men screened negative (N = 107,417) than positive (N = 732) for military sexual trauma. Most male participants were younger than 35 years (63%), White (66%), never married (46%), and Active Duty (50%).

LIMITATIONS

- The rates of mental illness and military sexual trauma are likely conservative as both tend to be underreported.
- This data may not generalize to Veterans who do not seek services at the VA.
- Causal conclusions about military sexual trauma and mental health diagnoses cannot be drawn as these data were cross-sectional.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Gather data on the qualitative experiences and aftermath of sexual harassment
- Replicate the study and include the assessment of pre-deployment variables, including personality characteristics and prior trauma history.
- Gather longitudinal data regarding how well Service members function over time after experiencing a military sexual assault

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