Prevalence and Drivers of Adjustment Disorder Symptoms in Military Sexual Assault Survivors

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Background

- Adjustment disorder (AD) is the most diagnosed mental health condition in service members but is poorly understood.
- Prior research suggests military sexual assault (MSA) survivors are diagnosed with AD, and the diagnosis is commonly associated with a Failure to Thrive (FTT) label.
- MSA survivors also reported workplace hostility, toxic leadership, and stigma related to MSA exposure and reporting processes, which could explain AD symptoms.
- **Current Study**: Examined association between AD symptoms and MSA severity. Explored whether perceived workplace hostility, toxic leadership, and stigma mediated this association.

Methods and Analytic Plan

- Participants (n=164; 54.3% male, 65.2% Active Duty /reserves) were MSA survivors assaulted by fellow service members.
- Online survey assessed AD symptoms based on MSA exposure, MSA severity, perceived workplace hostility, toxic leadership, and stigma for experiencing MSA.
  - AD symptoms were regressed on MSA severity, with indirect effects specified for mediators.
- Subset of participants completed qualitative interviews.
  - Interview themes were extracted using grounded theory.

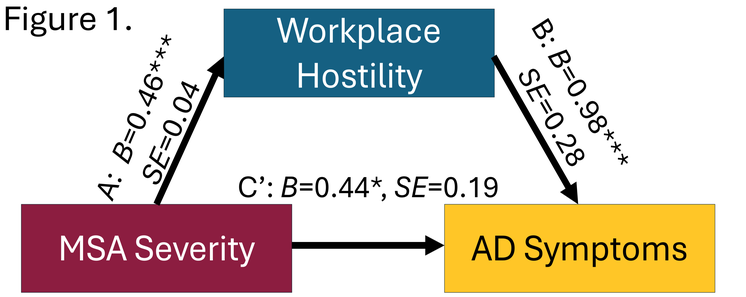
Results

- Roughly 86% of the sample met or exceeded the suggested cut-off score of 47.5 for possible diagnosis of AD.
- Quantitative analyses showed significant indirect effects from MSA severity to AD symptoms via workplace hostility and toxic leadership but not stigma (Fig 1-3).
- Qualitative themes suggested (Fig 4):

  (1) negative workplace environments increased distress following MSA;

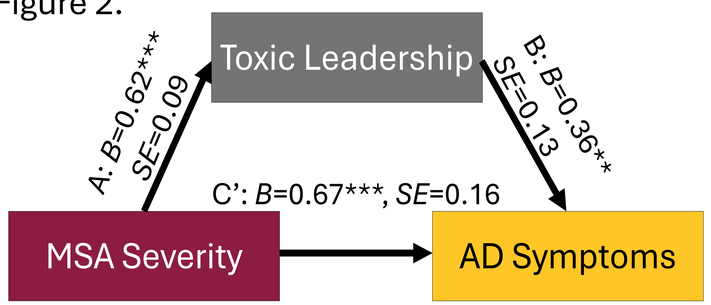
  (2) disclosure of MSA was often unplanned and immediately following assault due to visible distress.

Figure 1.



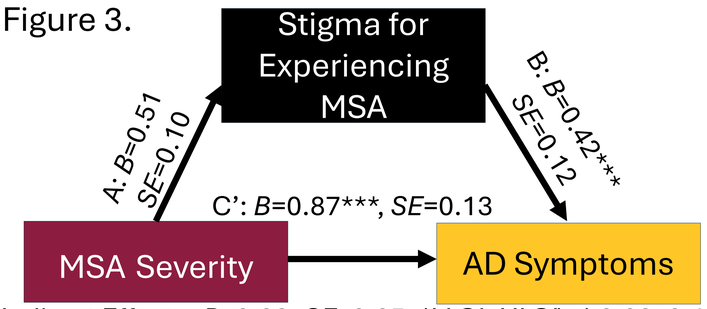
Indirect Effects: *B*=0.45, *SE*=0.14, (*LLCI, ULCI*)=(0.18, 0.71)
*p<.05, **p<.01, **p<.001

Figure 2.



Indirect Effects: *B*=0.22, *SE*=0.09, (*LLCI, ULCI*)=(0.07, 0.42)
*p<.05, **p<.01, **p<.001

Figure 3.



Indirect Effects: *B*=0.02, *SE*=0.05, (*LLCI, ULCI*)=(-0.08, 0.11)
*p<.05, **p<.01, **p<.001

MSA Survivor's Experiences

Figure 4.

"And I can't go talk to any officer about that. I would get in trouble. And they're not going to listen to me because he's an officer and I'm just an enlisted, you know, a private at the time."

"And it made me, uh, somewhat feel powerless. I lost a lot of trust in leadership and in the system. It was one of the reasons, uh, I left the army. I carry that trauma for years before finally talking"

"About a week [after the MSA]…I had my first panic attack… I didn't expect to be emotional about it… And I didn't… expect that I would lose control…While they [another service member] were trying to calm me down, it [the disclosure] just kind of spilled out…"

Conclusions

- AD symptoms may be related to MSA exposure through perceived workplace hostility and toxic leadership.
- When applying FTT labels, it may be prudent to screen for MSA.
- Intervention points include increasing support following MSA and improving responses to MSA, particularly among command.
- Early intervention could decrease likelihood that AD turns into more chronic stress.

Future Directions

- Use longitudinal methods to better establish causality
- Explore correlation between FTT and MSA
- Explore ways to facilitate healthy disclosure and responses to disclosures

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