

Military Sexual Trauma

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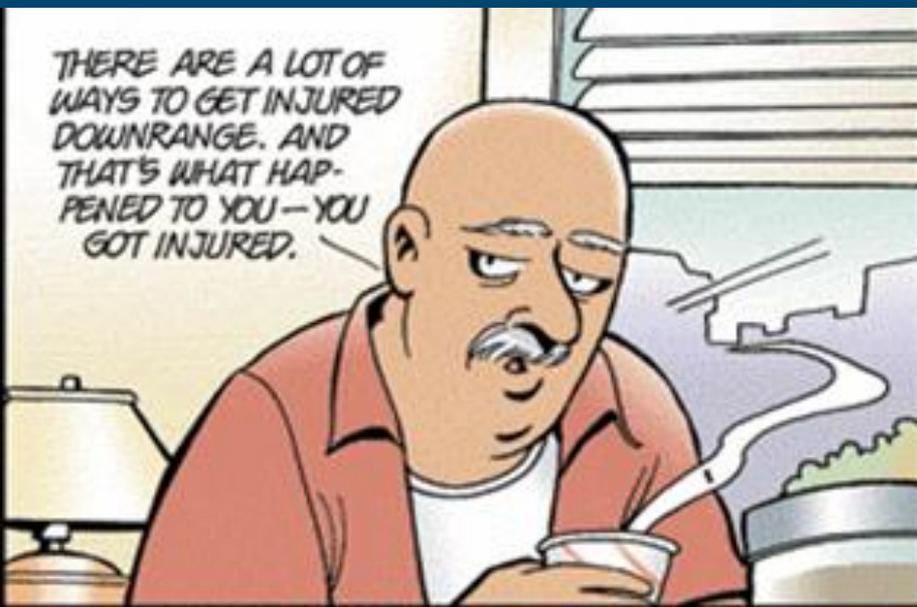
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ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Doonesbury by Garry Trudeau





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What Is Military Sexual Trauma (MST)?

- Definition in Public Law:

“Physical assault of a sexual nature, battery of a sexual nature, or sexual harassment” [“repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character”] that occurred while a veteran was serving on active duty or active duty for training.

Title 38 U.S. Code 1720D

In more simple language, what is MST?

- MST is a term for **sexual assault** or **repeated, threatening sexual harassment** occurring during military service.
- MST is an experience.
MST is not a diagnosis.



Sexual Assault



- Unwanted physical sexual contact
 - Involving some type of coercion
 - e.g., physical force, threats of harm, abuse of authority
 - Or when the victim does not or cannot consent
 - e.g., intoxication, cognitive impairment

Sexual Harassment

- Unwanted sexual experiences that occur in the workplace
 - Create an intimidating, hostile or offensive working environment
 - “Hostile Environment” harassment
 - Or cooperation with behaviors is a condition of employment or is used as the basis for employment decisions
 - “Quid Pro Quo” harassment

How Frequent Are these Experiences During Military Service?

- Difficult to identify exactly how commonly these experiences occur
- Frequency estimates vary substantially across studies
- Differences in prevalence are affected by:
 - The group of people surveyed
 - The time period asked about
 - The wording of the survey questions
 - The participants' beliefs about their anonymity
 - The characteristics of the interviewer and organization sponsoring the survey

How Frequent is MST?

Veterans Health Administration MST Screening Data

	<i>Women</i>	<i>Men</i>
<i>% of All Veteran VHA users with a positive screen for MST</i>	24.3%	1.3%
<i># of Veteran VHA users with a positive screen for MST</i>	77,681	57,856

*Among Veteran users of VHA healthcare;
References anytime during military service

Men and Military Sexual Trauma

- Sexual harassment and assault are sometimes thought of as women's issues
 - Rates of sexual harassment and assault in the military are indeed higher among women
- However, smaller rates for men nonetheless result in a significant absolute number of victimized men, given the ratio of men to women in the military
- In addition, there are ways in which experiences of sexual trauma may be particularly difficult for male survivors

Characteristics of These Experiences

- Most perpetrators are male or groups that include males
 - Endorsed by 98% of women, 78% of men
- Many experiences occur completely or mostly at the military instillation
 - Endorsed by 61% of women, 42% of men
- Many experiences occur completely or mostly during duty hours
 - Endorsed by 62% of women, 46% of men
- Few experiences are reported through official channels
 - Endorsed by 22% of women, 10% of men
- These data are drawn from a survey of Reservists; proportions among other military subgroups are similar

How Does MST Impact Veterans?

