The Center for Victim Research (CVR) Library’s annotated bibliographies collect and summarize research about difficult-to-search topics in victim research.

The Center for Victim Research Library provides access to research about people who experience interpersonal violence, including survivors in the military. Below is a selection of articles published during 2018 and 2020 related to military sexual trauma, intimate partner violence, and elder abuse experienced by military personnel, and secondary post-traumatic stress experienced by deployed clinicians. Articles are organized by topics (prevalence, consequences and coping, and the military context - challenges and strengths) and then by author's last name. To read the full-text of the following articles, login to VictimResearch.org.

**PREVALENCE**


“Higher prevalence rates of physical IPV victimization were found among males compared to females...Psychological IPV was the most prevalent type of abuse, in keeping with findings from the general population. There were no studies on sexual IPV victimization among male personnel.”


This review analyzed studies that measured the prevalence of military sexual trauma (MST). Some studies measured both sexual harassment and assault and other studies measured them separately. Results are broken down by gender and by source of the report (self-report/interviews vs. Veterans Affairs’ medical records).

“The results revealed that 15.7% of military personnel and veterans report MST (3.9% of men, 38.4% of women) when the measure includes both harassment and assault. Additionally, 13.9% report MST (1.9% of men, 23.6% of women) when the measure assesses only assault and 31.2% report MST (8.9% of men, 52.5% of women) when the measure assesses only harassment...The findings presented here suggest that the rate of MST in both men and women may be higher than the 1 in 4 women and 1 in 100 men suggested by large-scale data collected through the VA...The findings presented here could mean that
veterans are less likely to disclose their sexual victimization experiences during contact with VA providers, particularly if the services are not related to MST. It could also mean that the 2-item screener used to measure MST in the VA is not detecting all cases.”

CONSEQUENCES AND COPING

Context Matters: Posttraumatic Stress Disorder Symptom Associations with Military Sexual Trauma Event Characteristics and Dual Histories of Interpersonal Trauma by D.C. Bennett et al. (Violence and Victims, 2019, vol. 34, no. 1, 69-84)

This study found that military sexual trauma perpetrated by multiple offenders or during deployment were more likely to result in PTSD symptoms like hyperarousal and avoidance. Service members who also experienced intimate partner violence were also more likely to have higher levels of PTSD and to have their symptoms triggered. Being in the Air Force, relative to other branches, was a protective factor, though replication is needed.


This article reviews a Department of Veterans Affairs employee assistance program targeting intimate partner violence among veterans, which included treatment for veterans who may use violence. The 12-week program, Strength at Home, appeared successful in reducing physical and psychological violence and coercive control behaviors. The program also reduced PTSD symptoms, but not alcohol misuse. Most
veterans reported that the program helped them deal more effectively with their problems and that they would recommend the program to a friend.

**Military Sexual Trauma and Risky Behaviors: A Systematic Review** by S.R. Forkus et al. (*Trauma, Violence, & Abuse*, 2020, 18 pgs.)

This article summarizes research published between 1998 and June 2018 about the connections between military sexual trauma (MST) and risky behaviors. **Suicidal behaviors and eating disorder diagnoses were consistently associated with MST, while the connection to substance abuse was more mixed.** Researchers noted the lack of research about MST and gambling, reckless spending, reckless driving, and problematic technology use.


This article discusses factors that may increase the risk for alcohol use disorder and for PTSD, like the **military culture around drinking**, and childhood abuse, and prolonged exposure to threats. The authors also review prevention strategies and the research on how treatments for PTSD and alcohol use disorder may be applied together.


This article summarizes research about the prevalence and characteristics of male sexual assault in civilian and military populations. The researchers also interviewed survivors and service providers about the specific needs of male victims in the military. **Male survivors in the military often identified sexual assault as an act of hazing.** Potential barriers to reporting included the impact on their career, the likelihood of being believed, and **lack of trust in the military system.** Service providers emphasized male survivors’ increased need for social support after assault to process shame, “concerns about sexual identity and perceived loss of masculinity.”

**Sexual Harassment, Sexual Assault, and Physical Activity Among U.S. Military Service Members in the Millennium Cohort Study** by C.L. Thomas et al. (*Journal of Interpersonal Violence*, 2019, 24 pgs.)

The study found that **service members who recently experienced sexual assault were more likely to report either lower or higher levels of physical activity.** The authors hypothesize this “counterintuitive” finding could indicate two distinct subpopulations: “individuals who cope with sexual trauma by increasing their exercise, while another
subset decreases their activity, which may possibly be due to comorbid depression or other mental health conditions.”

