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Military Sexual Trauma and the Psychological and Emotional Well-Being of Gay Men

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Walden University
2024

Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

Human and Social Services, Military Families and Culture

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Abstract

Researchers have found that male survivors of military sexual trauma (MST) may not report their assaults due to a combination of stigma, embarrassment, and fear of further assault and of being labeled a betrayer of the military. The stigma and discrimination that these gay males may face in the military culture may lead to intensifying their trauma, making it harder to recover. The goal of this study was to explore the reported psychological and emotional well-being and quality of life of gay males who experienced sexual assault while serving in the military. Freyd's theory of betrayal trauma and institutional betrayal supplied the theoretical framework. A qualitative content analysis approach was employed to examine narrative data collected from semistructured interviews with six helping professionals who provide services to gay male MST survivors. The themes identified from findings in this study uncovered that (a) gay men who experienced MST were a marginalized group susceptible to severe psychological and emotional difficulties that negatively impacted their quality of life, (b) sexual assault experiences changed their views of the world and also altered their perception of the military culture as a whole, and (c) the fear of being stigmatized as a gay man in the military environment, along with feelings of betrayal by the institution that they gave an oath to serve with pride, played a significant role in the low efforts to report MST by gay males. This study contributes to positive social change by further illuminating the challenges gay males face after MST while in the military, encouraging a discussion surrounding male MST, the trauma-related symptoms, and the male-dominated ideology of military culture that discourages individuals from speaking out against violence.

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Dedication

I dedicate this body of work to my late parents, Mr. William Simmons, Jr., and Mrs. Ruby L. Simmons, who both promoted education, instilled creativity, and loved me unconditionally.

Acknowledgments

I thank God for gifting me with the skills to complete this process and for being with me at every moment. I thank Dr. Barbara Benoliel, who shared her wisdom and guided me through the toughest times during this process with her pep talks, exceptional insight, and advice when I wanted to give up. I thank Dr. Sarah Matthey for pushing me to be the best writer I could and making me think outside of the box even when I thought I couldn't. I thank everyone who supported me with the patience and understanding that helped me reach this point in my academic career.

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Chapter 1: Introduction to the Study

Introduction

Military sexual trauma (MST) has often been associated with female service members; however, male service members also experience MST (Ennis et al., 2021; Wilson, 2018). The Department of Defense (DoD) authorities received 6,290 reports of sexual assault involving service members as victims and alleged perpetrators in 2020 for males and females combined (U.S. DoD Sexual Assault Prevention and Response, 2021). Military sexual assault leading to MST includes acts of unwanted touching, sexual activity, coercion, or verbal remarks during military service (U.S. Department of Veterans Affairs, 2021). Romaniuk and Loue (2017) explained that programs for treating gay men who had experienced MST were limited, and the military continued to grapple with practices and programs that best served the gay male population. Previous research revealed that posttraumatic stress disorder (PTSD) was closely associated with the damaging effects of MST, with men being much more likely to engage in acts of violence, develop alcohol or substance use disorders, and experience social issues while attempting combat the psychological and emotional tension following a sexual violation while in the military (Hannan et al., 2019).

Male victims of MST may experience anger, feelings of betrayal, shame, helplessness, and guilt (Romaniuk & Loue, 2017). Moreover, male veterans who have experienced MST are at increased risk for psychiatric symptoms such as PTSD, anxiety, substance use, and depression, which are more pronounced in men than women following MST (Monteith et al., 2019). Presently, the Department of Veterans Affairs provides

treatment to veterans who suffer from trauma due to sexual assault while in the military; however, there has been little research concerning therapy for gay men. Under those circumstances, more research on the effects of MST on the psychological and emotional health of gay men is crucial.

Background of the Study

MST is an emerging topic of importance. The problem is a significant issue in the military but has received little attention regarding gay males despite the long history of MST (Romaniuk & Loue, 2017). MST is sexual assault or threatening sexual harassment in the military environment (Elder et al., 2017). Although definitions vary throughout the literature, the U.S. Department of Veterans Affairs (2021) described it most comprehensively as psychological trauma associated with assault or battery of a sexual nature or sexual harassment while in military service. While little was known about veterans who experienced MST in eras prior to the changes of military rape law going into effect within the DoD until the late 1980's, Lee (2021) explained how MST has been present throughout military history. However, many stories of military sexual assault were seldom told because the survivors rarely spoke, and the offenders usually went free (Lee, 2021).

Sexual assault within the U.S. military has received more attention over the last several years, as MST has been cited for impacting individuals' emotional and psychological well-being (Ennis et al., 2021). The military was primarily an all-male institution until the mid-20th century, and military rape law was not instated until the late 1980s due to the publicized sexual assault accusations that brought the topic of MST to

the forefront and required legislation, task forces, and commissions to change the military justice system (Lee, 2021).

Within the last 20 years, awareness regarding MST within the U.S. Armed Forces has increased and has been recognized as a far-reaching problem requiring attention (Lofgreen et al., 2017). The DoD issued the DoD Sexual Assault Response policy, later renamed the Sexual Assault Prevention and Response Office (SAPRO). The SAPRO's approaches focused on understanding gender roles, inequalities, and cultural competencies (U.S. DoD SAPRO, n.d.). The policy offered recovery-oriented tools to support sexual assault victims, improved reporting methods, and provided education on sexual assault.

As the military continued to be male-dominated, the hypermasculinity in the military promoted the idea of soldiers being strong, nonemotional, aggressive, and dominant (Lee, 2021; Schaefer et al., 2021), which led to conditions that fostered objectification and sexual harassment to assert dominance and control. Van Gilder (2019) explained how military culture might have influenced how individuals understood and interpreted gender and sexuality norms and expectations. The gender role expectations in the military environment led to a military culture where assault is prevalent and not reported by males. Overall, male MST support networks, education on the topic, and advocacy for males who had experienced MST were necessary to accommodate their healthcare needs and understand the barriers to seeking help related to this population.

Problem Statement

Sexual violations occur among women and men in the military and are described as psychological or emotional suffering following an assault of a sexual nature that occurred while actively serving in the military (Department of Veterans Affairs, 2019). MST is different from sexual assault in the civilian sector, mainly because the trauma occurred while on active duty and in the military member's living space and work environment (Gerard et al., 2018). According to Andresen et al. (2019), a service member who has experienced MST may feel disconnected from comrades, furtive, and betrayed by the institution that governed their life.

Although MST is an experience and not a diagnosis or a mental health condition, it has been recognized as a problem for men, producing various responses from military personnel and veterans (Gerard et al., 2018; Monteith et al., 2020). Previous literature on the prevalence of MST examined cultural considerations for primary care providers, VA Medical Center resources, and evidence-based treatments (Gerard et al., 2018; Mark et al., 2019). Although the aforementioned research regarding MST among men illuminated essential findings (Juan et al., 2017; Monteith, Brownstone, et al., 2019), I found no research that had examined how the experience of MST impacted the ongoing psychological and emotional well-being of gay men. Given such, further research was warranted to consider a deeper examination of the posttrauma of gay men who have survived MST.

This study explored the existing gap in the literature concerning how gay men who have experienced MST are managing life as survivors (see Juan et al., 2017;

Monteith, Brownstone, et al., 2019). This study addressed the literature gap by identifying potential mental and emotional challenges this population faces after MST. The results of this study may lead to positive social change by fostering a dialogue around male MST, which may assist in pulling down the narrative that sexual assault only happens to women, allowing men who have experienced such violence while serving in the military to come forward and receive the care they deserve.

Purpose of the Study

The purpose of this generic qualitative study was to take an exploratory approach by collecting and analyzing data from helping professionals who served gay males who experienced MST. I gained new information concerning the ongoing psychological and emotional well-being and quality of life of gay male survivors of MST.

Research Question

How do helping professionals describe the ongoing psychological and emotional well-being of gay men who have experienced MST?

Theoretical Framework

Freyd's (1996) betrayal trauma theory (BTT) as the theoretical framework provided the foundation for the current study. BTT maintains that when a person or institution on which a person depended purposefully violated their trust or well-being, the traumatization of that act influences how events such as sexual assaults are processed and remembered (Freyd, 1996). BTT is grounded in the theory that victims of a betrayal deal with a traumatic event by blocking out the awareness of a betrayal, which is a form of betrayal blindness (Freyd, 1996). Although betrayal blindness does not reduce a victim's

trauma, it allows the victim of the betrayal to persist in attachment with the perpetrator (Freyd, 1996). When one has been repeatedly betrayed by leadership or a trusted party, the ability to make relational decisions is impaired (Gobin & Freyd, 2009). Additionally, the ability to detect the trustworthiness of others is convoluted due to betrayal blindness, enhancing the risk of revictimization (Gobin & Freyd, 2009). Freyd (1996) proposed that BTT stems from the relationship between a victim and perpetrator, in which the perpetrator was someone the victim was familiar with; however, in this case, the perpetrator was a military superior or comrade.

Nature of the Study

A qualitative exploratory design was used for the study. I used a generic qualitative design to address the research question, as this design allowed flexibility in meeting the needs of the study (Kahlke, 2014). A generic qualitative approach provides access to personalized data based on the participants' experiences and insights, which offers a clearer understanding of the research topic for the researcher and readers (Kahlke, 2014).

While using the generic qualitative research method and design, I collected data by conducting semistructured interviews with helping professionals who served gay men who had experienced MST to answer the research question and obtain information on how the experiences of sexual assault had impacted their lives today (see Siedlecki, 2022). Gathering information from each study participant helped develop concepts and educational tools to understand this population's needs better and provide future advocacy.

Definitions

The following terms are essential to this study:

Betrayal trauma: When an individual has experienced abuse by a person or group of people with whom they have an interpersonal relationship (Freyd, 2021).

Institutional betrayal: Occurs when an individual has been sexually assaulted and the victim believes an institution has ignored and mishandled their traumatic experience (Pinciotti & Orcutt, 2018).

Military sexual trauma (MST): A psychological trauma associated with assault or battery of a sexual nature or sexual harassment while in military service (U.S. Department of Veterans Affairs, 2021).

Posttraumatic stress disorder (PTSD): A disorder that develops in some people who have experienced a shocking, scary, or dangerous event (National Institute of Mental Health, n.d.).

Well-being: There is no consensus around a single definition of well-being; however, there is a general agreement that at minimum, well-being can be described as maintaining a positive lifestyle and feeling good (Centers for Disease Control and Prevention, 2018). Mental health encompasses positive physical, psychological, emotional, and social wellness. It may determine how stress is handled, how people relate to others, and individuals' decision-making processes (U.S. Department of Health & Human Services, 2022).

Assumptions

There were many assumptions within this study. I presumed that each participant would be honest and transparent when answering each question, which allowed me to collect detailed data. As this study was based on the gay male military sexual trauma experience, I assumed that each participant would give an accurate account of how serving this population changed their views before, during, and after interacting with each survivor. I also assumed that all study participants would be helping professionals who were aware of MST and possessed a high level of insight and education on the topic. Each participant's story did not have the same details as all others; however, I assumed that working with MST survivors somehow impacted them similarly.