- Across a range of studies, Veterans with histories of sexual trauma report:
 - More mental health problems
 - e.g., PTSD, anxiety, depression and substance abuse disorders
 - More physical health problems
 - More problems readjusting after discharge



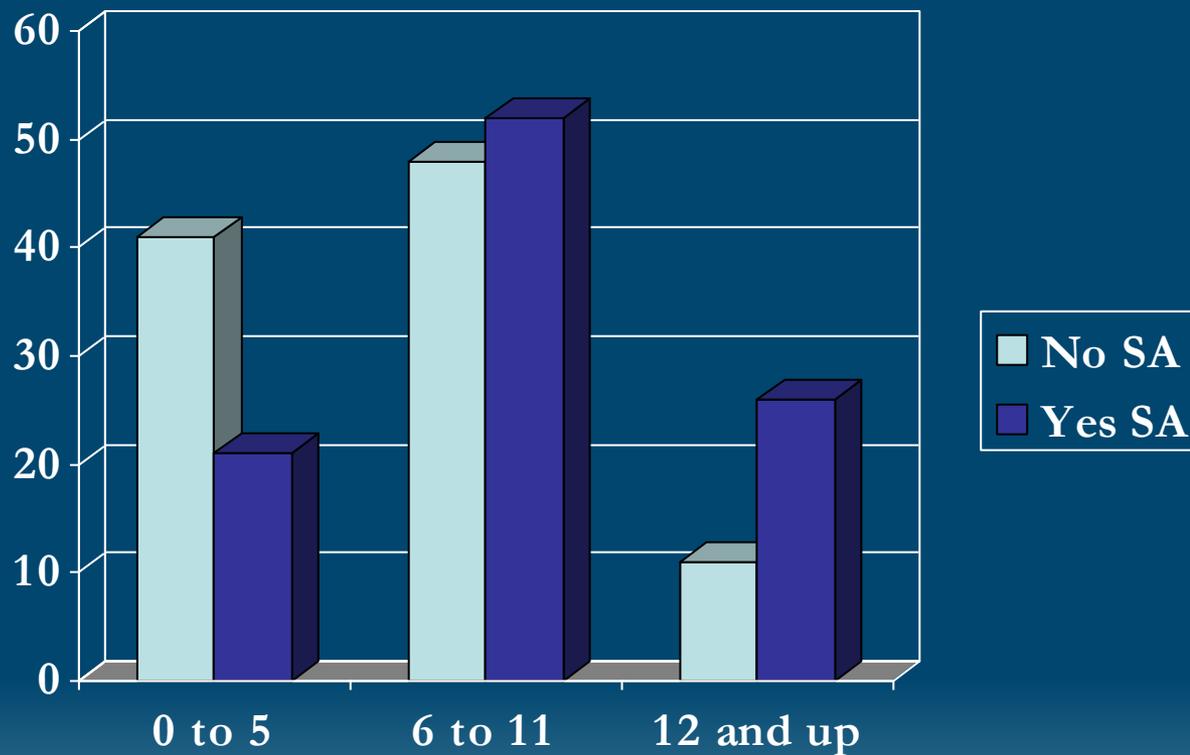
How Does MST Impact Veterans?

- A study of all Veterans using VA healthcare found that Veterans who experienced MST had a **3X increased risk** for receiving a mental health diagnosis
- Most frequently identified diagnoses included:
 - Anxiety disorders, including PTSD
 - Depression
 - Dissociative disorders
 - Eating disorders
 - Bipolar disorders
 - Substance use disorders
 - Personality disorders



How does MST Impact Veterans?

Number of physical symptoms and conditions by reported sexual assault status, among female VA healthcare users



Military Sexual Assault Is a Particularly Severe Stressor

Study of Gulf War Veterans Probability of Developing PTSD

	Sexual Assault	Heavy Combat
Women	5x higher rates	4x higher rates
Men	6x higher rates	4x higher rates

Particularities of the Military Context

- In the military...
 - The victim typically knows the perpetrator
 - The victim is often young
 - Risk is typically ongoing
 - Repeated, continuing exposure to the perpetrator
 - Given military hierarchy, victim may be dependent upon the perpetrator or his/her friends in many areas of life
- Thematic similarities to childhood sexual abuse and domestic violence

Particularities of the Military Context

- In the military...
 - High value is placed upon loyalty and teamwork
 - Taboo to divulge negative information about peers
 - Sexual trauma is that much more incomprehensible to victims
 - High value is placed upon strength and self-sufficiency
 - Reduces social support available, increases likelihood of invalidating responses
 - Being a “victim” conflicts with desired identity
- Increased sense of betrayal, being alone, helplessness, and entrapment

