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Developmental Trajectories of Distress and Suicide Risk Following Exposure to Military Sexual Trauma in US Military Service Members

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Abstract: Military sexual trauma (MST) includes sexual harassment or assault that occurred during military service. Studies conducted to date on the association of MST with mental health and suicide outcomes are generally circumscribed to either active duty or veteran samples, precluding a thorough analysis of developmental trajectories of distress following MST within the context of ongoing (vs. discharged from) military service. The Military Social Science Laboratory has collected data on mixed service samples of men and women service members, addressing this important literature gap. The purpose of this study was to examine the association of MST, suicide risk, PTSD, depression, alcohol use, and posttraumatic cognitions using two separate samples, which collectively allow for a comprehensive examination of the development of distress following MST. The first sample consisted of 1389 men and women service members and veterans with varying levels of MST severity, including no MST, harassment-only MST, and assault MST. The second sample consisted of 400 men and women service members, all reporting the highest severity of MST, assault MST. In both samples, roughly half reported being discharged from service. Participants completed self-report measures of MST exposure severity, suicide ideation, suicide risk, PTSD, depression, alcohol misuse, and posttraumatic cognitions, as well as perceptions of how the military responded to their MST. Relative to those still serving in the US military, veterans were more likely to endorse suicidal ideation, higher PTSD symptoms, and higher depression symptoms if they felt the military mishandled their experience of MST (referred to as perceived institutional betrayal). However, among those reporting the most severe MST, veterans reported lower alcohol misuse and more adaptive posttraumatic cognitions. These findings suggest that those separated from the military experience different posttraumatic aftermath following MST relative to those who are currently serving in the military. Such findings suggest critical differences in the developmental trajectory of distress, necessitating different interventions to successfully reduce distress and dysfunction. Additional analyses will explore the impact of gender on these associations and explore full mechanistic models of distress grouped by discharged status.

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