Scope and Delimitations

This study focused on the impact that MST had on the psychological and emotional well-being of gay males. I focused on helping professionals who served gay males who had experienced MST because, as the face of the military has changed, little research has been conducted to explore this growing population specifically. This study did not include female MST survivors. It was delimited to service providers who had firsthand knowledge of the ongoing mental and emotional toll of MST on gay men. A delimitation included study participants filtering their responses to interview questions based on their leadership roles or relationship to survivors (Hoover et al., 2017).

Although sexual preference restrictions are no longer a barrier to entering the military, gay and bisexual military personnel continue to experience stigma and victimization while serving (Hoover et al., 2017). While more gay males have been

entering the military and taking on leadership roles, this population has continued to be a minority. Because of this, heterosexual males who had experienced MST were not included in this study.

Limitations

Limitations, challenges, and barriers in research are inevitable. One of the most significant limitations of this study was the recruitment of participants. I found that the population of gay male MST survivors was not easy to access, nor did I have the proper network to address those individuals personally. An additional limitation was participants downplaying their experiences as they assumed the details were too graphic or embellished to provide the answers they believed I wanted to hear. While the reported incidents of each participant could not be proven, that limited the authenticity of the interviews, and researcher bias could have also been a challenge. As a female veteran who had experienced trauma while serving in the military and was transparent with the reader throughout the study regarding my possible biases, I implemented measures to collect the data clearly with as little bias or agreeance as possible. I used a personal journal to notate ideas and opinions to mitigate researcher bias. I aimed to make the interview environment as comfortable as possible for each participant, and I also explained how researching their experiences serving gay males who had experienced MST was helpful to other MST survivors and helping professionals.

Significance

This study was significant because there was a gap in the literature on understanding the experiences of gay men who have experienced MST. I addressed the

literature gap by examining the experiences and symptoms of gay males who had experienced MST from the helping professional's perspective, which may lead to social support, resources, healthcare improvements, and future research efforts by filling the gap in the literature as PTSD or other distinct diagnostic issues in gay men who had experienced sexual assault while serving were prevalent.

This study examined the psychological and emotional well-being and the gap in MST reporting for gay males. This research also provided information to improve knowledge regarding male MST in the human services field. Human services practitioners may use the results of this study to increase awareness of the impact and needs of gay males who have experienced MST. Human services professionals may refer to this research to promote interventions appropriate for helping this group of men with assistance, such as mental health counseling, medical treatment, and social support services. Additionally, this study may be beneficial by improving human service professionals' accountability by implementing cultural sensitivity resources that provide more understanding and protection for this community, which may initiate a system of positive social change.

Summary

Through this study, I sought to understand the ongoing psychological and emotional well-being of gay men who have experienced MST using a generic qualitative research design. Because much of the previous work on MST emphasized the female plight, there was a considerable gap concerning gay males who have experienced MST and the aftermath of those assaults. Chapter 1 identified the social problem by discussing

the lack of research on gay male military sexual trauma. I provided ample background for the research study, a problem statement, the purpose of the study, and the central research question. Additionally, Chapter 1 included the nature of the study and its significance. In Chapter 2, I comprehensively review the literature on MST and the male experience. The primary topics discussed in Chapter 2 are the gaps in the literature related to the prevalence of MST on gay males, the impact, barriers to health care, and treatment planning. Finally, I explain how this study fills this gap in the literature. The results may serve multiple disciplines and stakeholders, such as military personnel, veterans, health care providers, human services professionals, social workers, and gay men who have experienced MST.

Chapter 2: Literature Review

Introduction

MST is a prevalent problem for some male service members and veterans. Men who had experienced MST were found to be at an increased risk for various mental, emotional, and physical health conditions (Monteith et al., 2019). Men who had experienced MST were also found to be more likely to be diagnosed with more significant psychological and emotional issues than males without MST (Juan et al., 2017). They were at greater risk for increased anger, anxious arousal, impaired self-image, dysfunctional sexual behavior, and defensive avoidance (Hannan et al., 2019). Men who had experienced MST developed interpersonal difficulties, creating high rates of irritability and excessive reactivity to negative emotional stimuli, resulting in anger and aggression (Elder et al., 2017; Romaniuk & Loue, 2017). Researchers have suggested that if a sexual assault occurred while a person was serving in the military and the institution failed to address the victimization or was slow to respond in a supportive manner, the male's experience of betrayal was present, resulting in feelings of institutional betrayal (Andresen et al., 2019).

The underreporting of MST has created barriers to improving knowledge regarding the phenomenon of MST among men. There was limited literature and an inadequate understanding of the emotional and psychological needs of gay males who had experienced MST, which articulated the need for further research, advocacy, and educational resources on the topic. Reports of MST had focused primarily on the experiences of female service members, often negating the prevalence rates, factors, and

impact of sexual trauma regarding men (Romaniuk & Loue, 2017). The purpose of this literature review was to summarize and synthesize current knowledge on the topic of MST among gay males. The review of the literature involved incorporating a writing strategy, which started by focusing on male MST as the broader topic, then narrowing the focus to gay male MST and the mental and emotional impact the assaults had on a gay man's quality of life.

Literature Search Strategy

The literature review involved an interdisciplinary research approach, combining human services, psychology, and social work practices. I started my search strategy by establishing guided keywords to be used in search databases. The database searches included SAGE Journals, APA PsycInfo, EBSCOhost, Google Scholar, and the Thoreau Multi-Database of the Walden Library. The relevant academic journal searches included the keywords *military sexual trauma, human services, social work, helping professionals, sexual minorities, gay males, same-sex rape, prejudice, discrimination, sexual orientation, institutional betrayal, betrayal trauma theory, betrayal, masculinity, medical implications, emotional trauma, military service, military culture, mental health, military sexual assault, health care barriers, posttraumatic stress disorder, substance use, deployments, well-being, combat-related stress, health and sexuality,* and *equality LGBTQ*. The limited literature on gay male MST revealed the existing research gap, making my topic vital.

Theoretical Framework: Betrayal Trauma Theory

The theoretical framework for this study elaborated on Freyd's (1996) betrayal trauma theory (BTT) and explained that traumatic events differ in fear and betrayal, depending on the events' context. Studies demonstrated that traumas high in betrayal were linked with greater severity of PTSD, anxiety, dissociation, alexithymia, and depression symptoms (Goldsmith et al., 2012). According to BTT, survivors of adult betrayal traumas learned to cope with an inescapable social conflict through internal disconnection (Freyd, 1999). Victims of sexual trauma were less likely to identify their experiences (e.g., physical, sexual, and psychological abuse) as a betrayal due to implementing dissociation as a coping mechanism to avoid shame, victimization, and interpersonal struggles (Freyd, 1996). BTT described how individuals who disassociated from their reality created a cognitive environment in which many mental windows were open simultaneously, leading to a constant state of divided attention (Zurbriggen & Freyd, 2004) and a lack of positive memories, experiences, and emotions.

Victims who trusted their perpetrators were less likely to identify betrayal in those relationships (Freyd, 1996). Integrating this idea, research relating to men who had survived MST found that they had experienced yet denied a sense of betrayal by the military (Romaniuk et al., 2017). In this study, the person or group of people who committed the assault could have been a comrade or superior, making the betrayal more challenging to process and accept due to the masculine view of the military. The military was known for its traditional masculine hierarchy and dependence on the institution for support (Romaniuk et al., 2017). Just as in a family unit, each member of the military was

reliant upon their comrades and might be forced by others to maintain the secrecy of an assault to protect the integrity of the unit, causing confusion, frustration, shame, anger, and self-blame (Gagnon et al., 2017; Romaniuk et al., 2017). Under these circumstances, BTT explained that self-blame may help victims of MST withstand the victim–perpetrator relationship.

In self-blaming instances, victims remained oblivious to betrayal in the relationship and maintained the necessary attachment to the perpetrator because of it (Gagnon et al., 2017). Although this may be true, once a victim accepted that he had been sexually violated and betrayed by a trusted or familiar person, the perception of alienation, isolation, and rejection arose (Gagnon et al., 2017). The inability to escape sexual abuse due to institutional obligation led to shame as well as psychological and emotional health problems among gay male survivors. BTT helped to frame the ideas of inequality, prejudice, social injustices, and access or barriers to social support within systems and institutions.

Betrayal Trauma in the Military Setting

Aspects of military culture played a role in an increased risk of MST and PTSD, as victims of MST were more likely to have been close to their perpetrator(s) (Lindsey et al., 2020). Sexual assault by a trusted source or superior created a conflict between the need to maintain the relationship versus responding to feelings of betrayal (Freyd, 2021). Freyd (1991) introduced the terms *betrayal trauma* and *betrayal trauma theory*, solidifying betrayal trauma's distinguishing characteristics.

The relationship dynamic caused initial blindness to the betrayal, which allowed military sexual assault victims to stay in critical attachment bonds that led to vulnerability/fear, unrealistic relationship expectations, low self-esteem, and communication issues (St. Vil et al., 2021). Betrayal trauma also played a role in the reluctance to pursue new relationships for male MST survivors out of fear of putting themselves in situations that make them susceptible to sexual, psychological, and emotional abuse once again. St. Vil et al. (2021) also explained that trauma survivors were at increased risk of making inappropriate decisions regarding trust in interpersonal relationships. This distortion interferes with intimacy, self-love, and setting healthy boundaries, elevating the possibility of revictimization.

Betrayal trauma fostered low self-confidence, feelings of unworthiness, and suspicion of those in authority and those with whom MST survivors were in personal relationships (Pinciotti & Orcutt, 2018). An additional consequence of betrayal trauma caused MST survivors to view people, institutions, and the world from a pessimistic standpoint. Dardis et al. (2018) proposed that the inability to understand and communicate the impact of betrayal contributed to a reality disconnect and extinguished trust. The experiences of sexual assault in the military shifted the assumptions and expectations about the institution and diminished MST survivors' self-worth and quality of life.

Institutional Betrayal

Institutional betrayal occurs when an individual has been assaulted and the victim believes the institution has ignored and mishandled their traumatic experience (Pinciotti

& Orcutt, 2018). Perceived betrayal may range from passive actions, such as not preventing the assault from happening again, to covering up the experience or retaliating against the perpetrator (Andresen et al., 2018). According to Hannan et al. (2019), the increased risks for emotional and mental health disturbances related to MST compared to other traumas were associated with a complex level of betrayal, mainly institutional betrayal.

The betrayal perpetrated by a comrade or superior in the military resulted in adverse outcomes, including risk for anxiety, bipolar disorder, depression, obsessive-compulsive disorder, PTSD, substance abuse, and suicidality (Andresen et al., 2018; Monteith et al., 2016). Some MST victims did not obtain veteran healthcare services for MST treatment due to distrust and embarrassment, according to Monteith et al. (2021). Higher rates of PTSD severity stemming from MST and the negative cognitive impact of institutional betrayal were recorded as a direct link to betrayal trauma (Pinciotti & Orcutt, 2018). Betrayal trauma is a form of abuse committed by a person or institution that the individual trusted with their emotional and physical well-being (Freyd, 2018). Although the physical harm may heal, the lingering emotional and psychological trauma may last a lifetime, negatively impacting the victim's quality of life.