Particularities of the Military Context

- Among OEF/OIF/OND Veterans, there is the possibility of multiple types of trauma exposure
 - Exposure to both sexual trauma and combat trauma likely increases the risk of negative mental health outcomes
 - Sexual trauma is likely to be experienced as even more threatening because of the generalized decreased sense of safety

Particularities of the Military Context

- Veterans who experienced sexual trauma during a combat deployment may struggle with unique readjustment issues:
 - May believe that their experiences are not as “legitimate” as combat trauma experiences
 - May be reluctant to disclose experiences to loved ones or healthcare providers, limiting important opportunities to receive support
 - May believe that treatment programs targeted at returning Veterans will not welcome them

Men and Sexual Trauma

- Data from civilian and military/veteran samples suggest that men may be more impacted than women by experiences of sexual trauma
 - Being a victim of sexual trauma is inconsistent with a traditional masculine identity
 - Men may experience increased shame
 - Men are not prepared to cope with this experience
 - Men more likely to struggle with questions around their sexual orientation
 - Men less likely to disclose these experiences, so less likely to get the help they need

VHA's Response to MST

- VA is legally mandated to provide treatment for conditions related to MST, provide clinical staff with training on MST, and engage in outreach to Veterans about services available
- VHA has also established national policy that:
 - All Veterans seen in VHA must be screened for MST
 - All treatment (including medications) for physical and mental conditions related to MST is free, with no limit on duration
 - Every VHA facility must have a designated MST Coordinator to serve as a point person for MST issues at the facility

VHA Directive 2010-033

Who Should Screen Veterans for Experiences of MST?

- Screening is a clinical procedure and should be done by a licensed professional or someone with appropriate clinical training
- Screening most typically happens as part of standard practice (i.e., history taking) in primary care and mental health clinics
- It is generally not appropriate for health technicians to screen for MST unless they have been trained in how to screen and respond to disclosure
- It is not appropriate to have clerks screen for MST

Care for Sexual Trauma Survivors: Trauma-Informed Care and Trauma-Specific Care

Providing Trauma-Informed Care

- Can improve care provided across all settings
- Reflects an understanding that most people have experienced traumatic life disruptions
- Reflects an understanding that experiences of trauma impact multiple domains of well-being and functioning



Providing Trauma-Informed Care

- Focuses on avoiding experiences that could be perceived as revictimizing
- Designs services that are empowering and promote recovery



Challenges for Trauma Survivors When Seeking Medical Care

- Gender of healthcare provider
- Power dynamics of relationship
- Personal questions that may be embarrassing or distressing
- Invasive procedures
- Physical touch
- Removal of clothing
- Vulnerable physical position
- Loss of privacy

Tips for Providing Trauma-Informed Care

- Everyone who interacts with patients should be educated about trauma
- Regularly screen for a trauma history
- Communicate a sensitivity to trauma issues
- Create a safe and comfortable environment
- Thoughtfully deliver services in a trauma informed manner

Providing Trauma-Specific Care

- Trauma-specific care is typically provided in mental health settings
- Common components:
 - Ensuring current safety
 - Psychoeducation regarding the impact of trauma
 - Normalization of emotional and physical reactions
 - Promote a healthy and positive relationship with treatment provider
 - Promote engagement in treatment

Additional Common Components of Trauma-Specific Care

- Skills building to promote adaptive coping
 - Emotion regulation
 - Distress tolerance
 - Anxiety management
- Habituation to feared, but objectively safe situations
- Habituation to trauma memories
- Building a coherent trauma narrative
- Challenging beliefs that were formed or strengthened by the traumatic experience

Evidence-Based Psychotherapy for PTSD

“Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. ”

American Psychological Association 2005 Policy Statement

- Therapies supported by “gold standard” research evidence
- These therapies are manualized, meaning they come with extensive therapist directions
- Short-term therapies, 10 – 14 sessions
- Cognitive Processing Therapy (CPT); Prolonged Exposure (PE)

