

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Trauma, Posttraumatic Stress Disorder, and Depression Among Sexual Minority and Heterosexual Women Veterans

Lehavot, K., & Simpson, T. L. (2014). Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women Veterans. *Journal of Counseling Psychology, 61*(3), 392-403. doi:10.1037/cou0000019

**SUMMARY:** Female Veterans completed self-report questionnaires about their experiences with trauma and associated mental health outcomes (posttraumatic stress disorder [PTSD] and depression). Analyses examined the associations between traumatic experiences and PTSD or depressive symptomology and to assess differences based on sexual orientation. Regardless of sexual orientation, all female Veterans were more likely to report being the victim of sexual-related trauma during military service, and sexual trauma during service was the strongest predictor of PTSD.

### KEY FINDINGS:

- Sexual assault occurring during military service was the strongest predictor of both PTSD and depression.
- Both sexual minority and heterosexual women were more likely to be the victims of sexual assault during their military service than at other times; rates declined sharply after service.
- Lesbian/bisexual women were more likely than heterosexual women to have been a victim of adult physical victimization during military service.
- Regardless of sexual orientation, PTSD was significantly predicted by childhood trauma, physical victimization, sexual assault during the military, and sexist events occurring during the past year. Depression was significantly predicted by childhood trauma.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Develop activities and curricula that are responsive to the needs of non-traditional families, including same-sex or sexual minority families
- Provide routine screening about current and prior trauma experience and provide referrals to mental health professionals
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment and where individuals and families can find help for those problems

### IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support the creation of prevention and intervention programs that aim to diminish physical and sexual victimization
- Promote reintegration programs that include attention to assisting Service members' family in adjusting to the Service member's return after a traumatic event
- Recommend integrating mental health education into existing service delivery systems for military families

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## METHODS

- Female Veterans were invited through web-based media to complete an anonymous online survey.
- Some participant exclusions were made for being underage, transgender, or failing to answer questions about their birth and current sex, resulting in a final sample of 706 female Veterans.
- Participants were asked questions about their demographics, childhood trauma, adult sexual trauma, adult physical victimization, combat exposure, experiences of discrimination during military service, lesbian/bi-sexual anxiety and concealment (only lesbian/bi-sexual women responded to the Lesbian/Bi-sexual Military Stressors Scale), past year sexist events, PTSD, and depression.

## PARTICIPANTS

- Seven hundred and six female Veterans were included in analyses (lesbian/bisexual = 264, heterosexual = 442). The mean age of the lesbian/bi-sexual group was 47.32 years (SD = 13.76), heterosexual women's mean age was 51.24 years (SD = 13.99).
- Participants were from all military branches: Air Force (lesbian/bi-sexual = 15%, heterosexual = 20%), Army (lesbian/bi-sexual = 52%, heterosexual = 40%), Coast Guard (lesbian/bi-sexual = 1%, heterosexual = 1%), Marines (lesbian/bi-sexual = 7%, heterosexual = 6%), Navy (lesbian/bi-sexual = 20%, heterosexual = 25%), and National Guard/Reserves (lesbian/bi-sexual = 5%, heterosexual = 8%).
- The majority of women were White (lesbian/bi-sexual = 82%, heterosexual = 86%), and 37% of the sample self-identified as lesbian or bisexual.

## LIMITATIONS

- The cross-sectional nature of this study does not allow for causal inferences to be made.
- Self-reports about PTSD and depression are not diagnostic and may not accurately capture these constructs.
- The small percentage of racial/ethnic minority women limits the degree to which these findings can be generalized.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Assess the relations between income, sexual orientation, and mental health status in a longitudinal design to explore potential causal associations
- Examine the associations between trauma occurring before the military and trauma occurring during military service, as high life-long rates of trauma may reflect an underlying risk of interpersonal violence, in general
- Include a larger and more diverse sample specifically targeting an equal representation from all military branches

## ASSESSING RESEARCH THAT WORKS



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