Institutional betrayal is fostered when victims continue to function in an abusive environment. The experiences of betrayal increase hostile mental and emotional behavior and predict further mistreatment by the perpetrator within the institution (Monteith et al., 2016; Pinciotti & Orcutt, 2018). When appropriately measured, the lasting effects of institutional betrayal on a victim's mental and emotional well-being were consistent with

betrayal trauma theory (Freyd, 2021). The results of institutional betrayal included higher dissociation rates, increased anxiety, sexual dysfunction, and other trauma-related outcomes (Freyd, 2018). Given the lack of knowledge regarding institutional betrayal among MST survivors, Monteith et al. (2016) suggested that institutional betrayal contributed to MST's wide range of trauma due to inadequate access to health care services and unfair or exploitative institutional policies.

While male sexual harassment, sexual assault, and bullying were often viewed as hazing (Gilberd, 2017), the patriarchal construct of the military and the importance placed on masculine standards inspired dominance, aggression, self-sufficiency, and thrill-seeking. Hazing and bullying in the military, particularly in the Marine Corps, received media attention following the suicide of 21-year-old Lance Corporal Harry Lew. Cpl Lew shot himself in 2011 after repeated abuse and taunting by fellow Marines (Gilberd, 2017). When added to the power variances between men and women and the traditional homophobic culture in the military, sexual assault is a product of hyper-masculine men who chose to prove their manliness through sexual language and behavior. The hyper-masculinity instilled in military culture became dangerous when coupled with a sense of sex-based entitlement (University of Southern California, 2021). Soldiers were trained to tamp down their empathy to complete rigorous training missions and apply that mindset to their daily lives, which made it easier to perpetrate MST.

Review of Related Literature

To provide a background for the current study, I completed a review of relevant literature. This review began with the critical examination of studies associated with

these major themes: the history of MST, the experiences and reports of male and female MST, the prevalence of MST, MST experiences of gay males, the psychological and emotional impact of gay male MST, discrimination and health care barriers, and intervention and treatment contingencies for gay males who have experienced MST.

According to the Rape, Abuse & Incest National Network (RAINN, 2021), sexual assault occurs approximately every 68 seconds in America. Statistics for military sexual assault show that females are more at risk than males to experience MST, rising nearly 40%, according to the Defense Department's (2020) Report on Sexual Assault in the Military. Scholarly literature, incident reports, and news media outlets have covered cases examining the impact of MST on females, intensifying the limited literature and reporting statistics on gay male MST victims and perpetrators.

The lack of scholarly literature concerning MST's emotional and psychological impact on gay males illustrated the need for further exploration. With an inadequate investigation into gay male MST, I reviewed historical and current literature that focused on male MST more generally, intending to understand the impact MST has on this population more extensively.

Prevalence of Military Sexual Trauma

Although this study aimed to explore the ongoing psychological and emotional impact MST had on gay males, there was a need to review the prevalence of MST and how often it occurred. MST was a common experience for male service members; nevertheless, prior research failed to accurately estimate the prevalence of this social issue (Wilson, 2018). Depending on the evaluation method, sample type, MST definition,

study setting, and purpose, the efforts to uncover the prevalence of MST were complicated (Lofgreen et al., 2017). Additionally, the underreporting of MST was impaired by fear of disclosure or other reasons exclusive to the military setting, making it challenging to capture reliable data.

Within the past decade, political and military leaders and the American public have expressed concerns regarding the increased sexual harassment and assault in the military (Stander & Thomsen, 2016). Although rates of MST tended to be slightly higher among women, ranging from 25% to 33%, the actual number of men and women experiencing MST was approximately the same when considering that there were about 20 times more men than women in the military (Gurung et al., 2018). MST is a persistent problem among men and women, and this experience threatens service members' mental and emotional health and negatively impacts their interpersonal lives, military units, and surrounding communities. MST was associated with early separation from the military and led to postmilitary unemployment, homelessness, and escalated mental health difficulties (Lofgreen et al., 2017).

Men who had experienced MST were less apt to reveal their traumatic sexual experiences, making MST difficult to combat and treat (Romaniuk & Loue, 2017). The process of waiting or not reporting sexual violations perpetuated the myth that men were immune from sexual assault in the military (Romaniuk & Loue, 2017). Elder et al. (2017) explained that underreporting perpetuated stigma and shame, leaving men to feel trapped by their circumstances as the negative dialogue surrounding male MST continues to circulate. Male MST survivors' treatment needs were significantly underresearched

compared to women. Although program improvements, research, and reporting statistics have been recognized (Rivera et al., 2021), future research will yield results and clinical recommendations that will improve the implementation and dissemination of prevention and treatment programs, likely reducing the negative impact of MST on male veterans.

The Effect of Military Sexual Trauma on Females

The growth of female soldiers in the military has led to more exposure because of the different types of military stressors, such as sexual harassment, verbal assaults, and MST (Khan et al., 2019). An example of a female military sexual assault case was Sergeant Morgan Robinson. SGT Robinson had been in the National Guard for 6 years before her deployment to Kuwait in 2016. During this deployment, she was sexually assaulted and harassed by one of her superiors (O'Donnell et al., 2020).

Although Morgan reported the assault, she did not receive support or a response from her military leadership (O'Donnell et al., 2020). While on that same deployment, SGT Morgan Robinson was sent to Afghanistan, where she was sexually assaulted again. Soldiers gang-raped Morgan in her unit, and she was afraid to report the incident because they all threatened her. Like the first incident, Morgan felt that nothing would be done (O'Donnell et al., 2020). Upon returning from her last deployment, Morgan took her life by suicide in 2018 (O'Donnell et al., 2020). The military launched an investigation into Morgan's death and found that she had undergone sexual, physical, and psychological trauma while deployed; however, the officer who assaulted her in Kuwait was given a written reprimand (O'Donnell et al., 2020). Although then-Secretary of Defense James

Mattis stated that there was zero tolerance for sexual assault in the military, many soldiers were still being violated and living with emotional and psychological trauma.

Dardis et al. (2018) explained that while disclosing a sexual assault led to support, healthcare services, and protection, the "code of silence" regarding sexual violence within the military caused women not to disclose their experiences as victims believed no action would be taken. Ennis et al. (2021) explained that PTSD stemming from MST was severe among women, and when compared to men, women veterans had high rates of body dysmorphia. The women who had experienced MST assumed the shape of their bodies or even the way they looked in uniform may have caused the sexual assault, leading to shame and isolation. Ennis et al. also stated that females who had experienced MST risk perinatal depression, increased prenatal stress, low self-esteem, suicidal ideation, and interpersonal difficulties. Gross et al. (2020) found that 51.5% of pregnant female veterans reported that they experienced sexual harassment during their military service; however, only 29.8% reported the assault. MST was associated with a higher risk of perinatal depression and suicidal ideation above and beyond prenatal stress, marital status, living status, and other service-connected disabilities (Gross et al., 2020). The psychological distress of continuing to work and live around the perpetrator encouraged feelings of helplessness, powerlessness, and internal conflicts with the military institution's trustworthiness, safety, and loyalty.

MST is a problem, as noted in social sciences, as the trauma of being sexually assaulted had a significant association with anxiety sensitivity coupled with PTSD (Ennis et al., 2021). Anxiety sensitivity was categorized by three subcomponents: cognitive

concerns, physical concerns, and social concerns, as explained by Short et al. (2017). Anxiety sensitivity is when an individual who has experienced sexual assault fears bodily sensations associated with anxious arousal, including physical symptoms such as a racing heart, sweating, and feeling stressed (Ennis et al., 2021). Elevated AS amplified negative emotional reactivity to trauma exposure and trauma reminders (Short et al., 2020). Short et al. (2020) also defended how individuals with high AS experienced distress in response to trauma signals, viewing the anxious arousal as threatening and doing their best to avoid the situation.

The adverse health outcomes of MST included an elevated risk of poor psychological health, and one of the most common effects of MST in veterans was insomnia (Colvonen et al., 2020). Sleep was a vital physiological process, disruptions of which impacted multiple domains of functioning, including but not restricted to cognitive, emotional, metabolic, and immunologic systems (Richards et al., 2020). Veterans were particularly vulnerable to sleep disorders due to the irregularity of their sleep/wake schedules during active duty, harsh living conditions, combat stress, higher physical and psychological injury rates, and issues associated with postdeployment reintegration (Hughes et al., 2018). Many veterans may have had difficulties sleeping throughout the night without waking up several times to disturbing dreams and nightmares that repeatedly replay the events surrounding MST (Hughes et al., 2018). The presence of insomnia symptoms was associated with low self-care, lower mental health, an extensive number of lost workdays, and higher early discharge rates from military service in a study conducted by Seeling et al. (2016).

Other adverse outcomes of MST included disassociation as it was linked to a history of traumatic victimization (Zurbriggen & Freyd, 2004), and some survivors had trouble concentrating, had difficulty staying focused, or had problems with their memory (Gilmore et al., 2020). Destructive coping methods that were unhealthy were also common for some veterans who had experienced MST. Substance use increased to cover the memories or the unpleasant feelings that follow MST (Gilmore et al., 2020). The destructive behaviors put veterans at risk of doing more damage to themselves in the long run.

According to the U.S. Department of Veterans Affairs (2022), MST negatively impacts one's mental and physical health, even many years later. The negative impacts of MST included the following:

- disturbing memories or nightmares
- difficulty feeling safe
- feelings of depression or numbness
- using alcohol or other drugs to numb or escape from negative feelings
- feeling isolated from other people
- difficulties with anger, irritability, or other strong emotions
- self-doubt, self-blame, or decreased self-esteem
- issues with sleep
- physical health problems

The history of MST was a recognized issue among females in the U.S. military, and the concept of women joining the military ranks was once met with opposition. The

reluctance to fully accept female servicemembers in some military occupations was interpreted as avoiding the problems women may experience while serving (Blais & Monteith, 2019). Some perceived a woman's insistence on being included in the male-dominated military as pushy and inappropriately masculine (Blais & Monteith, 2019), and this led to MST being overlooked. The dismissal of MST resulted in sexual trauma that impaired female servicemembers' quality of life. MST was once overshadowed by other military stressors, such as exposure to combat, witnessing death or injury, and grieving the pain of extended separation from loved ones (Nillni et al., 2021).

Although combat exposure was an expected acute stressor affiliated with military service, being sexually assaulted while serving was unexpected, uncontrollable, and more chronic. Nillni et al. (2021) also explained that women who had deployed and experienced combat were significantly more likely to report MST than women who did not deploy, making the deployment status a marker for increased risk for MST. Furthermore, MST was linked to increased pain and distress during pelvic exams among women who had been sexually assaulted, resulting in the decline of personal healthcare as some women wanted to avoid the pain and embarrassment during medical visits (Nillni et al., 2021). Overall, MST resulted in emotional and psychological anguish and was recorded as negatively impacting every area of a service member's life regardless of gender (U.S. Department of Veterans Affairs, 2021); however, experiences of MST were most common among women.

