**Military Sexual Trauma and Combat Exposure: A Review of Mental Health and Related Outcomes**

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**INTRODUCTION**

- Military sexual trauma (MST) has been defined as “psychological trauma…resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive-duty training” (U.S. Code 17334).
- Prevalence of MST is estimated at 28%-55% (Naito, Stains & Lind 2006).  
- In 2006, the U.S. Department of Defense established a task force dedicated to developing sexual assault policy and prevention strategies, which led to the creation of the Sexual Assault Prevention and Response Office (SAPRO). SAPRO recently updated its Prevention Plan of Action, which outlines strategies to reduce incidence of sexual assault on the military (United States Department of Defense Sexual Assault Prevention and Response).
- MST has been associated with post-traumatic stress disorder (PTSD), depression, and suicidal ideation (SI), as well as poor psychosocial functioning and worse physical health outcomes (Naito & Lind 2006).
- Fewer studies are available on MST compared to other military-related traumatic experiences such as combat exposure (CE).

**OBJECTIVES**

1. Compare the effects of MST and CE on the development of psychiatric disorders and symptom severity  
2. Examine the utilization of Veterans Health Administration (VHA) services in veterans with a history of MST and CE  
3. Explore potential mechanisms underlying MST and CE.

**METHODS**

- Articles identified: 156
- Articles included: 14
- Articles excluded: 142

**RESULTS**

- The results of our review suggest that MST as compared to CE was associated with worse mental health outcomes with respect to:  
  - PTSD diagnosis and symptom severity  
  - Depression severity  
  - Suicidal ideation  
  - Other psychopathologies: eating disorder, alcohol abuse, dissociative symptoms, non-PTSD anxiety disorder, psychotic disorder  
- There was no significant difference in utilization of VHA services  
- Potential mechanisms underlying each trauma type:  
  - Betrayal vs. perpetrated based moral injury  
  - Resilience was associated with CE only  
  - Intrusive cognitions about MST and CE were correlated with distress following deployment.

**LIMITATIONS**

- Data included in the review were retrospective and subject to recall bias  
- Varying definitions of MST in different studies  
- Varying types of CE in different studies  
- Non-homogenous sampling of study subjects

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**REFERENCES**


