

# **Psychology and Theory of Wartime Consequences and Military Sexual Trauma on Mental Health - A Review**

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## **Abstract**

This review paper explores the profound impact of war on mental health, specifically focusing on the consequence of military sexual trauma, rape and sexual harassment within the military context during times of conflict. Examining the often-overlooked aspect of sexual violence against men, this study aims to comprehensively understand and address the mental health implications of such experiences. The comparison encompasses the varied channels through which violence is experienced, including gender disparities. The findings contribute to the broader discourse on the intersectionality of war-related trauma and its repercussions on mental well-being.

**Keywords:** War; Mental health; Military Sexual Trauma; Sexual harassment; Rape of men

## **1. Introduction**

Military sexual trauma (MST) refers to both sexual harassment and sexual assault in military settings (1). 9-13% of women and 1-2% of men in the military endure some form of sexual trauma annually. They are just the reported estimates. Unreported or underreported acts can go countless (2). The Department of Veterans Affairs defines MST as “sexual harassment that is threatening in character or any assault of a sexual nature that occurred while the victim was in the military, regardless of the geographic location of the trauma, gender of the victim or the relationship with the perpetrator” (3). Depression and Post-traumatic stress disorder (PTSD) are common mental health consequences associated with military sexual assault (MSA) (4). The prevalence of MST was explicitly brought into the literature in the 1960s (5). 19 - 42 % of the deployment population from the Afghanistan and Iraq war had mental health conditions. A major contributor was the exposure to sexual assault or harassment during service (6). Rape is a costly public health problem, resulting in high financial strain, productivity losses and impaired quality of life. Women are twice as likely as men to be assaulted at the military base and experience a disproportionate share of assault and related injuries (7).

EVENT	RISK OF FACING MST
Observing the sexual activities of others in military sleeping quarters	3-4 times
Officers allowing demeaning unusual, sexual comments and gestures	3-4 times
Reporting hostile environment	6 times

TABLE 1: Events associated with the risk of MST (7).

Amnesty International's 2009 World Report and other sources show that individuals are:

- Tortured or abused in at least 81 countries
- Faced unfair trials in 54 countries
- Restricted in their freedom of expression in 77 countries (8).

Females are the primary target (especially in patriarchal societies like India) due to their standing value in society (9). Ethnic cleansing is also one of the reasons, the military engages in the rape of women in certain communities (10).

Stressors that are generally considered are exposure to combat; environmental living conditions and extended separation from loved ones (11). Substance abuse is one of the prevalent factors before the assault. A report by the Department of Defense (2008) on sexual assault in military academics stated that 58% of military sexual assaults and 57% of naval sexual assaults confirmed the involvement of alcohol (12). High-profile cases like the 1991 Navy's Tailhook convention scandal and; the 1997 sexual harassment accusations of Army Sergeant Major Brenda have brought limelight over this hidden phenomenon (12).

The International Criminal Court (ICC) defines rape as a crime against humanity with four elements:

- The first describes the perpetrator's invasion of an individual's body.
- The second states the invasion is committed by force, threat or coercion as a result of detention, duress, violence and psychological oppression.
- The third and fourth elements explain that sexual acts are done as a part of widespread or systematic attacks towards a particular victim or certain section of people (13).

### **Military Sexual Trauma and Men**

Not just women, men too can experience MST. Department of Defense study of sexual victimization revealed 78% of women and 38% of men are victims of sexual trauma. Experience of military sexual victimization is more stigmatizing for men than women (1). Stigma and gender role conditioning influence the responses men make to sexual assault and harassment (14). This stigmatization is driven by shame, avoidance, isolation and hypermasculinity.

Men with a positive MST screening were most likely to be diagnosed with suicidal behavior, personality disorders, PTSD and conduct problems that could be dissociative and bipolar. In a sample of male and female Gulf war veterans, sexual harassment turned out to have a greater impact on men's mental health than on women. Some common aspects on male rape considered were as follows:

- Male rape is about homosexuality
- Male rape is not serious
- Charges of fraternization
- A man cannot be raped by a woman (15).

Pressure for men to be 'stoic' heroes or warriors by denying feelings and suppressing pain to prevent them from seeking help, is a common military behavior. This kind of emotional control is a part of combat training (16).

### **Wartime Rape**

Wartime rape is used as a deliberate strategy to undermine community bonds and weaken resistance to aggression (17). The frequency of wartime rape increased during the 20<sup>th</sup>-century conflicts. There are no reliable statistics on wartime rape due to reporting biases and resistance of the victims, but the state could have shown a 300-400% increase during the early 20<sup>th</sup> century (18). It was the key to the survival of guerilla troops (19). Back then, Congo was considered the rape capital of the world, because it has been a part of their culture.

Rape can span the spectrum of war, peacetime and cross-cultural conflicts. Family honor, religious shame, sexual purity and gender identity are some concepts that fueled rape to be employed as a terror tactic (20).

