Gender Differences in Civilian Stigma of Combat-related and Military Sexual Trauma-related PTSD

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Gender Differences in Civilian Stigma Associated with Combat-related and Military Sexual Trauma-related PTSD

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Abstract

Post-traumatic stress disorder (PTSD), a debilitating mental disorder often associated with servicemembers, can be associated with trauma such as combat and Military Sexual Trauma (MST). Stigma, or the negative social identity attributed to a feature or characteristics of an individual, is a factor associated with PTSD. In the current study, participants read vignettes and responded to measures of attitude, stigma, and devaluation and discrimination. ANOVA analyses revealed an overall pattern of greater stigma associated with the male character and greater stigma associated with PTSD than a physical injury, but minimal differences between combat-related and MST-related PTSD.

Background

- Military mental illness rates range from 30% to over 50% compared to 18.1% in the health services utilization and stigma in US soldiers from 2002 to 2011. American Journal of Public Health, 104, 1671.
- Little research done on civilian stigma.
- Men in the military reported: embarrassment or shame, privacy concerns, self-blame, sensitivity, threats to masculinity, or misconceptions regarding their sexual orientation.
- Stigma associated with PTSD.
- After reading the vignette, participants responded to measures of attitudes, mental illness stigma, and perceived devaluation and discrimination.

Method

- Participants: 428 U.S. microwavers recruited via Amazon Mechanical Turk.
- Measures: Mental Illness Attitude Scale (MIAS; Kobau et al., 2010); Mental Illness Stigma Scale (MISS; Day et al., 2007); Perceived Devaluation Discrimination Scale (PDDS; Link, 1982).
- Vignette: Participants read four vignettes about service members that were randomly assigned to one of six vignette conditions: combat PTSD, MST PTSD, physical injury, combat PTSD/MST PTSD, physical injury/combat PTSD, physical injury/MST PTSD.
- Procedure: After obtaining consent, participants were randomly assigned to one of six vignette conditions: combat PTSD, MST PTSD, physical injury, combat PTSD/MST PTSD, physical injury/combat PTSD, physical injury/MST PTSD.
- After reading the vignette, participants responded to measures of attitudes, mental illness stigma, and perceived devaluation and discrimination.

Hypotheses

- **Civilians ratings will differ significantly on stigma towards the character in the vignette** and will be measured using ANOVA.
  - Hypothesis 1a: An effect of more negative attitudes, greater stigma, and greater perceived devaluation and discrimination will be associated with a male servicemember across type of trauma.
  - Hypothesis 1b: A main effect of more negative attitudes, greater stigma, and greater perceived devaluation and discrimination will be associated with MST-related PTSD than combat-related PTSD across gender, and these will both be higher than the control condition across gender.

Results

<table>
<thead>
<tr>
<th>Interaction Effect*</th>
<th>Gender Main Effect</th>
<th>Trauma Main Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
<td>F</td>
<td>p</td>
</tr>
<tr>
<td>MIAS</td>
<td>7.499***</td>
<td>.001</td>
</tr>
<tr>
<td>MISS Tra.</td>
<td>5.552*</td>
<td>.019</td>
</tr>
<tr>
<td>MISS Rd</td>
<td>7.228**</td>
<td>.007</td>
</tr>
<tr>
<td>MISS Hyg</td>
<td>9.894**</td>
<td>.002</td>
</tr>
<tr>
<td>MISS Adj</td>
<td>9.894**</td>
<td>.002</td>
</tr>
</tbody>
</table>

**Hypothesis 1a: supported**
There was greater stigma associated with the male character than the female character across DVs.

**Hypothesis 1b: not supported**
There was not a significant difference between combat-related and rape-related stigma. MIAS and some factors of MISS partially supported the hypothesis because there was greater stigma towards both PTSD conditions than the physical injury condition. LDS results were the opposite of what was predicted: greater stigma was associated with the physical injury condition than the PTSD conditions.

Implications

- Reduce barriers to treatment by civilian providers.
- Inform "Green Zone" training program on college campuses.
- Inform civilian involvement in the Department of Defense's Sexual Assault Prevention and Response Office "Lines of Effort" (Prevention, Investigation, Accountability, Advocacy/Victim Assistance, and Assessment).

Takeaway: Civilian stigma exists, but may not be as bad as servicemembers believe it to be, particularly in regards to MST.