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The Forensic Nurse's Response to Military Sexual Trauma Among LGBTQ Survivors

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Abstract

Military sexual trauma (MST) is prevalent among U.S. armed services members despite efforts to combat it (Castro et al., 2015; Crosbie & Sass, 2017; Moyer, 2021). Reasons for the continued perpetuation of sexual assault in the U.S. armed services are multifaceted and embedded in the military culture. Passive acceptance of sexual violence and lingering effects of the Don't Ask, Don't Tell policy in the U.S. military are examples of areas where crucial reforms are still needed despite concerted efforts within the military and by the U.S. Congress to address MST (Congressional Research Service, 2021). Lesbian, gay, bisexual, transgender, queer, asexual, intersex, and other (LGBTQAI+) individuals may experience human violence at disproportionately higher rates ranging from verbal harassment and stalking to physical assault and sexual battery (Beckman, 2018; Blosnich, 2022; Moyer; Schuyler et al., 2020).

This integrative literature review explores best practices among forensic nurses (FNs) who engage in the care of sexual violence survivors, especially military personnel who identify as LGBTQAI+. Findings from a literature search through the Cumulative Index of Nursing and Allied Health Literature and PubMed databases for peer-reviewed articles from psychology, public health, medicine, nursing, and social science are discussed to inform FNs about the most effective strategies for responding therapeutically to MST survivors in the LGBTQIA+ community. We discuss understanding reasons MST survivors might not make a report to authorities, as well as providing empathetic, trauma-informed care, and screening survivors to link them with appropriate resources so they can begin a journey of healing.

Keywords: LGBTQ, sexual minority, military, sexual trauma, sexual assault, forensic nursing, integrative review.

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Introduction to the Practice Issue

Sexual assault is one of the most devastating crimes inflicted upon an individual. Consequences of sexual assault can lead to an array of acute and chronic consequences for survivors (Bell et al., 2018; Blais et al., 2024; Castro et al., 2015; Cichowski et al., 2017; Parnell et al., 2018; Sigurdardottir & Halldorsdottir, 2021). Service members who experience military sexual trauma (MST) have higher rates of mental health disorders, substance abuse, and homelessness, among other serious detrimental consequences to their lives (Beckman et al., 2018; Olenick, Flowers & Diaz, 2015; Rosellini et al., 2017).

Sexual assault can involve anything from unwanted touching to penetrative sexual acts (Papp et al., 2023; U.S. Department of Veteran Affairs, 2021). Like sexual assault in the civilian setting, MST involves a wide range of unwanted sexual acts including verbal threats and intimidation, or physical activities such as fondling and assault (U.S. Department of Veteran Affairs, 2021). Sexual assault in the U.S. armed forces has been a pervasive and endemic historical problem, and MST was largely ignored for decades until scandals in the early 1990s prompted national outrage and subsequent actions (Crosbie & Sass, 2017; Moyer, 2021). Calls for urgent structural changes followed, including military reforms mandated by U.S. Congress (Crosbie & Sass, 2017; Congressional Research Service, 2021).

Review of the Literature Supporting Practice Changes

This integrative review presents findings from journal articles, peer-reviewed literature, and other resources, such as information published by the U.S. Department of Veteran Affairs and the Centers for Disease Control and Prevention about MST. Our focus was gaining a better understanding about what forensic nurses (FNs) should know to provide culturally sensitive and trauma-informed care for LGBTQ survivors of MST. For the purposes of this review, we defined MST as *any form* of unwanted sexual contact perpetrated upon an individual who is a member of the military or a veteran (Castro et al., 2015).

Reasons for a renewed focus on MST include the impact of the #MeToo movement, which has brought more sexual assault survivors forward from all walks of life (Sigurdardottir & Halldorsdottir, 2021; Worthen & Schleifer, 2024). Military reforms are having positive effects on reporting, thereby prompting more survivors to present for forensic nursing care (Congressional Research Service, 2021; Crosbie & Sass, 2017). Our literature search focused on MST survivors who identify as LGBTQ, as evidence indicates these individuals face disproportionately higher risks of interpersonal violence during their military service, including acute injuries from assault, sexually transmitted infections, and poor chronic physical and mental-health outcomes following sexual assault (Blosnich, 2022; Sigurvinsdottir & Ullman, 2015).