The Effect of Military Sexual Trauma on Men

The victimization of military sexual assault conflicts with the notion that service members were protected and family-oriented during their military tours. The relationship between MST and the damaging health outcomes for victims included uncontrollable tension, chronic pain, and the overactive circulation of stress-causing PTSD (Lofgreen et al., 2017). Males who had experienced MST were at high risk for engaging in suicidal self-directed violence (SDV), with evidence of suicidal intent (Monteith et al., 2019). Provided that MST posed a greater risk for severe PTSD, men who had been sexually assaulted may have reacted by challenging the dominant masculine norms by creating their own identity, assuming unusual behaviors or mentalities to appear hypermasculine, or reassigning themselves to a nonmasculine identity (Romaniuk & Loue, 2017). Overall, men experienced more persistent PTSD symptoms, sexual problems, and sexual abuse trauma symptoms than women (Romaniuk & Loue, 2017). Romaniuk and Loue (2017) also revealed that men who had been raped developed severe anxiety, uncontrollable anger outbursts, and depression more than those who experienced trauma associated with combat.

As mentioned previously, the impact of MST on women has been studied extensively; however, literature acknowledging how men were affected by MST remained limited (Monteith et al., 2019). Male MST was a relatively new development that required further research, leaving much to be known about survivors' experiences, needs, and expectations (Elder et al., 2017). MST among males, including gay males, was

a widely under-studied area where in-depth research was required to focus on the history and adverse mental health effects of sexual trauma in males.

Emotional Effects

Men who had experienced MST feared that if their loved ones learned of their sexual assault, they may have been judged harshly and abandoned (Wiblin et al., 2021). Monteith et al. (2019) revealed that most men who had experienced MST felt helpless, powerless, and emotionally trapped. Male MST victims also had difficulty managing anger, were irritable, and were quickly thrown into fits of rage, causing conflict with strangers and loved ones (Elder et al., 2017).

Male MST survivors were hypersensitive to situations where they felt controlled, disregarded, or threatened (Elder et al., 2017). This vulnerability reminded them of being victimized and interacting with the perpetrators, resulting in aggressive verbal and physical behavior toward others (Elder et al., 2017). Monteith et al. (2019) revealed that male service members with MST histories exhibited more persistent sexual problems than women, causing shame and feelings of inadequacy. MST was linked to decreased energy and sexual satisfaction for male and female MST survivors (Monteith et al., 2019).

With limited literature on gay male MST, additional research was necessary to establish a deeper understanding of the emotional health issues that men view as resulting from MST. Examining symptom differences between male veterans, active duty, and nonmilitary men contributed to important considerations for future research (Elder et al., 2017). The disclosure of MST was difficult for some survivors, resulting in mental,

emotional, physical, and relational issues, prompting the need for intense social support and gay male MST advocacy education. Ultimately, future research on the emotional impact of gay male MST will reduce stigma and eliminate barriers to care for this population, as a continuous investigation was essential to deliver care to those who have served.

Psychological Effects

The psychological impact of MST was extensive as male sexual assault survivors were left questioning their sexuality, masculinity, self-worth, and relationship functioning after their traumas (Monteith et al., 2019). Elder et al. (2017) compiled a summary of the life-long effects MST had on victims and found that the negative impacts included difficulty trusting others, fear of abandonment, and severe mental anguish. MST was linked to high rates of severe PTSD (Wiblin et al., 2021) and death by suicide, which was an increasing concern among male sexual assault survivors. PTSD is a debilitating mental illness that propelled survivors of MST to rebel against leadership, authority figures, and family members, causing extreme conflicts in interpersonal relationships and control systems after an attack (Khan et al., 2020; Lofgreen et al., 2017).

Lofgreen et al. (2017) reported that male veterans of the Iraq and Afghanistan wars demonstrated increased alcohol-related problems resulting from MST. Because of this, all veterans should be screened thoroughly for MST, PTSD, and other psychological health conditions that may trigger thoughts of suicide (Lofgreen et al., 2017). Another psychological effect of MST was that survivors may take personal responsibility for the attack, leading to greater self-blame and devaluation as a military family member (Khan

et al., 2020). Based on the 2017 conceptual model of male MST identified by Elder et al. (2017), Elder et al. (2017) explained that the guidelines for male MST based on descriptive data were speculative due to the limited study population. Even though a pattern of mental health disturbances related to MST was present, participants drawn from a larger area may have yielded a more exaggerated range of variation, leading to more insightful patterns of MST.

Romaniuk and Loue (2017) suggested that MST negatively impacted systems of self-organization, self-concept, and relational domains, similar to symptoms of those who had experienced prolonged traumatic stressors, such as domestic violence and childhood abuse. Sadler et al. (2018) stated that further research was required to investigate the mental and emotional impact of MST on gay males and examine the influence of institutional power on the development of these trauma symptoms.

Reluctance for Seeking Treatment Among Men Who Have Experienced Military Sexual Trauma

Fear, doubt, and not having a clear understanding of the connection between sexual trauma and PTSD (Kelly, 2021; Sexton et al., 2020), personal beliefs, priorities, values, and the male ego were critical in the unwillingness to seek MST treatment for gay males. The reports from male survivors of MST were often graphic and harmful. Survivors expressed feelings of shame, carried unfair guilt, and were typically in a constant state of embarrassment (Kelly, 2021; Sexton et al., 2020). Men tended to bear more self-blame following a sexual violation, exacerbating their humiliation, anger, and mental dysfunctions (Holland et al., 2016). Additional barriers that reinforced a

reluctance to treatment for male MST survivors included the unique characteristics of the military culture, such as placing a high value on masculinity or prioritizing appearances of strength (Sexton et al., 2020). Sadler et al. (2018) explained that the lack of awareness of mental illness issues and the stigma linked to mental health was the most cited barrier to seeking MST treatment for men. Additionally, until recently, MST education and intervention efforts had primarily clung to the notion of the female victim and the male perpetrator. This long-standing belief that men do not experience sexual assault in the military environment made it more difficult for men to admit to being sexually assaulted due to shame and embarrassment (Sadler et al., 2018).

Personal indecision also led to further hesitancy for MST treatment, along with cost and affordability, the Department of Veteran Affairs (VA) enrollment process, wait time, and time constraints. Moreover, a lack of trust in VA health care, VA providers, limited VA resources, and the perception that the VA is only for veterans with severe and visible disabilities (Kelly, 2021; Sadler et al., 2018) were all factors contributing to health care barriers.

Barriers to Support for Men Who Have Experienced Military Sexual Trauma

The military's masculine environment caused men to believe that their confession of a sexual violation would be met with disbelief or other forms of invalidation (Elder et al., 2017; Sexton et al., 2020). While disclosure could be a source of secondary victimization or trauma, men who had experienced MST report having reservations about seeking treatment and downplaying the seriousness of sexual trauma and its impact (Lofgreen et al., 2017). Healthcare providers' reactions regarding the disclosure of MST

encouraged further self-blame and privacy concerns. Some sexual minority veterans reported experiencing discrimination in health care treatment and inadequate provider communication (Ruben et al., 2019). A lack of awareness or access to male-specific MST services (Lofgreen et al., 2017) was significant for men not receiving needed care.

Knaak et al. (2017) explained that men felt dehumanized, dismissed, devalued, spoken to, or about using stigmatizing language and were given inadequate information about MST and treatment options by many healthcare professionals. Some veteran men who preferred a female provider believed that female providers would be more compassionate and sensitive than male providers (McBain et al., 2020). On the other hand, some men who preferred a male provider reported that the emasculation or embarrassment when discussing MST with a female provider might have been a barrier to seeking treatment, and only a male provider would be able to understand the male-specific MST issues (Brignone et al., 2017; McBain et al., 2020).

When disclosing MST to a provider of a nonpreferred gender, some veterans reported experiencing more perceived provider detachment than those who received the provider gender of their choice (Dworkin et al., 2019; McBain et al., 2020). Furthermore, insufficient training and a lack of cultural competencies were associated with MST treatment reservations and promoted anxiety, avoidance, and social/clinical distance among practitioners, negatively distressing patient-provider interactions and quality of care (Foynes et al., 2018; Knaak et al., 2017). Offering specialized training in trauma-informed care and regularly evaluating and providing feedback to all VHA healthcare providers could have broken communication barriers and fostered a more trusting

environment for men who had experienced MST (Foynes et al., 2018). The stigma associated with psychological and emotional difficulties also permeated the military culture, making it difficult for males to speak openly or seek help for MST.

Treatment and Support for Gay Men Who Have Experienced Military Sexual Trauma

The methods for successfully healing the psychological and emotional trauma of gay males with MST involved individual trauma-focused psychotherapies as first-line treatments (Foa et al.,2019). The clinical approaches for treatment related to PTSD stemming from MST included cognitive processing therapy and prolonged exposure (PE) therapy (Banducci, 2021; Foa et al, 2019; Resick et al., 2017). PE, cognitive-behavioral, and cognitive processing therapies supported the most prominent memories of the sexual assault, the grieving process, and past experiences (Lindsey et al., 2020; Lofgreen et al., 2017). Treatment competencies for males with MST also included reintegration into the community and integrating loved ones into therapy to help shift the victims' mindset to a positive future as purposeful goals were set (Meis et al., 2019). Receiving support from loved ones helped MST survivors persevere in trauma-focused treatment as the encouragement to endure distress doubled retention rates in trauma-focused treatment (Banducci, 2021; Meis et al., 2019).

Treatment for gay men who had experienced MST embraced taking a closer look at a survivor's mental health and establishing a sense of safety with themselves and others by minimizing suicidal ideation or self-harm behaviors while implementing strategies to reduce frustration with therapy and dropout (Kehle-Forbes, 2020). This

process was accomplished by reducing substance use, setting personal boundaries, eliminating unhealthy relationships, and focusing on basic needs such as stable housing, employment, and medical care (Kehle-Forbes, 2020; Lofgreen et al., 2017). As survivors of MST entered treatment at different levels, therapies focused on trauma, evidence-based psychotherapies, and present-focused coping skills were appropriate for dealing with negative emotions and improving interpersonal relationships.

Conclusion

The findings from this review exposed a lack of significant literature on the specifics of the ongoing psychological and emotional well-being of gay males who had experienced MST. However, the assessment of the related literature showed that gay males were a sexual minority in the US military who experienced MST, perceived institutional betrayal, discrimination, and stigma. In the literature review, I highlighted why many cases of military sexual assault among gay males went unreported, including fear of dishonor, public scrutiny, a lack of confidentiality in the military-provided services, the worry of being discharged or being sexually assaulted again (Mark et al., 2019). In the literature review, I demonstrated that gay males who had experienced MST had complex emotional and psychological needs that deserved further exploration.

There was evidence in the research of the reluctance to seek help, and gay male MST survivors expressed inadequacy, inconsistency, insensitivity, and disrespectful behaviors during treatment by healthcare providers that solidified the hesitancy for help-seeking (Gurung et al., 2018). My research was significant as the results will assist the Department of Veteran Affairs healthcare clinicians, community-based mental healthcare

providers, as well as human and social services workers to adequately draft policies to respond to the ongoing psychological and emotional needs of gay males who had experienced MST. The following section includes the method used to detail the purpose of this study.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to understand how the experiences of MST impacted the ongoing psychological and emotional welfare of gay men from the helping professionals' perspective. I sought to identify the common themes among a select sample population of helping professionals regarding the experiences of MST and the attitudes toward aftercare resources and advocacy following a sexual assault on gay men. Chapter 3 includes the research question, research design, methods, ethical considerations, and a summary.