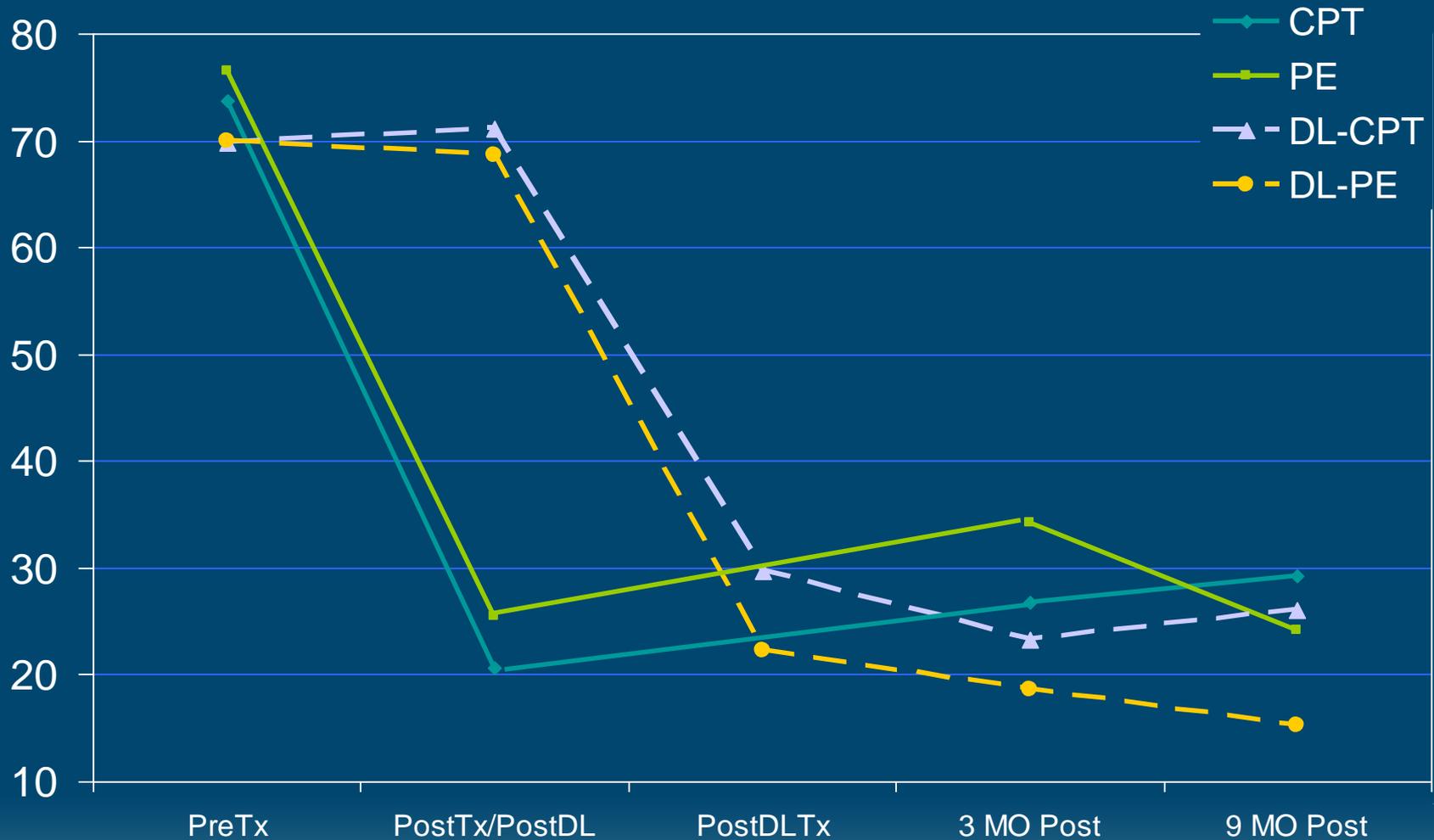
Mental Health Treatment of Conditions Associated with MST

- Treatment of sexual trauma survivors is in many ways similar to treatment of survivors of other forms of trauma exposure
- There are also certain issues that sexual trauma survivors struggle with more than do other trauma survivors

