



## EMDR AND THE MILITARY IN ACTION E-NEWSLETTER

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This is a monthly E-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Desensitization (EMDR) who work with military, veterans, and their families. The purpose of **EMDR and the Military in Action** is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

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### Researchers!

If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a \$25,000 research award through the EMDR Research Foundation. Go to <http://emdrresearchfoundation.org/research-grants/research-grant-awards> for details. If you need access to expertise for a research project, don't hesitate to apply for a \$1,000 research consultation award. For details go to <http://emdrresearchfoundation.org/research-grants/research-consultation-awards>.

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### Citations - Sexual Trauma and the Military

Paylor, S., & Royal, C. (2016). [Assessing the effectiveness of EMDR in the treatment of sexual trauma](#). *The Practitioner Scholar: Journal of Counseling and Professional Psychology*, 5(1).

**The Practitioner Scholar**  
Journal of Counseling and  
Professional Psychology

The authors provide a critical review of eye movement desensitization and reprocessing (EMDR) as an effective means of clinical treatment for female survivors of sexual abuse. The authors reviewed selected research findings, assessing strengths and limitations of each work. The authors present themes and patterns regarding the use of EMDR with female sexual abuse victims and offer suggestions of best practice for applying EMDR as a complimentary intervention to other behavioral approaches.

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Homelessness Among US Male and Female Veterans With a Positive Screen for Military Sexual Trauma. *Jama Psychiatry*. doi:10.1001/jamapsychiatry.2016.0101.

**Importance:** Military sexual trauma (MST) is associated with adverse physical and mental health outcomes following military separation. Recent research suggests that MST may be a determinant in several factors associated with post-deployment homelessness.

**Objective:** To evaluate MST as an independent risk factor for homelessness and to determine whether risk varies by sex.

**Design, Setting, and Participants:** A retrospective cohort study of US veterans who used Veterans Health Administration (VHA) services between fiscal years 2004 and 2013 was conducted using administrative data from the Department of Defense and VHA. Included in the study were 601,892 US veterans deployed in Iraq or Afghanistan who separated from the military between fiscal years 2001 and 2011 and subsequently used VHA services.

**Exposure:** Positive response to screen for MST administered in VHA facilities.

**Main Outcomes and Measures:** Administrative evidence of homelessness within 30 days, 1 year, and 5 years following the first VHA encounter after last deployment.

**Results:** The mean (SD) age of the 601,892 participants was 38.9 (9.4) years, 527,874 (87.7%) were male, 310,854 (51.6%) were white, and 382,361 (63.5%) were enlisted in the Army. Among veterans with a positive screen for MST, rates of homelessness were 1.6% within 30 days, 4.4% within 1 year, and 9.6% within 5 years, more than double the rates of veterans with a negative MST screen (0.7%, 1.8%, and 4.3%, respectively). A positive screen for MST was significantly and independently associated with post-deployment homelessness. In regression models adjusted for demographic and military service characteristics, odds of experiencing homelessness were higher among those who screened positive for MST compared with those who screened negative (30-day: adjusted odds ratio [AOR], 1.89; 95% CI, 1.58-2.24; 1-year: AOR, 2.27; 95% CI, 2.04-2.53; and 5-year: AOR, 2.63; 95% CI, 2.36-2.93). Military sexual trauma screen status remained independently associated with homelessness after adjusting for co-occurring mental health and substance abuse diagnoses in follow-up regression models (30-day: AOR, 1.62; 95% CI, 1.36-1.93; 1-year: AOR, 1.49; 95% CI, 1.33-1.66; and 5-year: AOR, 1.39; 95% CI, 1.24-1.55). In the fully adjusted models, the interaction between MST status and sex was significant in the 30-day and 1-year cohorts (30-day: AOR, 1.54; 95% CI, 1.18-2.02; and 1-year: AOR, 1.46; 95% CI, 1.23-1.74), denoting higher risk for homelessness among males with a positive screen for MST.