Research Design and Rationale

The guiding qualitative research question for this study was the following: How do helping professionals describe the ongoing psychological and emotional well-being of gay men who have experienced MST?

Qualitative Research

For this study, I used a generic qualitative approach to understand how helping professionals described the ongoing psychological and emotional well-being of gay men. As Kekeya (2021) explained, qualitative research methods are applied to make known the feelings and perceptions of a human experience by conducting interviews, observing the activity of a selected population, and examining documentation to gather rich descriptive data. Qualitative research is not concerned with numerical data or statistical analysis; however, it focuses on deepening the understanding of a given problem (Almeida et al., 2017; Hamilton & Finley, 2020) and examining participant experiences. Qualitative

research is centered on the aspects of reality that cannot be quantified. The research method assesses research subjects' meanings, motives, beliefs, attitudes, and values that cannot be reduced to the operationalization of variables (Almeida et al., 2017). I selected a qualitative research method for this study because it aided in producing an in-depth, illustrative, and informative understanding of the experiences of each research participant.

Generic Qualitative Inquiry

The generic qualitative research approach focuses on understanding a phenomenon, processes, perspectives, and worldviews of the people involved (Auta et al., 2017). It is also considered a descriptive approach focused on understanding how individuals made meaning of a situation (Caelli et al., 2003) by investigating reports of individual opinions, beliefs, and reflections on their experiences (Percy et al., 2015). My rationale for using the generic qualitative research method was that it is a primary way to discover the meaning MST has on a person's life after serving in the military. Identifying the qualitative issues, such as survivors' and helping professionals' knowledge about MST, the survivors' relationship with the military institution, and their beliefs and attitudes, served as information to determine the obstacles and, in turn, resolutions to the issues stemming from MST. A generic qualitative research method aided in investigating the possible interpersonal challenges and stigmas gay males faced as a result of MST.

Other qualitative research designs, such as case study and phenomenology, were considered for this study. While case studies were valuable, and the design could have provided a detailed analysis and description of a human subject's life (Creswell &

Creswell, 2018), the approach would have been time-consuming, costly, and difficult to replicate (McLeod, 2019). As case studies focus on one person, event, or group, the isolation may not have represented the broader body of gay males who had experienced MST. This means that the conclusions drawn from one case or interview would not have been transferable to other settings. A case study was not chosen to understand the participants' experiences within this study.

Phenomenological research is a deep investigation of what experiences mean to people (Bliss, 2016). A phenomenological approach explores the everyday experiences of human beings while suspending the researchers' preconceived assumptions about the phenomenon (Delve & Limpaecher, 2022). I did not select the phenomenological approach as I was not assessing the meaning of the everyday lived experiences of the study participants. However, I did consider each participant's knowledge of MST and how the experiences of MST had impacted the lives of the gay males they served.

Role of the Researcher

As the researcher of this study, I was the primary research instrument responsible for collecting and analyzing data. I closely examined how my personal experiences, world views, and preconceived notions influenced the study's outcomes (see Clark & Vealé, 2018). My role as the researcher was to recognize that my biases could have induced unwanted prejudice based on participant age, gender identification, cultural beliefs, disability, race, ethnicity, religion, and socioeconomic status (see Karagiozis, 2018). It was also important to set professional boundaries by not involving individuals I had relationships with by selecting interview participants who only met the study's

research criteria. Thus, I did not include those with whom I had personal or professional relationships in this study.

As a researcher, it was my goal to set aside preconceived notions on this topic and reflect on personal experiences and ideas that might have challenged my views. Identifying, questioning, and assessing deeply held assumptions is considered critical reflectivity (Wadams & Park, 2018). Critical reflectivity was an essential extension of thinking, and it was initiated by taking a step back, examining my beliefs, and asking myself probing and clarifying questions about the research topic (Wadams & Park, 2018). I was also aware that reflection influenced my decision-making processes, created biases, or promoted ethical concerns that had to be addressed during the early stages of the research study (Johnson et al., 2020). I treated study participants equally, regardless of prior knowledge or personal assumptions on MST. I considered potential biases while constructing the interview questions to avoid researcher bias and provided equitable treatment to each participant. While keeping the interview questions simple yet straightforward, I allowed participants to elaborate on their experiences and avoided words that introduced biases. I did not use leading questions that might have prompted participants to respond a certain way and asked general questions before moving to specific or sensitive questions.

I used open-ended questions during the interviewing process to foster communication and allowed the participants to share responses without feeling coerced or judged to eliminate researcher biases. MST in gay males was a unique and sensitive topic. I was mindful not to ask questions that might have been offensive, intrusive,

disrespectful, or biased based on prior knowledge. The helping professionals who volunteered for this study did not present a conflict of interest, as I recognized that multiple relationships may increase the risk of exploitation of participants and may have impaired my professional evaluations (see National Organization of Human Services, n.d.). I journaled my thoughts during the data collection process and consulted with faculty about the interview process along the way. Although I had contact with survivors of MST in the past, as well as helping professionals who had worked in the mental health sector outside of the research parameters, I had no interaction with gay men who had experienced MST.

Methodology

Participant Selection Logistics

My goal for this was to understand MST's emotional and psychological influence on gay males. Participants for this study included helping professionals who worked with and had firsthand knowledge of the population who were 18 years of age or older, identified as gay, enlisted in the U.S. armed forces at any time, had experienced MST while serving, had been discharged from the military for a minimum of 5 years, and had sought treatment in the past or were currently seeking MST treatment.

Purposeful sampling was used to recruit and secure study participants as purposeful sampling ensured that participants met the criteria specific to the phenomenon of interest (Palinkas et al., 2015). According to Suri (2011), purposeful sampling is advantageous for qualitative researchers as it aids in the participant selection process and

narrows down individuals with knowledge and experience in the study topic, providing rich and thorough data.

Participants in this study were selected based on their meeting the criteria of working with MST survivors and having detailed knowledge of how MST impacted the psychological and emotional well-being of gay men. Each study participant had an active email address, essential in receiving the informed consent document outlining the study's purpose and procedures. The informed consent was sent to the participants who responded and met the study's criteria. Given that this study was of a sensitive nature, I did have a limited number of eligible participants; however, the planned sampling size for this study was 6–12 participants. This number was consistent with other qualitative studies on male MST (Elder et al., 2017; Gurung et al., 2018; Monteith et al., 2019). Vasileiou et al. (2018) recommended interviewing a qualitative sampling size of at least 20 people, as the sampling size determination was guided by reaching data saturation during the interviewing process. While saturation was the target and was achieved with half that number, the final sample size was determined when no new information was provided as saturation was evident.

Saturation was the point in data collection and analysis when new data produced little or no further information to address the research question (Guest et al., 2020). Reaching saturation has become a critical component of qualitative research that helps make data collection robust and valid (Hennink & Kaiser, 2022). However, saturation is a matter of judgment, and as a researcher, I knew when enough data had been collected to answer the research question satisfactorily (see Blaikie, 2018). The sample size in a

qualitative study was selected purposefully and reflected the phenomenon's homogeneity. The participants chosen for this study all had similar expertise in servicing MST survivors to better understand the phenomenon (see Alase, 2017). In addition to being a quality marker, saturation helped prevent overcollecting data, which was described as repetitive, excessive, and unethical in terms of wasting resources (Varpio et al., 2017). Saturation indicated that no additional data were found, and at that point, the research topic had been discussed in detail and was saturated.

Instrumentation

I was the data collection instrument for this study and created an interview protocol to collect data, as Patton (2015) recommended. I used semistructured interviews with open-ended questions to help guide each discussion while exploring how helping professionals described the mental and emotional well-being of gay males who had experienced MST (see Appendix A). This process allowed me to immerse myself in the interview process and genuinely build a rapport with each participant (see Pattonn, 2015).

Semistructured in-depth interviews are used in qualitative research and are a reliable qualitative data source (DeJonckheere & Vaughn, 2019). The interviewing process helped me to see the world from each participant’s viewpoint and uncover their perspectives as helping professionals who support gay males who had experienced MST. In qualitative research, interview questions are guided by an interview protocol to gather information about a particular topic or experience (DeJonckheere & Vaughn, 2019; Patton, 2015). The interviewing protocol allowed me to collect open-ended data to

understand each participant's thoughts, feelings, and beliefs as a service provider working with MST survivors (see Appendix A).

As part of the interview process, I remained focused on the topic and was open to the participants' direction. If necessary, I evaluated the responses and probed for more meaningful answers while fostering positive communication (see van de Wiel, 2017). I kept the scope of the study in mind while gathering new, exploratory data related to the emotional and psychological impact of MST on gay males.

Participation and Data Collection Strategies

Procedures for Recruitment

As the COVID-19 pandemic subsided, my recruitment procedures involved promoting my study by positioning flyers on social media platforms such as Facebook and Instagram. The recruitment flyer consisted of participant eligibility criteria and my contact information. Interested participants had the option to call, text, or email me regarding their interest in the study. During that time, a date and time were set for us to connect via phone, via Zoom, or in person to conduct the interview.

Data Collection

The data collection process included the use of semistructured interviews with helping professionals who served gay men who had experienced MST. As the data collection instrument, I began data analysis after the phone interviews by listening to each audio recording, transcribing to text, and then annotating the sections significant to each participant's experience. I used the iTranscribe application on my iPhone for each interview. While reading the interview transcripts, I highlighted specific words and

phrases related to my research question and separated the data with the help of Microsoft Word spreadsheets. A small thank you in the form of a $10.00 gift card was emailed to all participants chosen.

Data Analysis Plan

Qualitative studies contribute to understanding human experiences in various contexts and situations (Bengtsson, 2016). Collecting data throughout the research process, identifying significant patterns, and developing the essence of what the data reveal is essential (Cypress, 2019).

I implemented Liu's (2016) five-step inductive coding process for data analysis. According to Lui, the strategy includes the following:

1. the initial reading of text data
2. identification of specific text segments related to the objectives
3. labeling the segments of the text to create categories
4. reducing overlap and redundancy among the categories
5. creating a model incorporating the essential categories of text data

I used this process for each interview until I reached data saturation. In the annotation process, I labeled relevant words, phrases, sentences, or quotes with codes. The codes helped distinguish qualitative patterns, while the labels described actions, activities, differences, opinions, processes, and what was relevant to my study. Next, I generated categories and subcategories by grouping the codes created during annotation, allowing me to define their connections. Once the relationships were identified, I reread sections within each category to examine interrelationships and reduce overlap and

redundancy (see Lui, 2016). After I rewrote the interview transcripts, I added the findings to the content of my study.

