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 stigma, discrimination, and devaluation and discrimination. ANCOVA 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 general population.
- Reduce barriers to treatment by civilian providers.

Two common types of trauma: Combat vs. MST

**Combat**: Includes events occurring in a warzone or while deployed and engaged in combat.

**MST**: Sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military. (VA Sexual assault rates: 25% to 43% female and 1% to 4% male) (Suls & Lind, 2008)

**Stigma**

- "The negative social identity attributed to a feature or characteristics of an individual" (Crocker, Major, & Steele, 1998)
- Little redone research on civilian stigma

**PTSD Stigma**

- Servicemembers reported stigma about being diagnosed with PTSD: Being seen as weak; Being embarrassed; Being seen as taking the easy way out; Being treated differently; Being passed up for promotion (Quartana et al., 2014)

**MST Stigma**

- Women in the military reported that victims were at fault because: they were irresponsible; they were likely using alcohol; they did not have a "buddy buddy"; and had poor judgment in attire (Burns et al., 2014)
- Men in the military reported: embarrassment or shame, privacy concerns, self-blame, sensitivity, threats to masculinity, or misconceptions regarding their sexual orientation (Turchik et al., 2013)

Hypotheses

Civilian 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 compared to a female 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.

Method

- Participants: 428 U.S. microworkers 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: Michael/Jessica is a service member in the United States Armed Forces. She was directly involved in combat in the Middle East and was involved in an explosion/sexually assaulted by another member in his/her unit. She was recently medically discharged to receive care for combat-related PTSD/rape-related PTSD related to her/his service.
- Procedure: After obtaining consent, participants were randomly assigned to one of six vignette conditions:
  - Male/combat-related PTSD
  - Female/combat-related PTSD
  - Male/MST-related PTSD
  - Female/MST-related PTSD
  - Male/control
  - Female/control
- After reading the vignette, participants responded to measures of attitudes, mental illness stigma, and experienced devaluation and discrimination.

Results

Table 1: Significant Interactions and Main Effects for All ANOVAs

<table>
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<th>Variable</th>
<th>F</th>
<th>p</th>
<th>p²</th>
<th>F</th>
<th>p</th>
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<td>.001</td>
<td>.038</td>
<td>8.450**</td>
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<td>.022</td>
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<td>.019</td>
<td>.014</td>
<td>8.402**</td>
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<tr>
<td>MISS RD</td>
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<td>.007</td>
<td>.019</td>
<td>5.994*</td>
<td>.015</td>
<td>.016</td>
</tr>
<tr>
<td>MISS Hyg.</td>
<td>9.894**</td>
<td>.002</td>
<td>.025</td>
<td>9.646***</td>
<td>.000</td>
<td>.048</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 conditions. LDDS 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.