



Supporting
Military Families
Through Research
and Outreach

PUTTING RESEARCH TO WORK FOR MILITARY FAMILIES

Perceived Barriers to Care and Provider Gender Preferences among Veteran Men Who Have Experienced Military Sexual Trauma: A Qualitative Analysis

Turchik, J. A., McLean, C., Rafie, S., Hoyt, T., Rosen, C. S. & Kimerling, R. (2013). *Psychological Services*, 10, 213-222.



20 male Veterans who received care from the Veterans Health Administration (VHA) and reported a military sexual trauma (but had not received VHA care for it) participated in semi-structured interviews to identify potential barriers to accessing military-sexual trauma care. Veterans reported a number of barriers, including lack of knowledge about available services and worries about stigma.

Key Findings:

- A number of perceived barriers were identified in three broad categories (stigma-related, gender-related, knowledge) as reasons why males with a history of military sexual assault who were experiencing trauma-related difficulties may not seek VHA care.
- Most (95%) did not know that specific military sexual assault-related mental health services were offered in the VA or that such services would not involve a copay.
- Regarding the stigma-related barriers, most Veterans endorsed not wanting to talk about problems (65%) or embarrassment/shame (60%) as preventing them from seeking care.
- Of the gender-related barriers, most Veterans endorsed that their preference for a specific gender of practitioner (75%), concerns about detracting from their masculinity (55%), and questions about their sexuality/sexual orientation (45%) prevented them from seeking care.

Implications for Programs:

- Programs could educate families and Service members about the prevalence and impact of military sexual assault.
- Programs could provide information on VHA services available for military sexual assault, as well as information about how to access those services.

Implications for Policies:

- Resources could be allocated to continue to expand outreach and education efforts about the military sexual assault-related services available for Veterans.
- Continued support for intervention services for military sexual assault may be beneficial.

Avenues for Future Research:

- Future research could draw not only from literature on general mental health barriers among Veterans, but also from findings specific to sexual assault victims.
- Further work could focus on identifying factors that facilitate access to care for Veterans who report military sexual assault.
- Additional research could compare barriers between men and women.

Prepared by the Military REACH Team.

For additional information, please visit reachmilitaryfamilies.umn.edu

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Background Information

Methodology:

- VHA administrative data was used to identify male Veterans who screened positive for military sexual trauma, were not receiving any military sexual assault-related care from the VA Palo Alto Health Care System since FY2006, but had received at least one outpatient encounter at that facility in fiscal year 2009-2010.
- Men within 25 miles of the facility were sent mailings inviting them to participate.
- Approximately 45 minute semi-structured interviews were conducted that assessed general demographic and military background, knowledge of services available for military sexual assault, and opinions on two military sexual assault brochures.
- Participants were compensated with a \$40 gift card for their time.
- A grounded theory approach was used for qualitative analysis.

Participants:

- 20 male Veterans, average age=62.2 years (SD=12.85).
- 80% White, 10% Hispanic, 5% Black, 5% Asian/Pacific Islander.
- 45% married, 35% divorced/separated/widowed, 20% never married.
- 60% Army, 20% Marines, 10% Air Force, 10% Navy; 55% Vietnam era, 25% Korean War era, 10% Post Vietnam, 10% Persian Gulf/OIF/OEF; 45% served in combat theater.

Limitations:

- The sample size is small and from only one geographic location; results may not generalize.
- Only men who had not received military sexual assault -related care were interviewed; it is unknown how those who had accessed services would respond.

Assessing Research that Works

Research Design and Sample				Quality Rating:	★ ★ ★
	Excellent (★ ★ ★)	Appropriate (★ ★ ★)	Limited (★ ★ ★)	Questionable (★ ★ ★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods				Quality Rating:	★ ★ ★
	Excellent (★ ★ ★)	Appropriate (★ ★ ★)	Limited (★ ★ ★)	Questionable (★ ★ ★)	
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations				Quality Rating:	★ ★ ★
	Excellent Minor Limitations (★ ★ ★)	Appropriate Few Limitations (★ ★ ★)	Limited Several Limitations (★ ★ ★)	Questionable Many/Severe Limitations (★ ★ ★)	
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implications				Quality Rating:	★ ★ ★
	Excellent (★ ★ ★)	Appropriate (★ ★ ★)	Limited (★ ★ ★)	Questionable (★ ★ ★)	
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Not applicable because authors do not discuss implications					
Overall Quality Rating					★ ★ ★