Rape during the war could occur due to increased stress (1). There were several theories proposed for the occurrence of wartime rape:

- (i) The feminist theory calls rape to be a crime motivated by the desire of the man to exert dominance over women. It is also called the pressure cooker theory and is considered to be a result of a conspiracy (18,21).
- (ii) Cultural Pathology theory states that sexual crimes perpetrated by the Japanese military in Asia during World War II were the result of sadomasochistic tendencies in child rearing (18,22). Muslim and Croat women were targeted due to explicit pornography availability before the war. It served as an instructional manual for such atrocities in the genocide (23). This could be due to the military culture of fostering hostile attitudes towards women.
- (iii) Strategic Rape theory proposed that soldiers see rape as a tactic because of greater strategic objectives. Imposing such grievous and psychological injuries on civilians during war, destroys the country internally and crushes the population (18,24–26).

Statistics and ongoing research estimates show that during World War II, Japanese soldiers were abducted. 1-2 lakh Asian women, particularly Korean women for sexual slavery (17). Rape camps were organized by the military during the battles of Babylonia to the subjugation of Jewish women in world war II. Women were captured, detained and tortured by the military and police. This is a result of the patriarchal and heteronormative dominance of men over women (27). Genocides often witnessed a cultural connection between sexual violence against women and the concept of war and the military system. Some popular genocides include the collapse of the former Yugoslavia; the Rwandan genocide; Sudan and Palestine

situations. During World War II, some women have been branded ‘*whores for Hitler’s troops*’. Mass rapes are often combined with organized slaughter, looting, burning, pillaging and starvation for exponential impact (9,10).

There were some parallel scenes between world war I and the Bosnian war as well. In both cases, rape was deliberately intended to demoralize and disgrace the opponent. Rape is considered a bounty because sexual rewards are gratifying for men to fight (28). Public rape was regularly used in Bosnia – Herzegovina as an act of community intimidation. It is common in Darfur (10). By raping women, girls and armed groups assert power and domination not only over women but also over men. It is an indirect indication to the men of the community to which rape victims belong, that they were unable to protect their women. Their masculinity is questioned (19).

### **Effects of military and war sexual assault**

Rape is different in a military setting because the victim has to live and closely work with their perpetrators causing additional victimization (1). In addition to PTSD, MST is associated with a host of other concerns such as the impact it could have on one’s military career, and the fear of recurrence or retaliation if reported (29). PTSD is greater in military personnel than in the general public (3). Military rape survivors consume 3-4 times more marijuana, 6 times more cocaine and 10 times other major drugs (1). A 2003 study aimed at examining the long-term systemic effects indicated an increase in cases of suicide, cervical cancer and AIDS (9). Women are often shunned by their husbands and face spousal/ community abandonment (19).

Organizational cohesion is highly valued in the military environment and any negative information about a fellow soldier is considered taboo (1). This cohesion promotes discipline, loyalty and collectivism in the military and unites and discourages people from reporting MST (16). Army officers have legal immunity for their actions. Indian army and police have been accused of the systematic use of torture in the form of MST (8).

Victims were forced to rape other victims, adding to torment and feelings of incest and children born as a result of a conflict of rape are subjected to secondary victimization (9). Rape trauma syndrome (RTS) is another significant post-rape consequence, but it is not admissible in many courts around the world. The common reactions by the victims are:

- Douches frequently washes genitals
- continues contact with the assailant, and
- delays reporting for days and months (30).

RTS is a post-traumatic stress reaction. It was first described in 1974 by Bungness and Holmstrom. Research proved that RTS and schizophrenia share vague similarities. RTS testimony is of great assistance to the military trier of fact but is generally confusing and emotional (31). Women usually complain of anatomical pain which then further can be classified as pelvic, lumbar and abdominal pain which contribute 22%, 11% and 7% to the total pain respectively (19).

**Afghanistan – Taliban Conflict**

Ongoing conflict and a combination of external invasion and civilian strikes have led to enduring warfare and the devastation of economic, social and cultural stability in Afghanistan. It is highly exposed to traumatic events and 64.67% of the population have experienced at least one traumatic event in their life (32). The immediate consequences of combat and battle-related fatalities were followed by indirect effects for decades on the Afghan population (33). Elevated prevalence of mental disorders was similarly documented in the immediate aftermath of the Taliban assuming control. The conflict initiated by the Taliban in Afghanistan led to a notable occurrence of likely depression (55%) and post-traumatic stress disorder (58%) attributed to war-related sexual trauma experienced by women (34).

According to 2021 World Mental Health (WMH) statistics, the collective violence trauma related to war and combat is higher in Afghan population compared to other countries that participated in the WMH survey (32).

**Russia – Ukraine War**

MST extends beyond military personnel deployed in combat roles, particularly in the context of Russian-Ukraine conflict series. The widespread scale of the attacks has demanded the adult civilians to join and support military forces, exposing them to the risks associated with MST and hence making Ukraine a war substrate for mental health disorders (35). The destruction of medical facilities and equipment escalated conflict casualties and incidents of sexual harassment within temporary healthcare centers (36). The Russian invasion posed a threat to the healthcare and livelihoods of the Ukrainian population. In the war-ravaged regions of Ukraine, adolescents have been subjected to atrocities such as organized violence, forced displacement and sexual violence, particularly targeting girls by the military. Consequently, girls have reported experiencing higher levels of distress compared to boys (37). Refugees encounter an increased incidence of mental health disorders (38).