Themes Common in Working With Sexual Trauma Survivors

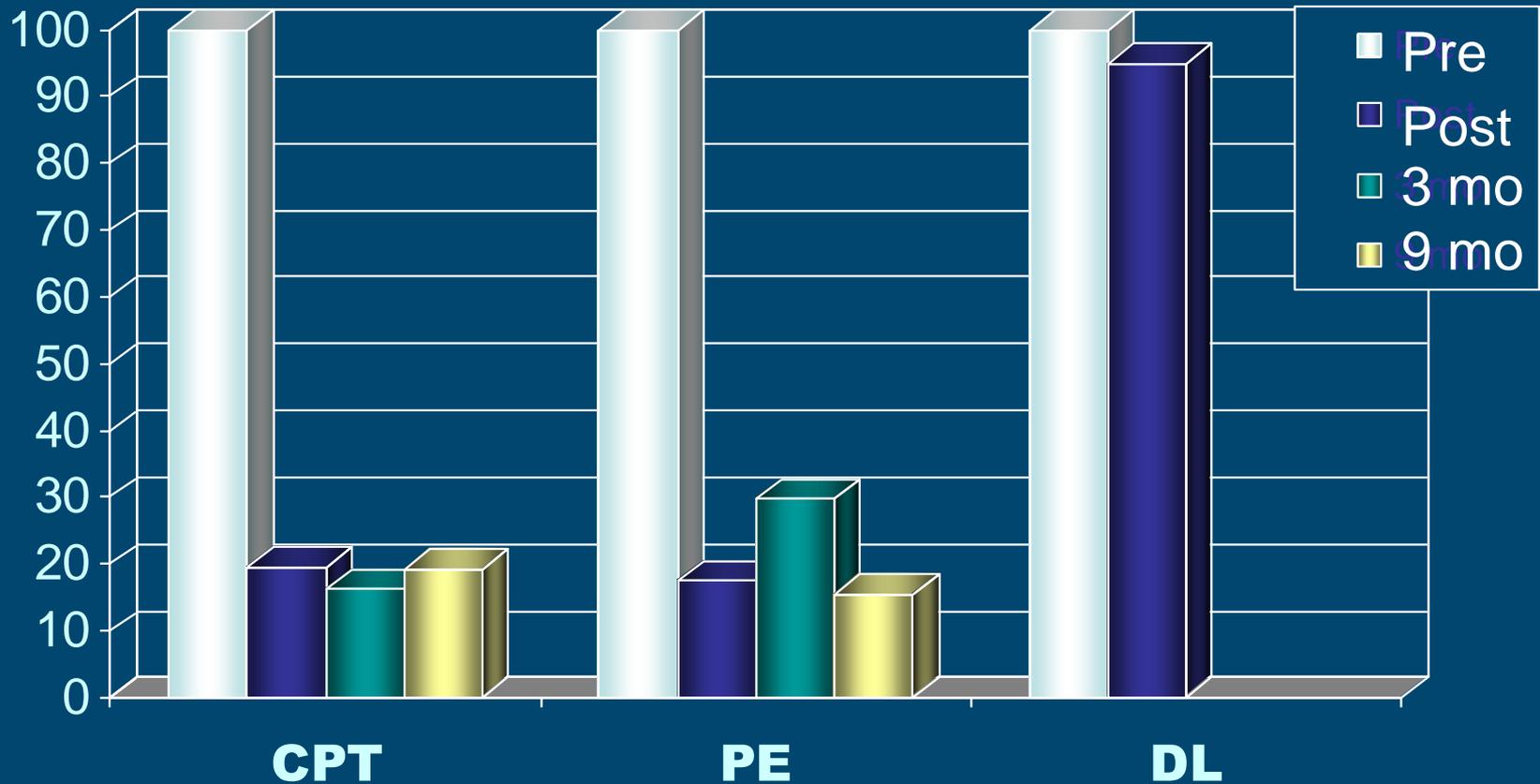
- Relative to other types of trauma sexual trauma is particularly associated with:
 - Feelings of self-blame
 - Difficulties trusting self and others
 - Boundary issues / complex interpersonal interactions
 - Concerns about sexual identity / sexuality / sexual orientation
 - Revictimization
- Multiply traumatized individuals are particularly likely to evidence these types of difficulties

The Impact of Treatment on PTSD Symptoms Among Sexual Assault Survivors



Resick et al. (2002) Journal of Consulting and Clinical Psychology

The Impact of Treatment on PTSD Symptoms Among Sexual Assault Survivors



Evidence Based Psychotherapy for Sexual Assault Survivors

- Developed and studied with multiple samples of sexual assault survivors
- Also appropriate for other traumatized populations
- Most frequently administered as a individual therapy
- Targeted specifically at PTSD symptoms
- These therapies are manualized, meaning they come with extensive therapist directions
- Short-term therapies, 10 – 14 sessions
- Examples are Cognitive Processing Therapy and Prolonged Exposure Therapy

But reducing PTSD symptoms is not the end goal...

- Individuals with reductions in PTSD symptoms are also likely to experience...
 - Improved quality of life
 - Reductions in comorbid conditions like depression or substance abuse
 - Reductions in risk for retraumatization
 - Improved social relationships

Resources & Ways to Learn More

- Your local VAMC's MST Coordinator
- VA Intranet MST Resource Homepage
 - vawww.mst.va.gov
 - Accessible by VA staff
 - Educational handouts for staff
 - Veteran outreach/informational materials
 - List of facility MST Coordinators
- VA Internet website
 - www.mentalhealth.va.gov/msthome.asp
 - Accessible by Veterans



Every person who interacts with Veterans
has the power to help Veterans
recover from MST.

VA Services for Military Sexual Trauma:



Help
Hope
Healing

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