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Military Sexual Trauma: A Thematic Analysis of Impact and Interventions

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Introduction

Media driven awareness of military sexual trauma (MST), meaning sexual harassment or assault that occurred while serving in the US Military, may have increased since the term was first coined in 2004, yet the services available for survivors of MST could still be lacking. Percentages of MST prevalence range, with one research study finding 80% of women serving in the military have experienced some type of sexual harassment or assault (Meade, Glenn, & Wirth, 2013). Previous research has also shown that MST is connected to depression, suicidal ideation, and PTSD, along with other mental health conditions.* During the present study, responses from semi-structured interviews indicated that individual trust towards others, depression, anxiety, career change, and a shift in worldview were consequences of MST. Participants also expressed potential improvements that can be developed by healthcare providers to support women veterans who are living with the impacts of MST.

Method

- Participants were 10 female veterans from Army, Navy, Air Force, and Marines (both Reserves and National Guard included)
- Solicited through snowball sampling techniques
- Semi-structured interviews lasted from a minimum of 35 to a maximum of 90 minutes
- Participant ages while serving ranged from 17 to 45
- Qualitative thematic analysis research
- All participants experienced some form of MST, ranging from verbal to physical.
- All veterans answered questions regarding their perspectives on current services, the effects of MST on their career, and the impact of MST on their lives.

From Survivor Perspectives: The Truth About the Impact of MST & Interventions to Support Military Women Survivors

Individual Impact on Survivors*

- Repercussions and/or fear of reporting (10/10)
 - Change in worldview from 'happy' to 'hypervigilant' (10/10)
 - Concern about peer & public perception due to stigma (9/10)
 - Avoidance of negative memories (9/10)
 - Limited or no punitive action for perpetrator (7/10)
 - Limited or ended military career (7/10) (Figure 1)
 - Decline in psychological health (PTSD, Depression, Anxiety) (7/10)
 - Difficulties with maintaining relationships (7/10)
 - Negative self-efficacy (5/10)
 - Limited or ended civilian career (4/10)
 - Recognition of resilience after MST incident (4/10)
 - Decrease in frustration tolerance (4/10)
 - Involvement in a relationship to avoid being harassed or assaulted (4/10)
 - Increase in substance use (3/10)
 - Increase in avoidance of social situations (3/10)
 - Increase in need for control in environment (3/10)
 - Increase in advocating for survivors (3/10)
- *Parenthesized numbers indicate number of responses out of 10 participants

Military Women Survivors

Figure 2: Examples of negative perceptions about survivors

"'I hate women in the service, you don't belong here,' that was their [my commands] first words to me. I was told that I was a feminist, while I was just trying to get money to eat and live. I didn't even know what that was, couldn't even look up the word. Feminist? What did that even mean?" – Air Force Veteran

"When I first got in...you know you are young and naive... one of the first times I walked out to formation for the first time I heard a bunch of guys saying 'fresh meat.'" – Army Veteran

Survivor Suggestions of Clinical Interventions

- Create sanctuaries within the healthcare services that are exclusively female to preserve emotional safety.
- Caution of re-traumatization, especially in VA hospitals
- Outreach to rural areas of the United States
- Increase in service provider training regarding women veterans and survivors
- High need for self-determination
- Stress the importance of working therapeutic relationship
- Cognitive Processing Therapy
- Group Psychotherapy
- Psychoeducation
- Community support
- Family and peer support
- Continuity of care; consistent providers
- Developing a traveling van that meets survivors where they are (Figure 3)
- Eliminate time limited therapy
- Allow advocates (peer, family member, professional) to stay with survivors during services and evaluations (Figure 3).

Figure 1: Example of limit or end to civilian career and social impact on economy

"I thought that, when I came home, I would be able to just go back to normal...yesterday was a bad day and I would be able to start anew. I had plans but I realized I brought it [the assault] with me...it wasn't as simple as a fresh day and a fresh start...I brought the baggage with me. I wanted to help people... to be a psychologist for first responders, but realized I can't because I will get triggered the moment I hear about an assault..." – Navy Veteran

Survivor Suggestions of Social Interventions

- Changing military leaderships' negative perceptions about survivor (Figure 2).
- Prevention of 'defending the perpetrator, while victimizing the survivor.'
- Development of harassment trainings to be more than, "this is just something we have to do."
- Developing structure for deciding punitive actions outside of direct chain of command.
- Increased awareness about services available for women veterans.
- Expanded healthcare access to civilian primary care providers and psychological services.
- Increase in providers accepting Tricare health insurance.
- Enhanced training for Equal Opportunity representatives.
- Availability of resources for women veteran survivors who are in the helping profession.

Social Impact

- Military readiness decrease
- VA Disability Funding increase
- Economic expansion decline (Figure 1)
- Community inclusion decline
- Healthcare resources strained

Figure 3. Example of supportive clinical interventions for survivors

"There should be a 'health van'... take a van and go to the veteran and meet them physically where they are, meet them where they are at...to actually physically go to the VA when you are two hours away is a barrier. And let [survivors] have their advocate with them. It's hard to get help by yourself, especially when you might be revictimized and feel that nobody understands you." – Air Force Veteran