**Victims of Trauma**

Non-violent war trauma, such as MST, exhibits two manifestations: perpetrations by the military against military personnel or military towards the general public (37). Extended exposure to stressful conditions, results in profound mental health issues, such as PTSD (39). The predominant symptom observed in victims of trauma during the wartime is overt expression of hostility (35). The likelihood of developing psychopathological conditions in children is increased by exposure to violence, which may result in widespread distress, depression or anxiety. Such exposure can occur through various channels, including gender disparities, conflict associated with war, disrupted parent-child relationships and the use of drugs and alcohol (40). Female veterans who encountered military sexual assault exhibit increased arousal, anger, irritability, challenges in concentration and sleep, alongside diminished sexual function and satisfaction (41). Non-fatal war effects like disability adjusted life in women victims make them vulnerable to sexual harassment (33).

MST coincides with risky behaviors linked to functional impairment. In a military setting, individuals become susceptible to sexual violence as a result of deployment dynamics, including prolonged work hours and heightened stress levels. The presence of hypermasculinity and the absence of consequences for committing such crimes are two factors that contribute to the occurrence of such offenses (42).

**Assistance and reforms needed for MST victims**

To increase the rate of disclosure of MST, screening should become routine in clinical or psychological practice (29). Exposure therapy and cognitive restructuring are important techniques to be employed while dealing with MST and its related symptoms (1). Screening can be performed through a self-report questionnaire or oral discussion in face-to-face sessions. Regardless of the strategy or treatment procedure adopted, certain themes are distinctly implemented in such situations (11).

The post-deployment mental health of the veterans has to be investigated by the respective nations (6). Although research on MST did not focus on the aspects before military service many have included an examination of the personality while on active duty (3).

In MSA, post-assault psychological adjustment depends on perpetrator rank; family and community's approach and pre-morbid psychiatric history (43).

Bystander intervention training enables people to step in and stop sexual assaults. Banyard's model of bystander intervention for sexual violence described predictors of bystander response:

- Individual characteristics like rank, gender and prior sexual assault experience.
- Individual perceptions of military sexual assault (MSA).
- Military context (4).

Coping strategies can manifest in two channels: *Problem focused coping* (active coping, planning and positive reframing using instrumental support) and *Emotion focused coping* (humor, religion, self-distraction, acceptance, using emotional support and behavioral disengagement). Symptoms of insomnia are typically linked with all coping strategies (36).

Education must be strengthened within human rights violations. This promotes change by shedding light on the relative invisibility of men's experience as victims of MST as well (27). Increasing understanding of sex offender behavior and military factors that contribute to MST can help in facilitating the development of effective prevention efforts (5). Medical consent i.e. 'free and voluntary agreement, approval or permission for compliance to perform some act' must be taken from the victims (44). It is a thumb rule to be followed.

A tribunal for sexual violence in the general military setup is needed similar to the UN Security Council resolution on 'women, peace and security' (10).

**Relevance of MST to Indian Context**

In Indian context, the relevance of MST is often overlooked within the other military experiences. The hierarchal structure prevalent in military institutions may create power imbalanced that exacerbate the vulnerability of individuals to sexual harassment and assault. The traditional male-dominated composition of the armed forces is another underscore that needs scrutiny and vigilance.



## **2. Conclusion**

This review delved into the intersection of psychology, wartime consequences and profound impact of MST on mental health. Rape has been used as an instrument of terror. Tolerance and standardization of rape as a weapon of war have led to its impunity and thus increased silence. Healthcare professionals have a unique role to play in the investigation and documentation of rape in war and the military. A change in this negative normative behavior in the military is necessary. Further research and strong empirical inquiry are suggested. Assessment of psychological factors can play a major role in establishing reasons for deviant behavior. This review emphasizes increased awareness and targeted interventions to mitigate the enduring repercussions on the mental well-being of affected individuals, fostering a path toward healing and resilience.

## **3. Limitations**

No psychological factors are assessed, like PTSD. Differential outcomes and their relationship with established patterns are not discussed. This review is confined to MST and the consequences of wartime and military actions on mental health. The reasons for behavioral and psychological deviance in military personnel, exceed the scope of this review article and suggest further introspection into it.

## **4. Abbreviations**

MST – Military Sexual Trauma

PTSD – Post Traumatic Stress Disorder

MSA – Military Sexual Assault

RTS – Rape Trauma Syndrome

## **5. Author biography**

A scientifically-driven Master's student in Forensic Psychology and Criminology with a passion for understanding intricate intersections between human behavior and investigations. Possessing a solid academic foundation and hands-on research experience, she is equipped with a comprehensive understanding of forensic methodologies, criminal profiling and psychological assessment techniques. She has technical experience in due diligence and corporate investigations.

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