Methodology

The literature search was conducted between March and May 2024 using six databases: Cochrane, EBSCO Host (including the Cumulative Index to Nursing and Allied Health Literature), Elsevier Science Direct Journals, Gale Nursing and Allied Health, the Joanna Briggs Institute Evidence Based Practice Database, and PubMed. These databases were chosen by the two authors who are subject-matter experts in forensic nursing with terminal nursing degrees. The

search aimed to address the central question: *What is the scope and response to military sexual trauma (MST) among LGBTQ victims?* The strategy included selecting appropriate journals and searching for the keywords/subjects: (Military) AND (sexual assault) OR (sexual trauma) OR (sexual abuse). Search filters limited results to articles published between January 1, 2014, and March 1, 2024, in English, available in full-text, peer-reviewed scientific journals. Initially, the search identified 894 papers.

To refine the results, the Boolean operator AND (LGBTQ) was added. Further refinement, including duplicate removal and a focus on peer-reviewed sources, produced 269 results. Both authors reviewed the titles of the refined results, ultimately screening approximately 50 article titles and abstracts that aligned most closely with the aims of this manuscript. The final list of references read in detail by both authors included 35 articles and credible organizational websites with relevant resources for practicing forensic nurses (FNs).

Results

The literature review findings highlight the central concern of this article: Sexual trauma not only compounds the challenges of military service but also intensifies health consequences for survivors. These include severe depression, post-traumatic stress, increased suicide risk, reduced force readiness, and premature separation from military service (Beckman et al., 2018; Olenick, Flowers & Diaz, 2015; Rosellini et al., 2017). FNs play a vital role on the healthcare team, offering specialized care that helps MST survivors embark on a path toward holistic healing—encompassing physical, psychosocial, and spiritual recovery.

Precise prevalence rates of MST are unknown due to a long-standing pattern of low reporting rates among survivors, especially those in marginalized groups (Congressional Research Service, 2021; Mengeling et al., 2014). Conservative estimates of MST indicate prevalence rates are at least around 3.5% and 44.2% among all male and female military services members, respectively (Nichter et al., 2022). Approximately 1 in 3 women and 1 in 50 men respond affirmatively when asked by a VA medical provider if they have experienced MST (U.S. Department of Veteran Affairs, 2021). Female service members and veterans are especially at risk of psychological sequalae from MST that may lead to chronic unemployment, financial strain, and housing instability (Blais et al., 2024; Castro et al., 2015; Rosellini et al., 2017).

LGBTQ service members experience MST at disproportionately higher rates causing long-term personal, physical, and emotional consequences due to a broad spectrum of sexual violence (touching and non-touching) including verbal sexual harassment, unwanted touching (i.e., massaging, caressing, fondling), stalking, exploitation, and penetrative acts (penile-vaginal assault, forced oral sodomy, and forced anal sodomy) (Beckman et al., 2018; Blosnich, 2022; Gurung et al., 2018; Schuyler et al., 2020; Sigurvinsdottir & Ullman, 2015). LGBTQ veterans also experience significantly higher mental health disorders and suicidal behaviors (Beckman et al., 2018; Schuyler et al., 2020; Sigurvinsdottir & Ullman, 2015). Since we know MST reporting rates likely do not match reality (Beckman et al., 2018; Bell et al., 2018; Castro et al., 2015; Congressional Research Service, 2021), it is important for FNs to recognize the vital role in responding to MST survivors because (a) the disclosure itself can be therapeutic, and (b) the disclosure opens the door for the survivor to access trauma-related healthcare services.

Recommended Best Practices

Recognizing Reporting Barriers among MST Survivors

It is important for FNs on the front lines of an initial sexual violence disclosure to know reasons why delayed disclosures or non-reports are common after MST. Non-reporting in the military has historically been, and continues to be, a major issue, especially among those in marginalized groups. The "Don't Ask, Don't Tell" policy of the 1990s allowed gay individuals to serve in the U.S. military if they did not talk openly about their sexual orientation (Johnson et al., 2015). The lingering effects of the "Don't Ask, Don't Tell" era, combined with the military's hypermasculine and homophobic "band of brothers" culture, continue to create significant barriers for MST survivors in reporting their experiences (Johnson et al., 2015; Mackenzie, 2020).