Issues of Trustworthiness

Qualitative researchers question trustworthiness by asking whether the findings of a study are reliable (Korstjens & Moser, 2017). Qualitative research depends on researcher interpretation stemming from personal biases based on cultural upbringing, experiences, values, and prior knowledge of a subject. There are several explanations for trustworthiness; however, the most valid criteria for research trustworthiness are as follows:

Credibility

Credibility in qualitative research is essential as it confirms that the study results are trustworthy (Connelly, 2016). The outcome of a study determines its credibility as it reveals real-world conditions within the results of the study (Connelly, 2016). Some strategies used to solidify credibility include transparency, peer-debriefing, continued engagement with research participants, tenacious observation when appropriate to the study, and reflective journaling (Connelly, 2016; Nowell et al., 2017).

Saturation in qualitative research is also used to confirm creditability. Saturation is the standard for judging when to stop sampling the different groups in a category (Chitac, 2022). When and how saturation is met depends on the research study (Saunders et al., 2018); however, I ensured saturation by reviewing the data collected and paying close attention to when the same information was presented in the data. When repeated

data were presented in the collection process, I knew that enough data were collected to satisfactorily answer the research question (Blaikie, 2018).

Transferability

Transferability in a study refers to the ability to generalize information to other settings (Connelly, 2016). As a researcher, I provided readers with a clear and concise path of the research steps and processes (Herzog et al., 2019). For transferability to exist, all of the data collected and presented was thoroughly outlined so that future researchers can use the context of the data in other areas of research related to male MST (Connelly, 2016). As a qualitative researcher, I provided readers with an in-depth description of the study context, participants' demographics, and relevant information from the study (Connelly, 2016).

Dependability

Dependability was achieved when researchers ensured the research process was logical, traceable, and clearly documented (Nowell et al., 2017). To ensure dependability, an audit trail provides a transparent description of the steps taken throughout the research process, supported by a detailed collection of relevant documentation (Carcary, 2020). Nowell et al. (2017) explained how an audit trail might provide readers with evidence of the decisions and choices made by the researcher regarding theoretical and methodological issues throughout the study, reinforcing dependability. I conducted an audit trail by keeping a record of information, such as the details describing how my study was completed.

Confirmability

Confirmability was concerned with verifying that the researcher's interpretations and findings are derived from the data, requiring the researcher to demonstrate how conclusions have been reached. Through confirmability, researchers were encouraged to track each account of the research process by keeping a reflexive journal to document the daily changes in the research, such as decisions and rationales (Connelly, 2016; Dodgson, 2019). Reflexivity recorded the researcher's reflections on their values, interests, and insights (Wadams & Park, 2018). Moreover, reflexivity aided researchers in acknowledging their role in the research (Dodgson, 2019). To ensure confirmability, I performed self-reflection throughout the study using a journal to examine my assumptions, worldviews, and personal beliefs. To prevent researcher bias, I relied on the data collected from each participant to shape my study accurately.

Trustworthiness strategies were indicators within a study demonstrating the amount of rigor maximized throughout the research process (Hays & McKibben, 2021). More significant trustworthiness was proven by using an audit trail, multiple data sources, and the extensiveness of data analysis (Hays & McKibben, 2021). I also used saturation as a research strategy to confirm trustworthiness.

Ethical Procedures

As a human and social service professional, I was obligated to respect the dignity and welfare of all people while honoring cultural diversity and advocating for social justice with integrity and honesty (see National Organization for Human Services, n.d.). High ethical standards were essential as many qualitative studies involved semistructured

or unstructured in-depth interviews to gather information on a subject. I shared recruitment resources such as flyers and emails with study participants explaining their rights to privacy, volunteerism, and research description. Informed consent was provided and discussed with all participants, informing them of the process and allowing them to withdraw consent at any time. Shaw et al. (2020) explained that when researching the experiences of humans, it is vital to use self-reflection and demonstrate behaviors consistent with high ethical ideals.

To ensure high ethical standards, I took responsibility for my actions during this process by upholding high moral standards and respecting each individual regardless of my personal opinions on the subject. While working with the helping professionals who participated, I followed all regulations and laws by keeping all personal data locked, safe, and used only professionally. I remained integral and honest throughout the course of the study. There was a moral responsibility to each research participant who had consented to have their world investigated. The objective was to treat them respectfully and understand their vulnerability to ensure the study results were appropriately disseminated (Shaw et al., 2020).

Before the study recruitment and data collection process, institutional permissions, including IRB documentation, were reviewed and approved by the IRB's ethics review board. Walden University research followed the university's ethical standards and U.S. federal regulations (Walden University, 2021). The list of documents required for IRB approval and the process included the completion and submission of Form A, which enabled IRB to provide tailored guidance.

Once Form A was submitted, I continued to work out ethical issues as the IRB board reviewed the proposal. During this time, I did not conduct data until IRB approval. The official ethics review occurred after the IRB received updated documents or confirmation that no changes were required. Last, the IRB approved the final set of study procedures and documents (Walden University, 2021). Helping professionals who had experience working with MST survivors were not considered a vulnerable population or marginalized group. As a researcher, I found it imperative to act appropriately and professionally to protect the integrity of those individuals (Racine & Bracken-Roche, 2018). The ethical considerations for helping professionals of gay men who had experienced MST were critical as protecting this group was an essential function of my research (Racine & Bracken-Roche, 2018). Considering that the nation was facing the remnants of the COVID-19 Pandemic, the interviews were conducted via phone or whatever mode worked best for each participant. Discussing interview expectations with each participant was important as I wanted to keep their information and identity private. Participants were encouraged to find a confidential and safe space for the interview.

The anticipation of interruptions, such as a colleague or family member walking in during an interview, was likely, and I developed a plan with each person regarding an exit strategy to maintain confidentiality, such as whether to terminate, change the subject, or continue with the research (Newman et al., 2021). In addition to ensuring confidentiality and upholding human rights, all data collected in written or electronic form was kept in a secure file cabinet with a lock and only accessed by me. Five years

was the minimum allowed under university guidelines to hold data. After that time, the information collected was shredded and disposed of discretely.

Finally, the practice of offering a token of gratitude for participation in research was longstanding and widespread (Persad et al., 2019). Presenting a token of appreciation showed research participants that their time and efforts were valuable and helped restore them to their pre-participation financial baseline (Persad et al., 2019). Once the interviewing process was completed, I sent each participant a $10.00 gift card to express appreciation for study participation.

Summary

Research (Beckman et al., 2020; Combellick et al., 2019; Romaniuk & Loue, 2017) showed that MST impacted men and women differently as men grapple with the insecurities of losing their manhood and conflicting feelings about their military service. Male veterans had reported more exposure to noninterpersonal trauma (e.g., combat trauma, stranger violence, accidents, or unexpected violence). In contrast, women reported more interpersonal trauma, such as MST, childhood sexual abuse, and domestic violence.

Men who had experienced MST had been socialized to appear masculine and hide their feelings while in the military. This led to shame and a reluctance to acknowledge the betrayal to themselves or a trusted counterpart. As the prevalence of MST in gay male veterans continued to rise, further advocacy and resources to strengthen programs and interventions for gay males with a history of MST were needed. Male survivors of MST were at risk for a variety of psychological and emotional difficulties, including

homelessness, sexual dysfunction, and engaging in harmful behaviors (Kameg & Fradkin, 2021).

Chapter 3 outlined issues of trustworthiness and ethical procedures in qualitative research. Specifics regarding researcher professionalism throughout the study process were also discussed. The guidelines and practices for informed consent, data collection, and analysis were also included in Chapter 3. Chapter 4 presents the setting, demographics, data collection, data analysis, evidence of trustworthiness, findings, and results of my study.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to get a better understanding of how helping professionals describe the experiences of MST and the ongoing mental and emotional health and well-being of gay men. Chapter 4 contains an analysis of the data collected, which focused on the experiences of helping professionals who service gay males who have experienced MST. The participants in the study included six helping professionals who met the inclusion criteria of (a) offering professional mental health services (therapy, treatment, counseling) to active-duty service members and veterans who have experienced military sexual trauma at any time in their military career, (b) having experience providing therapeutic services to males who identify as gay, and (c) having firsthand knowledge of the psychological and emotional effect of MST on gay males. The research question was the following: How do helping professionals describe the ongoing psychological and emotional well-being of gay men who have experienced MST?

This chapter also outlines the process I used to collect and analyze the data and the details of the findings.

Research Setting

The research setting for the study was my home office, with the door securely locked so that no one could hear or interrupt the meetings I held with participants. I conducted each interview by phone, and for privacy purposes, I ensured that my work area was clear of distractions and of individuals who were not a part of this research

study. All participants opted to have our conversations via phone in their private workspaces and provided interview times that worked best for them after work hours or on weekends to accommodate their lifestyles and other obligations. The interviews were initially scheduled for 60 minutes; however, as each interviewee brought something new to the discussion, on average, the interviews lasted between 22 and 25 minutes, depending on the information provided and the level of rapport built with each participant.

Demographics

The sample consisted of six female helping professionals. Five participants were female clinical psychologists, and one participant was a registered nurse. All participants had experience working with the active duty and veteran male populations whose members had experienced military sexual trauma. All participants identified as helping professionals aged 34 to 55 years old. Three of the participants self-identified as Black/African American, two participants identified as White/Caucasian, and one self-identified as Hispanic/Latino. To protect the identity of the participants, the demographics were reported in aggregate.

Data Collection

I used semistructured interviews conducted via phone and audio recorded for transcription to text. Each interview was scheduled based on the participant's availability, and we met at our appointed times. The duration of the data collection process for this study was planned to be a maximum of 60 minutes per interview. There were no variations in data collection from the plan presented in Chapter 3, nor were there any

unusual circumstances encountered in data collection once participants were selected and interview appointments were solidified.

I used a semistructured interview protocol to guide each interview, which aided in collecting rich, thick oral narrative data from the participants to support the study's trustworthiness. The semistructured interview questions were open-ended, and the recordings were stored on a password-protected device. After each interview, I reviewed the recordings, transcribed the audio to text using a software-based transcription tool called iTranscript, and added journal notes to the participants' files to ensure that similar concepts captured during the interviews were coded. I then began the process of data analysis.

Data Analysis

Coding the Data

I implemented Lui's (2016) five-step inductive coding process. Data analysis started with the initial listening of the audio from each recording (Lui, 2016). After listening to the interviews, I transcribed the audio to text using the iTranscipt application. Once transcribed from audio, I identified and coded specific words and phrases frequently seen in the transcripts. Last, I labeled the words and phrases acquired during coding, placed them into categories, and created the themes. Each code helped distinguish qualitative patterns, while the labels described what was pertinent to my study. The specific codes that emerged from the data were stigma, fear, betrayal, institutional betrayal, and quality of life, which assisted in developing subcodes from the initial coding method. The subcategories were (a) betrayal of self, (b) treason, (c)

betrayer of the military, (d) PTSD/depression, and (e) overcoming. The initial codes and subcodes were grouped and created during annotation, allowing me to define their connections.

Table 1

Themes and Subcategories

Theme	Subcategories
Stigma and fear in the military culture	Betrayal of self—a coping mechanism used to block out feelings of shame and resentment for keeping quiet about the assault and not seeking the mental and emotional help needed
Fear in the military culture	Treason—reporting a sexual assault to some gay male MST survivors is seen as disloyalty or backstabbing the military by disclosing the military culture
Betrayal in the military culture	Betrayer of the military—One may believe that reporting a sexual assault is betraying the trust of the military culture or an act against their country or organization
Institutional betrayal in the military culture	PTSD/depression—the interference of life functioning skills, social anxiety, feelings of loneliness, and even legal issues may arise in gay male victims of MST.
Quality of life for gay males in the military culture	Overcoming—advocacy for others, mental, physical, and emotional healthcare to heal wounds, prioritizing self-care.