**Conclusions and Relevance:** A positive screen for MST was independently associated with post-deployment homelessness, with male veterans at greater risk than female veterans. These results underscore the importance of the MST screen as a clinically important marker of reintegration outcomes among veterans. These findings demonstrate significant long-term negative effects and inform our understanding of the public health implications of sexual abuse and harassment.

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Leardmann, C., Pietrucha, A., Magruder, K., Smith, B., Murdoch, M., Jacobson, I., Ryan, M., Gackstetter, G., Smith, T., & Millennium Cohort Study Team. (2013). Combat Deployment is

Associated with Sexual Harassment or Sexual Assault in a Large, Female Military Cohort. *Women's Health Issues*, 23 (4), e215-e223. doi:10.1016/j.whi.2013.05.002.



**Background:** Previous studies have examined the prevalence, risk factors, and health correlates of sexual stressors in the military, but have been limited to specific subpopulations. Furthermore, little is known about sexual stressors' occurrence and their correlates in relation to female troops deployed to the current operations in Iraq and Afghanistan.

**Methods:** Using longitudinal data from Millennium Cohort participants, the associations of recent deployment as well as other individual and environmental factors with sexual

harassment and sexual assault were assessed among U.S. female military personnel. Multivariable analyses were used to investigate the associations.

**Findings:** Of 13,262 eligible participants, 1,362 (10.3%) reported at least one sexual stressor at follow-up. Women who deployed and reported combat experiences were significantly more likely to report sexual harassment (odds ratio [OR], 2.20; 95% confidence interval [CI], 1.84-2.64) or both sexual harassment and sexual assault (OR, 2.47; 95% CI, 1.61-3.78) compared with non-deployers. In addition, significant risk factors for sexual stressors included younger age, recent separation or divorce, service in the Marine Corps, positive screen for a baseline mental health condition, moderate/severe life stress, and prior sexual stressor experiences.

**Conclusions:** Although deployment itself was not associated with sexual stressors, women who both deployed and reported combat were at a significantly increased odds for sexual stressors than other female service members who did not deploy. Understanding the factors associated with sexual stressors can inform future policy and prevention efforts to eliminate sexual stressors.

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## JAMA Psychiatry

Mota, N., Peitzak, R. H., & Sareen, J. (2016). [Preventing Veteran Homelessness by Reducing Military Sexual Trauma](#). *JAMA Psychiatry*, 73(6): 551-552. doi:10.1001/jamapsychiatry.2016.0136.

Using data from the US Veterans Health Administration (VHA) from more than 600,000 veterans who served in Iraq or Afghanistan, Brignone et al<sup>1</sup> report in this issue of *JAMA Psychiatry* that a history of military sexual trauma (MST) is independently associated with postdeployment homelessness over a 5-year period. Importantly, this association was independent of a broad range of psychiatric disorders, including posttraumatic stress disorder, alcohol and drug use disorders, and serious mental illnesses, such as schizophrenia. According to this study,<sup>1</sup> a staggering number of veterans—nearly 1 in 10—with a history of MST became homeless within a 5-year period; this incidence rate (9.6%) was more than double that observed in veterans without a history of MST (4.3%). Moreover, the association between MST and postdeployment homelessness was more pronounced among male than female veterans (11.8% vs 8.9% at 5 years). Taken together, results of this study highlight the importance of including MST in theoretical models of postdeployment homelessness, of considering sex differences in the risk for homelessness in veterans, of promoting prevention and early intervention efforts for MST and associated mental health difficulties, and of facilitating access to secure housing for those veterans in need.

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## Literary Resource for Military Sexual Assault & Harassment

U.S. Army War College Library

<http://usawc.libguides.com/militarysharp>

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## In the News

The Associated Press (2016, January 8).

[Reports of Sexual Assaults Spike at Military Academies](#). CBSNews.com.

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Refer to **Military in Action - December 2014, Volume 2, Issue 12** for other articles related to Sexual Assault. For a complete list of Military In Action Archives, [click here](#).

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