LGBTQ victims often face valid concerns about breaches of confidentiality, mistreatment by peers, and potential harm to their careers if they come forward. These systemic issues highlight the urgent need for cultural change within the military to ensure a safe and supportive environment for all service members (Kuhl, 2018; Mackenzie, 2020; Mengeling et al., 2014; Rosselini et al., 2017). Moreover, the frequent relocation of offending military service members also impedes detection of patterns of violence, and only around 10% or fewer MST offenders are convicted (Castro et al., 2015).

Using Trauma Informed Care Principles with MST Survivors

FNs are key providers in assuring sexual violence survivors receive the highest level of trauma-informed care and addressing survivors' risks of adverse health sequelae after sexual trauma, including suicide and substance use disorder. Suicide is a major potential health threat for anyone who has survived MST (Blais et al., 2024; Gilmore et al., 2020). FNs are also important advocates who can honor MST survivors' military service, respond sensitively to their experiences of trauma, use relevant screening tools, and make timely referrals for physical, mental health, psychosocial, and spiritual support.

Trauma-informed care (TIC) emphasizes active listening and being fully present with a survivor, who may recall bits and pieces of the traumatic event over time (Caiola, 2021). FNs who use TIC principles work closely with survivors to validate their experiences of trauma. Over time, TIC can reduce painful emotions, numbness, difficulties with attention, concentration, and memory, relationship problems, and substance abuse, which are all too common among MST survivors (Palmieri & Valentine, 2021; Romaniuk & Loue, 2017; U.S. Department of Veteran Affairs, 2021).

Physical Health Screening among MST Survivors

MST survivors often have a range of physical concerns and chronic health challenges. Although some survivors have little or no obvious symptoms, others experience tremendous emotional, physical, and psychosocial suffering for months to years after the experience of sexual violence (U.S. Department of Veteran Affairs, 2021). Common physical complaints after MST include chronic fatigue, recurrent headaches, fibromyalgia, joint discomfort, lumbago, painful intercourse, and gastrointestinal disorders such as irritable-bowel symptoms and anorexia (Castro et al., 2015; Cichowski et al., 2017). It is critical for the FN to be aware of the common presenting complaints among sexual-assault survivors, including acute issues like sexually transmitted infections, unintended pregnancy/pregnancy fears, genital injuries, signs of choking, and other bodily harm (Luong, Parkin & Cunningham, 2022). Appendix A includes some common somatic

complaints that may be experienced by or reported among MST or other sexual-violence survivors (Cichowski et al., 2017).

Mental Health Screening among MST Survivors

Mental-health conditions are a common result after MST, especially among groups who are already marginalized and among veterans, who have higher rates of depressive disorders, anxiety, and suicidal ideations compared with the general population (Olenick, Flowers & Diaz, 2015; Parnell et al., 2018; Rosellini et al., 2017). Post-traumatic stress disorder (PTSD) after MST is likely to be more severe among survivors of prior violence before they entered the military, such as those with histories of childhood abuse (Beckman et al., 2018; Cichowski et al., 2017; U.S. Department of Veteran Affairs, 2021).

MST survivors with PTSD often experience co-morbidities like alcoholism, substance-use disorders, toxic stress, family relationship conflict, and sexual dysfunction (Blais et al., 2024; Gilmore et al., 2020). The typical signs of PTSD include, but are not limited to, trouble sleeping, attention problems, hypervigilance, and sexual disorders (U.S. Department of Veteran Affairs, 2021). MST survivors with PTSD are at high risk of suicide, and many other types of physical and psychological sequelae (Blais et al., 2024; Parnell, 2018).

Suicide is a particularly grave concern for MST survivors which FNs must recognize early and provide safety planning as soon as possible (Blais et al., 2024; Gilmore et al., 2020). The factors that increase suicide risk most are acute stressors, previous hospitalizations, and homelessness (Gilmore et al., 2020). Universal screening for PTSD, MST, depression, and prior sexual trauma during childhood is recommended as a best practice by the National Center for Posttraumatic Stress Disorder, the Walter Reed Medical Center, and the Veterans Millennium Health Care Act of 1999 (Romaniuk & Loue, 2017). Use of a PHQ-9 questionnaire is a useful screening tool for depression, suicidal ideation, and suicidal behaviors (Gilmore et al., 2020). See Appendices B & C for other recommended screening tools and resources for FNs.