Evidence of Trustworthiness

Credibility

To ensure the credibility of this research study and its findings, I debriefed each interview by reviewing my notes and listening to the recordings (Thomas, 2017). The

collected data were reviewed, checked for themes, and coded based on similarities and differences. The appropriate number of participants was established to complete this generic qualitative study. Credibility in qualitative research is essential as it confirms that the study results are trustworthy (Connelly, 2016). I ensured saturation by reviewing the data collected and paying close attention to the exact phrases, sentences, and other information presented in the data.

Transferability

Transferability was achieved in this generic qualitative study by recruiting helping professionals who served gay male veterans who had experienced military sexual trauma at any point in their military service (Korstjens & Moser, 2018). Their experiences with the gay male veteran population provided valuable descriptive details and enlisted precise observations regarding military sexual trauma advocacy and education for gay male veterans. The information in this study is transferable to other settings (Connelly, 2016), and as the researcher, I have provided readers with a clear path to the research steps and processes (Herzog et al., 2019). An in-depth description of the study context, participants' demographics, and relevant information from the study (Connelly, 2016) have been provided for future researchers.

Dependability

I used the semistructured interview guide to organize and steer the interviewing process for this study. The questions asked during the data collection process guaranteed dependability and transparency from each participant. This study included consistency during data collection, analysis, and results to maintain dependability. Overall, the

findings within this research study were dependable as a record of information, such as all of the details describing how the study was conducted and obtained.

Confirmability

Confirmability was achieved using transcribed interviews, journal notes, and theme coding. The use of the journaling notes provided an accurate account of the data collection process and data analysis. As explained by Korstjens and Moser (2018), confirmability was also established by the meaningful descriptions and opinions of the helping professionals who participated in the research study, which prevented researcher bias. The data collected from each participant helped to shape this study and ensure confirmability.

Study Results

This study investigated the experiences of helping professionals who served gay male veterans who had experienced MST. I shared the findings of the analysis of the data. The research question was the following: How do helping professionals describe the ongoing psychological and emotional well-being of gay men who have experienced MST?

The themes that emerged in response to the analysis of the data to answer the research question were (a) stigma and fear in the military culture, (b) betrayal and institutional betrayal in the military culture, and (c) quality of life in the military environment.

Stigma and Fear in the Military Culture

The double stigma surrounding MST for gay males in the military culture has made reporting and treatment for this population difficult. Each helping professional who participated in this study explained how the barrier of stigma surrounding sexual assault outweighed the attempts for gay males who had experienced MST to seek treatment. Gay male survivors of MST in the male-dominated culture of the military faced double stigma and were fearful of being identified by their sexual orientation. The emasculating stigma of being labeled anything other than a heterosexual man's man in the military culture might have excluded them from their comrades as well as labeled them betrayers of the military if they had reported their sexual assault. Underreporting a sexual assault was prevalent as gay male survivors were fearful of being seen as troublemakers in the male-dominated workplace where service members were not expected to complain. I did quote each participant, and according to Participant 1, although sexual assault incidents were problematic to report for both males and females, "it was more complex for men due to the societal narratives surrounding sexual assault and what it meant in today's culture to be a man in the military."

In addition to the assault being a traumatic experience in and of itself, the fact of the sexual assault occurring in the military environment made it more devastating, creating additional stress, fear, anxiety, and trauma. Participant 1 also said that "the additional trauma stemmed from systemic ideologies, such as the masculine narrative of suffering in silence in the military environment makes one more manly," and the idea of being degradated for seeking help and being viewed as weak and not wanting to be a

traitor of the military all played a role in stress, fear, and anxiety in gay men who had experienced MST. The same participant also explained how the "prejudice and discrimination in the backdrop of the military culture bred the stigma of MST being the fault of the victim," namely the gay male survivor's fault due to his sexual orientation, leading to the assumption that he was not fit to serve.

Fear in the Military Culture

Fear in the military culture was one of the major themes of this study. Regardless of sexual orientation, being labeled as a gay male in a masculine-dominated environment was reported by the professionals to have caused fear in many MST survivors because they did not know what the responses would be from their military leadership. A consensus from the clinical psychologists who participated in this study was that men who had experienced MST while serving in the military felt that they would be punished as a result of coming forward with claims of being sexually assaulted. Participant 2 said, "Some gay male MST survivors had stated that the fear of being considered a betrayer of the military by reporting a sexual assault would have been seen as a form of treason," leaving the victim feeling helpless and ostracized. With treason, "reporting a sexual assault to some gay male MST survivors was seen as disloyalty or backstabbing the military by disclosing the military culture." Participant 2 also added that because of the fear within the male-dominated military system, she noticed "a reluctance from gay males who had experienced MST to participate in treatment more often than would be seen in any other population she served." The assumption that one should not be afraid or exhibit fear in the military culture fostered this narrative.

Furthermore, Participant 2 explained that "some gay male survivors of MST felt that if they were assaulted in the military and betrayed by the military, the fear that the Department of Veterans Affairs would also label them and deceive them as before." As the military culture was built on masculinity, the service member was often asked to suppress their feelings and hide areas of weakness. With this in mind, many gay male survivors of MST feared that if they reported the sexual assault, they themselves would be blamed for being weak or, somehow, provoking the attack.

Betrayal in the Military Culture

The possibility of betrayal and retaliation for reporting was another theme found during the data analysis. One may have believed that reporting a sexual assault was betraying the trust of the military culture or an act against the country or organization. Participant 3 noted that "although gay males who had experienced MST may not have gotten punished for reporting a sexual assault, there may have been other ways in which the soldier may have been retaliated against for reporting by their command or comrades." This retaliation or institutional betrayal added insult to injury, causing not only compound trauma and intensifying the lack of trust between the MST victims and their employer (the military), but also a lack of trust and confidence in those who were willing to offer treatment after they had left the military. Participant 3 added that "some of the people who committed the sexual assaults on gay males were those in authority and high-ranking officials," leading to fear and confusion as the institution they trusted to protect them was the same one betraying them. Participant 3 also explained that "the betrayal of knowing the victims' sexual orientation and assaulting them because of it or

for their personal pleasure put the victim in a place of vulnerability and isolation as they felt they had nowhere to turn." Some MST survivors felt that the support structure in the military environment was egregious not only because of the male dominance but also because the military service embraced working with and living with one's perpetrator.

Institutional Betrayal in the Military Culture

Institutional betrayal was found to be associated with the damages of military sexual trauma. Essentially, being a gay male in the military who had experienced sexual assault meant that perceived institutional betrayal persisted more than the original act of violence, as survivors of MST encountered institutional action or inaction. The institutional betrayal actions included career loss, ridicule, harassment, and ostracization. Institutional betrayal inaction referred to leaders in the military not acknowledging or doing anything about the reports from gay males who had experienced a sexual assault. Participant 4 explained that "some survivors of military sexual trauma (MST) who also experienced institutional betrayal reported worse outcomes than survivors without institutional betrayal." The consequences of military sexual trauma coupled with institutional betrayal involved increased psychological distress as well as emotional anguish, according to Participant 6.

With institutional betrayal exacerbating MST symptoms further, Participants 3 and 4 provided mutual statements in saying that "some gay male survivors of MST may have believed that the military culture discouraged the reporting of traumatic experiences and did not adequately prevent sexual assault from occurring," which increased the chances of MST, resulting in poor psychological and emotional health outcomes post

trauma. The experiences of sexual assault as a gay man while serving in the military environment contributed to more severe depression, anxiety, and suicidality symptoms, as found in this study.

Quality of Life for Gay Males in the Military Culture

The quality of life for gay males who had experienced MST following the assault varied for each survivor. Participant 5 explained that "overall, post-traumatic stress disorder (PTSD) was most commonly pronounced in gay male MST survivors, and the intensity of depression was often present." The participants in this study provided details on how the feelings of isolation, shame, and guilt haunted survivors, especially when they were trying to make sense of the abuse and trauma itself. Participant 3 exclaimed that gay male MST survivors blame their sexuality for being targeted and suffered from a higher severity of mental and emotional symptoms, including PTSD, depression, and substance use." The interference of life functioning skills, social anxiety, feelings of loneliness, and even legal issues arose in gay male victims of MST.

The quality of life for gay males after experiencing MST in the military culture, as explained by Participant 6, "may have caused disturbances in unit cohesion and worries of negative labeling as well military career interruption if reported." Post-MST quality of life functioning across major life areas for gay males who had experienced MST may have included decreased satisfaction with romantic relationships, trouble keeping stable employment, and increased psychological and psychiatric distress. Participant 6 further added how "homelessness was also an issue with gay male MST survivors as impairments in daily functioning persisted over time and had significant

implications for negative long-term quality of life if psychological and emotional treatment was not implemented after an assault." MST was also associated with decreased physical activity, decreased positive social interactions, and limited or lack of self-care. The components listed were essential indicators for a well-rounded quality of life and successful aging.

Summary

In Chapter 4, I submitted the study results and provided the data analysis based on the research question: How do helping professionals describe the ongoing psychological and emotional well-being of gay men who have experienced MST? I explained the research setting, demographics, data collection process, and evidence of trustworthiness, which included credibility, transferability, dependability, and confirmability. The research question was answered by examining the information collected during each interview. The study participants were six helping professionals who described their experiences and their roles in servicing gay male veterans who had experienced MST. This study was conducted to gain deeper insight into what it was like to live as a gay male who had experienced MST when feelings of betrayal and a lack of trust in the military culture were present.

In Chapter 5, I detail how the study outcomes verify what was addressed in Chapter 2, provide an interpretation of the results, and offer a review of limitations from Chapter 1. Recommendations for future research and implications for social change regarding the ongoing psychological and emotional well-being of gay males who had experienced MST are also presented in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative study was to identify how experiences of MST impacted the ongoing psychological and emotional well-being of gay men. With the assistance of six helping professionals, I gained a better understanding of the mental and emotional conditions that gay men who had survived MST encountered. The experiences detailed by the helping professionals who served this population provided testimonies of the barriers that contributed to reporting, help-seeking efforts, and the health concerns of gay male survivors of MST. In addition, the interviewees discussed how the survivors' ability to cope with the social stigma, fear, betrayal, and institutional betrayal caused by MST had a lasting impact on their quality of life. In Chapter 5, I review the purpose of this study and conclude with a discussion along with the study's limitations, recommendations, and implications that may create social change.

Interpretation of Findings

The findings in this study revealed overall that gay males who had experienced MST were a marginalized group that was susceptible to severe mental and emotional issues following an assault. Participant 6 stated that "a large population of gay men who had experienced MST did not report incidents of sexual assault and were grappling with internalized oppression, internalized guilt, internalized homophobia, fear, and shame." The consistent themes that arose as I analyzed the responses to the interview questions were stigma and fear in military culture, as well as betrayal/institutional betrayal. I also

compared the data analysis to the literature in Chapter 2 to find an answer to each question and address the research gap.

