

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Military Sexual Assault (MSA) among Veterans in Southern California: Associations with Physical Health, Psychological Health, and Risk Behaviors

Schuyler, A. C., Kintzle, S., Lucas, C. L., Moore, H., & Castro, C. A (2017). Military sexual assault (MSA) among veterans in Southern California: Associations with physical health, psychological health, and risk behaviors. *Traumatology*, 23(3), 223-234. doi:10.1037/trm0000098

SUMMARY: Understanding the occurrence of sexual assault and sexual harassment in military settings is an important issue. This study sought to investigate the relationship between sexual assault during military service, and physical health symptoms, depressive symptoms, post-traumatic stress disorder (PTSD), risky behaviors (tobacco use, risking a sexually transmitted disease, and taking unnecessary risks to health and life), and drug use within a population of Veterans. Findings showed that over 60% of the participants experienced sexual assault during military service and showed a resulting increase in the likelihood of participating in risky behaviors and reporting physical and mental health symptoms.

KEY FINDINGS:

- Approximately 41% of female Veterans and 5% of male Veterans reported experiencing sexual assault during military service (forced sexual contact).
- Male Veterans who experienced sexual assault during military service were four times more likely to report having physical and psychological health symptoms. They were also two to three times more likely to engage in all risky behaviors except problematic alcohol use.
- Female Veterans who experienced sexual assault during military service were two times more likely to report physical health symptoms. They were three times more likely to report depressive symptoms, and seven times more likely to report probable PTSD. They were also two to four times more likely to take unnecessary risks to health or life and engage in tobacco use.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide classes on healthy coping strategies for Service members who have experienced sexual assault during military service
- Provide support groups for Veterans who have experienced sexual assault during military service
- Provide workshops to family members and spouses of Veterans who have experienced sexual assault during military service, on ways to support healthy coping during post deployment

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend the development of mandatory training for all Service members on sexual assault
- Recommend education for professionals (e.g., medical caregivers and mental health professionals) on the possible effects of military service and military culture on sexual trauma of Service members
- Promote collaboration with community organizations to create long term support groups for Veterans who have experienced sexual assault during military service and their families

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METHODS

- Data were collected through a 60-90 minute survey distributed through a web address, emails, or paper copies.
- Participants were recruited through collaborations with state and county agencies, Veteran's organizations, local agencies that serve Veterans, college Veterans' agencies and organizations, and media advertisements (television, print, public service announcements, social media).
- Participants received a \$15.00 gift card for completing the surveys.

PARTICIPANTS

- Participants of the study included 2,208 male Veterans and 327 female Veterans recruited from Southern California between 2013-2014.
- Majority of the participants were White (46.1%), unmarried (56.7%), had some college education (50.4%), and completed service prior to 9/11 (55%).
- Male participants were largely within the 41-60 years (36.5%) age range or the 18-40 years age range (33.5%). Majority of the female participants were in the 18-40 years age range (49.5%) of the 41-60 years age range (40.7%).

LIMITATIONS

- A large portion of the study participants were White and male which limits the ability of findings to be generalized to diverse populations.
- The study did not explicitly identify what behaviors constituted "sexual contact" which limits the study as some participants who have experienced sexual contact, but do not define it as such, may not endorse the item.
- The study utilized self-reports for most of the health and behavior outcomes which may be biased as it measures participants' perception of whether they have these behaviors rather than recording actual experienced behavior symptoms.
- The study did not include other contextual factors (e.g., military rank, military branch, reporting process. etc.) which limits the study's ability to account for the influence of these factors on the reported mental health and risk behaviors.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Explore the relationship between military branch and sexual assault during military service
- Expand the study to include Active Duty Service members
- Explore the relationship between gender-specific variables and sexual assault during military service

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