**MILITARY CONTEXT - CHALLENGES AND STRENGTHS**

**Military Sexual Assault in Transgender Veterans: Results From a Nationwide Survey**

This study found that 17.2 percent of survey participants who identifies as transgender experienced military sexual assault. Minority stress while in the military service is one associated factor.

**The Association Between Military Sexual Trauma and Use of VA and Non-VA Health Care Services Among Female Veterans With Military Service in Iraq or Afghanistan**

In addition to military sexual trauma, this study includes combat exposure as another potential factor related to healthcare use that affects veterans’ mental health. The analysis found that military sexual trauma “is uniquely associated with severity of PTSD and depression symptoms among women with service…even after controlling for combat trauma and other military history factors including the presence of service-connected injury.” The authors did not find a connection between experiencing military sexual trauma and increased use of VA or non-VA healthcare services.

**Women Veterans’ Experiences of Intimate Partner Violence and Non-Partner Sexual Assault in the Context of Military Service: Implications for Supporting Women’s Health and Well-Being**

This article includes findings from interviews with 25 female service members about how working for the military intersected with their experiences of non-partner sexual assault and intimate partner violence (prior to and during service). The narratives revealed themes like partners threatening women to join or leave military service and abusive behaviors affecting work performance and career outcomes like promotions. Study participants also noted a lack of accountability for offenders who are also service members. For some, deployment offered the possibility of distance from violence at home. The military’s emphasis on self-reliance was one barrier to help-seeking. The authors note that “experience of IPV/SA itself is not a health condition and does not necessarily limit one’s ability to optimally serve.”

“Soldiers regularly encounter opportunities to intervene in risky behaviors [such as alcohol misuse and sexual violence], and while a majority intervened in such scenarios, more training is warranted, particularly around sexual assault and harassment. This supports the notion that bystander intervention training is a worthwhile investment for the Army.”


This article summarizes research about the types of trauma that psychiatrists, psychologists, or social workers may experience when they are deployed. A case study illustrates how seeing frequent, extreme violent situations and experiencing multiple deaths of clients can impact the work and wellbeing of clinicians and their supervisors. The article includes a trauma-informed supervision framework to help a supervisee prepare for the repeated, prolonged exposure and develop methods to recognize their susceptibility to trauma and their abilities to cope and thrive in deployed environments.


This article explores the intersections of risk factors for elder abuse and the research about veterans’ mental and physical health, disabilities, social isolation, and financial situations. Based on this research review, the authors suggest ways to increase research and data-sharing on this topic to understand prevalence and build veteran-specific elder abuse screening tools. The authors also discuss the stigma around vulnerability and victimhood in the military as a barrier to disclosure and the state laws and the culture of health privacy in the Veterans Health Administration as a barrier to reporting and coordination with Adult Protective Services.

Abusive Relationship and Its Associated Factors Between Deployed and Un-Deployed Veterans in College by H. Min. *(Journal of Interpersonal Violence, 2018, 14 pgs.)*

This study analyzed data from a survey on college students’ health to explore veterans’ and non-veterans’ likelihood of experiencing an abusive relationship. The author also discussed differences in the types of abuse for veterans who were deployed and not deployed. Findings indicated that veterans were more likely than non-veterans to be part of abusive relationships (the survey question did not distinguish between veterans who
used violence and veterans who experienced violence). Also, in comparing deployed vs. un-deployed veterans: “deployed veterans were more likely to experience physical abuse, while un-deployed veterans were more likely to experience emotional abuse.”

**Servicemen’s Perceptions of Male Sexual Assault and Barriers to Reporting During Active Component and Reserve/National Guard Military Service** by Sadler, A. G., Cheney, A. M., Mengeling, M. A., Booth, B. M., Torner, J. C., & Young, L. B. (*Journal of Interpersonal Violence*, 2018, 28 pgs.)

Male victims’ reluctance to report sexual assault is frequently documented in research. This study extends the literature with focus groups to understand servicemen’s knowledge of male sexual assault victims in the military and specific barriers to reporting. Findings showed a widespread perception that sexual assault happens only to female service members and male victims were often blamed for not defending themselves. Many participants also expressed that military leaders did not take male victims’ reports seriously. For citizen-soldiers, participants identified increased risk and barriers because they do not have the same established relationships in a unit as active servicemembers. For all servicemembers: “reporting sexual assault can signify an act of disconformity, placing soldiers in marginalized positions in their units.”

**ADDITIONAL RESOURCES**

- The National Sexual Violence Resource Center produced a [Sexual Assault Response Team Toolkit](#), with a section on working with specific populations, including working with military personnel (updated in 2018).
- VAWnet houses a research collection related to [sexual violence in the military](#) (updated in 2013).

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