When compared to the literature, gay males who experienced MST may have contended with the dilemma of revealing their sexual orientation after an assault due to the male dominance of the military culture, which included the idea that one had to be tough and/or heterosexual to serve (Monteith et al., 2021). According to Participant 6 and Participant 5, "gay male survivors of MST may have had difficulty naming what happened to them and expressing their anger and pain, which caused a barrier to seeking help." Although MST is associated with increased screening rates for various psychological conditions such as depression and PTSD (Ceroni et al., 2023), Participant 6 revealed that

> in some cases, when male veterans who have self-identified as gay were screened for mental health treatment, the question of sexual assault was skipped over by practitioners and asked in a way that didn't provide the veteran with an opportunity to respond authentically about their sexual assault.

Participant 6 further explained that

> the question of sexual assault or abuse while in the military was sometimes avoided altogether for males seeking mental health services, and this revelation explained why gay male survivors of MST felt as if they were not seen or heard because of their sexual orientation.

When compared to females who had experienced MST, males were at increased risk for engaging in suicidal self-directed violence with evidence of suicidal intent (Monteith et

al., 2019). The findings in this study also disclosed that while females who had survived MST demonstrated strong associations between MST and nonsuicidal self-injury (Reinhardt et al., 2024), men who screened positive for MST were at greater risk for nonfatal nonsuicidal self-injury when compared.

Trauma symptoms among gay male MST survivors "may have persisted for years due to not seeking help, increasing their chances for intensified mental and emotional health issues later in life," as Participant 2 described. The helping professionals in this study collectively shared that along with some males being omitted from the question of MST when screening for mental health services, a key barrier was shame and guilt, the same as female MST survivors. As discussed in the literature review, not only were the claims of sexual assault by gay males sometimes dismissed, but shame and self-blame were what prevented many victims of MST from seeking the help they needed (Holliday & Monteith, 2019). The impact on a gay male MST survivor's manhood and self-esteem reverberated throughout the data analysis. Participant 5 echoed Romaniuk and Loue (2017) by reiterating that "sexual orientation had little to do with manhood and with sexual assault being of a sensitive nature, some men were embarrassed and had little trust in helping professionals, mainly those who were associated with the veteran healthcare system." Participant 5 also added how important it was to create safe spaces for men and, in this case, specifically, gay male survivors of MST. The male-dominated culture of the military presented an environment for sexual assault and harassment with MST and continued to affect gay males at higher rates.

In the literature review, I explored the consequences of MST on females and males alike. Previous research indicated that female veterans were more prone to develop PTSD following MST compared to men (Khan et al., 2019; Tannahill et al., 2020); however, recent studies have found that veteran men who experienced MST had more severe PTSD symptoms than female veterans (Ceroni et al., 2023). The trauma symptoms may be more robust for males than females due to increased feelings of dishonor and emasculation after experiencing a sexual assault.

Participant 1 explained that "gay male MST survivors and female MST survivors both experienced intense guilt and believed that the abuse was their fault." Both males and females felt as if they did something to promote the harassment and subsequent rape. The information gathered during this study reinforced the code of silence regarding sexual assault in the military (Dardis et al., 2018; Ennis et al., 2021) and how one may have been treated as a betrayer of their command and even their country if they had spoken out about their sexual assault. Participant 3 backed the idea that "both female and gay male survivors of MST are often frightened that their claims of sexual assault would be dismissed and would suffer in silence as they did not have the help or support required to combat the abuse."

According to the data analysis, victims of sexual assault often felt trapped between wanting the abuse to stop and being afraid of others learning what had happened to them. For some gay male MST victims, the shame and secrecy were compounded by the fear that their sexuality may have had something to do with it, or at least that others would think so. One of the participants of this study was a clinical psychologist who

confirmed that men have more severe sexual assault experiences and are more likely to be assaulted repeatedly than women (Ceroni et al., 2023; Romaniuk & Loue, 2017). Men who identify as gay were also more likely to be sexually assaulted by two or more perpetrators, experience threats of violence, endure injury, and describe their MST as deliberate humiliation. Collectively, these findings suggested that although women may develop PTSD at higher rates following MST, men diagnosed with PTSD following MST are likely to exhibit more severe symptoms.

In summation, each interview participant made it clear that gay males who had experienced MST perpetrated by another man or had experienced any form of sexual harassment, even by commanding female officers while serving in the military, did not report their incidents out of fear of leadership reprisal and also feared that their sexual orientation would be the main focus, not the abuse. According to the helping professionals who participated in the study, many victims of MST had dismissed or shoved their experiences to the side for many, many years as a result of not feeling safe to disclose their experiences, which caused internal conflict such as mental, emotional, and physical health issues that went undiagnosed and untreated over time.

Limitations of the Study

The leading limitations while conducting this study were recruitment and data collection challenges. The original study population was to be a group of between six and 12 volunteers who had experienced MST at any time in their military career, identified as gay male, had between 2 and 5 years since leaving the military, and had sought treatment for MST. I changed the plan for the study and the recruitment population to volunteers

who offered professional services (therapy, treatment, counseling) to active-duty service members and veterans who had experienced MST at any time in their military career, had experience servicing males who identified as gay, and had firsthand knowledge of the psychological and emotional effect of MST on gay males.

The changes that occurred during this process did not reduce the study's value in credibility, trustworthiness, or data collection depth. The interview population changes added more range and depth to the data collection process. The semistructured interviews captured the rich data required to complete the research, and each participant provided information from the helping professional aspect as well as offered insight into how MST affects the mental and emotional well-being of gay males who have experienced MST.

Recommendations

Based on the education and dedication to the population of gay males who had experienced MST, the six helping professionals who participated in this study had encouraged the recommendation of future research to address MST among gay males directly. The participants in this study explained how the promotional material for men with MST in the Veterans Health Administration (VHA) could be off-putting as men found the care efforts conflicting and avoided treatment due to the stigma surrounding sexual assault on men. Gay men particularly feared being judged or losing all they had worked for, even if they were retired or were no longer in the military. It was recommended that active duty and veteran healthcare facilities employ skilled military sexual trauma coordinators or point persons to support individuals with questions or reporting with confidentiality in the event an assault occurred. Although the promotion of

care for the LGBTQ+ community was becoming more prominent in the military arena, it was still limited, and researchers in future studies should consider exploring the most common perpetrators, the prevalence of MST among gay men, and the gender disparities between male and female reporting and treatment experiences.

Implications for Social Change

In addition to the stigma, there were barriers to how MST was handled for gay males. One of the study participants explained how there was much work to be done in the field of psychology when it came to treating gay males for MST. The findings from the data collection process of this study implied that men, regardless of sexual orientation, needed to feel supported in their sexual assault reporting attempts, and safe spaces must be created for gay and heterosexual men to receive care without feeling ashamed and unsafe.

Saddler et al. (2021) supported that MST discussions regarding males, specifically gay males, were not as pronounced as they were for females, and some healthcare professionals may have neglected to screen for MST when it was a male seeking care, which caused further underreporting. Clinicians and other helping professionals should be required to receive training in the areas of sexuality, internalized heterosexism/internalized homophobia, racism, and masculinity as a way to confront and combat all implicit biases that flood society about gay males who have experienced MST.

Conclusion

Advocacy and education efforts could facilitate the disclosure of MST, which may increase access to care for gay males (Ceroni, 2023). Currently, research is focused

on understanding the frequency with which males are being sexually assaulted in military communities, the demographic characteristics of those involved, as well as how the incidents are regarded when reported and referred for investigation.

This study's findings demonstrated the importance of humanity, responsibility, reliability, and security. Men of any sexual orientation are valuable and vulnerable human beings who deserve to be treated for their wounds of any kind and not excluded based on the military's hypermasculinity. Sexual assault, in the military environment, is a form of violence that remains prevalent, and it is vital to focus on activism, the occurrence of MST, treatment approaches, and support for gay males. It is necessary to protect and serve this group of men just as they have protected others by serving in the military. Medical care for men and women differs in all aspects, which indicates that gender-specific care for gay men in terms of counseling groups, healthcare advocacy, and the processes to initiate the ease of the help-seeking efforts are required as a way of helping this population feel more supported, reducing stigma and barriers to care.

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Appendix A: Interview Questions

Introduction: *Hello, I am Alisha Simmons, a doctoral student at Walden University. I sincerely thank you for volunteering to participate in this study and sharing your experiences. As a Veteran, I would also like to thank you for servicing this population. I am conducting research on how military sexual trauma affects the emotional and psychological well-being of gay males. This research aims to understand the gay male survivor's experiences of MST and how MST treatment plays a role in their quality of life.*

Instructions: *Participation in this interview is voluntary, and you are under no pressure to complete it. If you choose to discontinue the interview, pause for a break, or reschedule, you may do so at any time. No questions asked! You were provided with consent via email of your agreement to participate in this interview: do you still consent? Thank you. This interview will be voice recorded, and the information will be kept confidential and in my care. This interview will last 60 minutes. I will also be taking notes during the interview. Do you have any questions? Are you ready to begin? Thank you! I will now start recording.*

Begin the Recording

Ice Breaker: I am going to ask a few demographic questions:

1. What types of therapy, treatment, or services do you provide to MST survivors?
    a. What inspired you to service this population?

Interview Questions:

Primary research question: RQ: How do the experiences of MST affect the psychological and emotional well-being of gay men?

2. a. What, if any, barriers have been expressed to you by gay male veterans when reporting and receiving care for MST?
    b. What is, in your experience, the most common psychological effect of MST for gay male survivors?
    c. How would you describe the overall emotional well-being of the gay male MST survivors you service?
    d. What, if any, changes do you see in your clients from the start to after MST treatment?
    e. How would you describe the advocacy and helping professional resources in place to service gay males who have experienced MST?
    f. How do you take care of yourself while servicing MST survivors?
    g. What do you believe could improve the support and overall well-being of gay males who have experienced MST?
    h. Is there anything you would like to add?

Thank you again for participating in the study and sharing your experiences related to servicing gay males who have experienced military sexual trauma. Is there anything else you would like to share or add? This concludes the interview.

Appendix B: Social Media Flyer

!VOLUNTEERS NEEDED!

A new interview study seeks service providers who work with gay male veterans who have experienced military sexual trauma (MST).

There is a new study regarding the experiences of gay male veterans who have experienced military sexual trauma. This study will help healthcare providers such as doctors, therapists, and other helping professionals better understand and help their patients.

About the study:

- **One 60-minute phone or video interview that will be audio recorded.**
- **Each participant will receive a Visa gift card as a thank-you.**
- **Each participant's privacy will be protected.**

Volunteers must meet these requirements:

- **Offer professional services (therapy, treatment, counseling) to active-duty servicemen and veterans who have experienced military sexual trauma at any time in their military career.**
- **Experience servicing males who identify as gay**
- **Firsthand knowledge of the psychological and emotional effect of MST on gay males.**

This interview is part of the doctoral study for Alisha Simmons, a Ph.D. student at Walden University. Interviews will take place during September 2023.