Screening MST Survivors for Other Forms of Human Violence

When a survivor discloses MST, it is important for the FN to assess for current and past intimate partner violence, previous childhood maltreatment—including exposure to intimate partner violence as a child and child neglect—as all these experiences are linked to poor adult physical and mental-health outcomes (Centers for Disease Control and Prevention [CDC], 2024).

Screening for Adverse Childhood Experiences (ACEs) is a recommended best practice by the CDC. In the setting of MST, a prior history of trauma as a child or adolescent—which is particularly a concern if the younger person "came out" during their youth and suffered adverse consequences as a result—can be one of the major factors affecting how much the MST survivor is affected and to what degree they experience difficulties (U.S. Department of Veteran Affairs, 2021). Higher ACE scores can reliably predict risk of negative psychological outcomes after sexual assault (CDC, 2024; Parnell, 2018).

Implications for Forensic Nursing Practice Implementation

Helpful Tools and Resources for FNs

Due to the high prevalence of sexual violence, universal screening of all active-duty service members and veterans for MST is recommended as a best practice (Romaniuk & Loue, 2017). Universal screening not only encourages disclosures by survivors who might otherwise

remain silent about their trauma, but screening also tends to normalize the experience. Many tools exist to equip FNs, such as the CDC materials on ACEs and training materials from the U.S. Department of Veteran Affairs (VA). Survivors can access VA services by contacting their local VA facility or by accessing online MST-related services offered by the VA. Appendices B and C include some suggested screening questions adapted from a VA Fact Sheet on MST which are useful for clinicians who work with service members and veterans, as well as some online resources for FNs and other clinicians (U.S. Department of Veteran Affairs, 2021). Everyone, regardless of background, should be screened for past or ongoing sexual violence. Special emphasis should be placed on conducting non-judgmental, empathetic interviews of LGBTQ persons for past experiences with sexual violence, as they may have already experienced high rates of heterosexism, stigmatization, and homophobia (Johnson et al., 2015).

MST survivors often face challenges in leaving military healthcare, such as limited insurance options beyond Tricare or concerns about stigmatization. Fortunately, many civilian resources are available to support them. These include locally accessible services such as community health centers, rape-crisis agencies, legal and advocacy assistance through state attorney's offices, and public health departments. Many of these facilities benefit from external funding, allowing them to offer services to victims without requiring payment or insurance billing. Additionally, the National Sexual Violence Resource Center (NSVRC) provides a wide array of online resources tailored for MST survivors and healthcare providers, including forensic nurses (FNs) (National Sexual Violence Resource Center, n.d., a). The NSVRC also offers resources for specific populations, such as LGBTQ survivors, ensuring inclusive and comprehensive support (National Sexual Violence Resource Center, n.d., b). Some suggested online resources are in Appendix D.

Based on the literature, we propose incorporating the following elements in every FN clinical encounter with a military service member or veteran:

- Universal screening for MST
- Assessment of Adverse Childhood Experiences (ACEs) (Centers for Disease Control and Prevention [CDC], 2024)
- Screening for post-traumatic stress symptomatology and referring those with suspected PTSD to a physician or other treating provider
- Assessment of current or past intimate partner violence (IPV)
- Drugs/substance-use disorder assessment
- Suicide risk assessment

Appendix C includes a mnemonic device (CUPIDS) we suggest that is useful for recalling the necessary elements that should be screened in a healthcare encounter with an active-duty service member or veteran.

Concluding the Visit with a Survivor: Support, Belief, and Reassurance

Sexual-assault survivors of all ages need the utmost degree of empathy when they enter a therapeutic setting, whether the care is delivered at a VA facility, civilian clinic, hospital emergency department, or other healthcare environment. Cultural sensitivity and active listening skills are critical during the healthcare encounter. When survivors are not recognized, their experiences are not validated, and they may leave a healthcare encounter feeling dismissed

instead of helped. FNs should make every effort to make MST survivors know they are heard and believed. They should tell survivors the abuse was not their fault, regardless of the circumstances. Every effort should be made to ensure survivors begin the healing process, and this can start with their first positive encounter with a skilled, caring FN who can minimize any shame or guilt and provide ongoing support.

