



Don't Tell: Sexual Assault, Institutional Environment, and Mental Health In the U.S. Department of Defense

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Abstract

Sexual assault is a highly prevalent and individually destructive issue within the United States Department of Defense. Sexual assault survivors face long-term mental health issues such as Post Traumatic Stress Disorder (PTSD) and depression; these issues can be compounded by a hostile work environment. This study investigated three important levels of institutional climate regarding sexual assault response: workgroup, leader, and larger organization. Specifically, we studied the ways in which institutional, leadership, and workgroup responses to sexual assault related to PTSD and depressive symptomatology among a sample of active duty Service Members who had experienced a sexual assault in the past year ($n = 832$). **Method:** The study was a secondary analysis of the 2012 Workplace and Gender Relations Survey of Active Duty Members (WGRA). **Results:** Workgroup retaliation behavior was a significant predictor of both PTSD and depression symptomatology, explaining over ten percent of variance these outcomes; leadership response to sexual assault explained a significant proportion of variance as well. Institutional response contributed a smaller, but still significant proportion of variance. **Conclusions:** Results suggest the importance of workgroup response to sexual assault in mental health among service members and the need to investigate and curtail workgroup retaliation behaviors. Results reinforce the necessity of military sexual assault training for leaders and workgroups and broaden understanding of factors that may affect sexual assault survivors' mental health.

Background

- 9-13% of women and 1-2% of men in the DoD survive a sexual assault per year of military service¹
- Symptoms of **depression and PTSD** are elevated in sexual assault survivors²
- How people/institutions **respond** when people disclose or report a sexual assault affects the survivor's mental health³
- Three institutional levels to be considered in the military are **institutional, leadership, and workgroup**⁴

Method

Secondary analysis of U.S. Department of Defense 2012 Workplace and Gender Relations Survey of Active Duty Members (WGRA).

Participants

- Subsample of individuals who had experienced a sexual assault during the past 12 months of service
- $N = 832$, 716 = women
- Army, 19.6%; Air Force, 10.8%; Marine Corps, 49.6%; Navy, 20.0%.

Measures

- **Workgroup Response** ($r = .31$)
 - 2 items assessed workgroup response to sexual assault (e.g., to what extent would you feel free to report sexual assault without fear of reprisals?), 5-point scale (5 = *Not at all*, 1 = *Very large extent*)
 - Responses averaged to create composite score
- **Leadership Response** ($\alpha = .93$)
 - 5 items assessed unit leaders' responses to sexual assault (e.g., how well does your unit leadership make it clear that sexual assault has no place in the military?), 5-point scale (5 = *Very well*, 1 = *Very poorly*)
 - Responses averaged to create composite score
- **Institutional Response** ($\alpha = .89$)
 - 3 items assessed military system response to sexual assault (e.g., if you were sexually assaulted, could you trust the military system to ensure your safety following the incident?), 3-point scale (1 = *True*, 2 = *False*, 3 = *Don't know*)⁵
 - Responses summed to create total score
- **PTSD Symptoms**
 - 17-items DSM-V diagnostic criteria (e.g., Having repeated, disturbing memories, thoughts, or images of a stressful experience), 5-point scale (1 = *Not at all*, 5 = *Extremely*)
 - Responses summed to create total score
- **Depression Symptoms**
 - 8 item PHQ-8 (e.g., Little interest or pleasure in doing things), 4-point scale (1 = *Not at all*, 4 = *Nearly every day*)
 - Responses averaged to create composite score

Results

Descriptive Findings:

- Poor workgroup, leadership, and institutional response to sexual assault predicted elevated symptoms of both PTSD and depression.

Table 1

Correlations, Means, and Standard Deviations for Study Variables ($N = 832$)

Variables	Mean	SD	1	2	3	4
1. PTSD Symptoms	42.96	18.55	--			
2. Depression Symptoms	2.15	0.86	.81**	--		
3. Workgroup Response	3.28	1.15	-.36**	-.33**	--	
4. Leadership Response	3.66	1.12	-.30**	-.29**	.60**	--
5. Institutional Trust	5.25	3.62	-.27**	-.25**	.52**	.52**

Two hierarchical linear regressions, one for each DV

- Perceived retaliation in the workgroup for reporting sexual assault predicted more symptoms of PTSD and depression.
- Poor leadership response to sexual assault predicted more symptoms of PTSD and depression.
- Lack of trust in the military system's response to sexual assault predicted more symptoms of PTSD and depression.

Table 2

Environmental Factors Predicting PTSD and Depressive Symptoms Among Past-Year MSA Survivors

Predictors	R ²	F (df)	B	B(SE)	95% CI
PTSD (n = 690)					
Step 1	.13	100.34*** (1, 689)			
Workgroup Response			-0.36	-5.68 (.57)	[-6.79, -4.56]
Step 2	.14	56.08*** (2, 688)			
Leadership Response			-0.14	-2.37 (.73)	[-3.80, -.93]
Step 3	.141	38.71*** (3, 687)			
Institutional Response			-0.08	-.42 (.22)	[-.85, .02]
Depression (n = 660)					
Step 1	.10	75.39*** (1, 659)			
Workgroup Response			-0.32	-.24 (.03)	[-.29, -.18]
Step 2	.12	45.18*** (2, 658)			
Leadership Response			-0.17	-.13 (.04)	[-.20, -.06]
Step 3	.121	31.16*** (3, 657)			
Institutional Response			-0.08	-.02 (.01)	[-.04, .00]

Discussion & Implications

- Anticipating poorer workgroup response to sexual assault within the workgroup was significantly associated with increased symptoms of both depression and PTSD
- The same effect was observed on a smaller scale for leadership and organizational response
- Unit leadership attitudes have the power to dictate the behavior of the entire unit; leadership response and workgroup retaliation were strongly correlated
- **Research**
 - A longitudinal study that can assess a more comprehensive history of sexual trauma
 - Studies focused on non-white and LGBTQ populations can investigate unique barriers for vulnerable groups
- **Policy & Practice.**
 - Organizational investigation and intervention is necessary to address the issue of workgroup retaliation for sexual assault reporting.
 - Address and improve the quality of sexual assault training provided to service members.

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