Summary

The care of LGBTQ individuals by FNs after sexual violence in the military is enhanced by trauma-informed care, appropriate screening, and referrals, such as for ongoing psychological support (Johnson et al., 2015; Romaniuk & Loue, 2017). When encountering a survivor of MST, it is critical for the FN to assess for PTSD symptomatology and suicidality and make appropriate referrals to a mental-health counselor, psychologist, and/or trauma specialist as quickly as possible to prevent any adverse health consequences, including death from suicide. Social workers may be needed to develop safety plans for real-time safety concerns, and law enforcement may also need to become involved in certain circumstances when a survivor is in immediate danger or may have vulnerable individuals under their care.

The larger question at the root of this problem is how to reform military leadership from the top down. Training military personnel, especially commanding officers, and reforming the culture that accepts pervasive military sexual violence, denies the problem exists, covers it up, or blames the victims, are necessary steps. Continued congressional oversight is needed to ensure high-ranking military commanders are held accountable for inaction or passive acceptance of sexual violence. The Congressional Research Service has published detailed guidelines to prevent MST and to improve responses when it occurs (Congressional Research Service, 2021). Some suggestions are to:

- Incorporate evidence-based training programs such as those aimed at reducing rape myth acceptance into high-school curriculum and at multiple points throughout military service.
- Work to change the culture of acceptance of sexual violence.
- Diversify leadership within the military to include more women and minorities and/or those with diverse backgrounds.

Future research directions should be aimed toward an even better understanding of how those with marginalized gender and sexual identities can be more supported in the military structure. Evidence suggests that those with multiple, marginalized identities, such as those from racial and gender/sexual minority groups, have even worse outcomes than many other survivors (Sigurvisndottir & Ullman, 2015).

MST is a problem that has persisted in the U.S. armed forces over many decades (Castro et al., 2015; Congressional Research Service, 2021). It must be stopped through broad, comprehensive tools including concerted efforts at multiple layers within the military structure and in the civilian setting, including outside supervision/surveillance and better commanding officer accountability (Castro et al., 2015; Congressional Research Service, 2021). Oversight and accountability are both essential to protect those who dedicate their lives to the service of their country and who deserve the utmost respect, protection, and care.

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Appendix A

Common Somatic Complaints & Presenting Symptoms among MST Survivors

- Headache
- Signs of sexually transmitted infections
- Generalized anxiety
- Fibromyalgia
- Joint pain
- Low back pain/lumbago
- Irritable bowel symptoms
- Painful intercourse

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Appendix B

Suggested Clinician Screening Questions for All Service Members and Veterans

During your time in the military:

- Have you ever been pressured into sexual activity?
- Have you ever had sexual contact or activities without your consent, including while asleep or intoxicated?
- Have you ever been overpowered or physically forced to have sex?
- Have you ever been touched or grabbed in a way that made you feel uncomfortable?
- Has anyone made comments about your body or sexual activities that made you feel threatened?
- Has anyone made any advances that you found threatening?

Source: U.S. Department of Veteran Affairs. (May, 2021). *VA Cares about Military Sexual Trauma. MST Fact Sheet.* https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf

Appendix C

"CUPIDS" Screening

C - Screen for adverse **C**hildhood experiences

U - Universal screening for all forms of sexual violence (past or present)

P - **P**ost-Traumatic Stress Disorder

I - **I**ntimate partner violence (past or present)

D - **D**rugs/**D**epression

S - **S**uicide risk assessment

Appendix D

Online Resources

- "Adverse Childhood Experience Questionnaire for Adults" developed by the California Surgeon General's Clinical Advisory Committee. This quick, ten-item questionnaire is a practical tool to use when assessing a new or existing client: https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf
- ACEs tools on the CDC website: https://www.cdc.gov/aces/communication-resources/index.html
- VA resources/websites: www.mentalhealth.va.gov/msthome.asp, or http://maketheconnection.net/conditions/military-sexual-trauma
- National Sexual Violence Resource Center (n.d., a.). Military Sexual Trauma Resource List: https://www.nsvrc.org/blogs/military-sexual-trauma-resource-list?form=MG0AV3
- National Sexual Violence Resource Center (n.d., b.). Response to LGBTQ Victims Resources: https://www.nsvrc.org/sarts/toolkit/6-8