MILITARY SEXUAL TRAUMA

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OBJECTIVES

1. Define Military Sexual Trauma (MST) and understand its prevalence within the female and male military service population.
2. Name and recognize the mental and physical health consequences associated with MST.
3. Identify barriers to assessment and care of MST and strategies to overcome this barrier.
4. Name treatment interventions for survivors of MST with the strongest empirical support.
RELEVANCE TO ‘CIVILIAN-SECTOR’ CLINICIANS

Veterans will be encountered in a variety of military or civilian primary and community care healthcare settings.

(Conard et al., 2013; Miller et al., in press; Rossiter & Smith, 2013)
DEFINING MST

A term used by the VA to refer to:

Experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service.

<table>
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<tr>
<th>Sexual Assault</th>
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<td>Unwanted physical sexual contact involving some type of coercion or when the individual is unable to provide consent.</td>
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<th>Sexual Harassment</th>
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<td>Unwanted sexual experiences that occur in the workplace and create an intimidating, hostile or offensive working environment.</td>
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(Department of Veterans Affairs, 2012; Kelly et al., 2011)
CLARIFYING THE DEFINITION

**MYTH**

- Only women can experience MST
- It has to occur overseas/on deployment
- Vet must have been on duty
- Vet must have been on base
- The perpetrator must be in the military
- The perpetrator must be an officer/person of higher rank

**REALITY**

- Men and Women can experience MST
- Vet could have been on active duty, or active duty for training
- Vet could have been on or off duty
- Vet could have been on or off base
- The identity of the perpetrator does not matter
- The perpetrator may be of any military rank

(Department of Veterans Affairs, 2012)
MST IN THE MILITARY CONTEXT

- Survivor typically knows the perpetrator
- Live & work together
- Survivor is typically younger
- Inadequate access to immediate treatment or care
- Limited social support
- Ongoing risk
- Risk for multiple trauma exposures (OEF/OIF)
- Difficulty in leaving
- Reintegration

(e.g., Conard et al., 2014; Farris et al., 2013)
IMPACT OF MILITARY CULTURE

- Male dominance, achievement, power and hypermasculinity
- High value placed on loyalty and teamwork
- High value placed on strength and self-sufficiency

BETRAYAL, ISOLATION & HELPNESSNESS

(e.g., Burns et al. 2014)
DIFFICULTY IN ASCERTAINING PREVALENCE RATES

- Frequencies typically vary across studies, due to differences in:
  - Definitions
  - Variations in screening methods
  - Assessment measures
  - Population surveyed
  - Setting

Underreporting

(Hoyt et al., 2011; Mullen et al., 2014)
BARRIERS TO REPORTING

It is estimated that as many as 80-90% of MST experiences go unreported (as cited in Burgess et al., 2013).

- Concerns about retaliation
- Military legal system
- Fear of social ostracism
- Embarrassment
- Denial
- Reputation
- Fear for career
- Fear of being blamed
- Fear of not being believed
- Shame

Additional Barriers for Men
- Rape Myths
- Manhood/Masculinity
- Sexual Identity confusion/sexuality

(e.g., Turchik & Wilson, 2010; Turchik & Edwards, 2012)
OVERCOMING BARRIERS TO REPORTING

• **Ask** about military experience and MST
  
  → Keys to facilitating disclosure of MST include being compassionate, being sensitive, being nonjudgmental, and maintaining privacy and confidentiality (Lineberry, Bostwick, Ramaswamy, & Rundell, 2006).

• **Males & MST** → Enhance knowledge & understanding of their unique experiences

  Hoyt et al. (2011)
  Morris et al. (2013)
  Turchik et al. (2013)
Prevalence in Service Women

In 2012 Fiscal Year:
- 203,000 active duty
- 12,100 endured sexual assault

Veterans to VA provider:
- 77,681

6% (DoD, 2013)
24.3% (Department of VA, 2014)
In 2012 Fiscal Year:

1.2 million active duty

13,900

endured sexual assault

(DoD, 2013)

57,856

Veterans to VA provider

(Department of VA, 2014)

1.1%
MENTAL HEALTH CONSEQUENCES

• PTSD
• Depression
• Anxiety Disorders
• Eating Disorders
• Dissociative Disorders
• Personality Disorders
• Bipolar Disorders
• Insomnia
• Suicidality

Three times increased risk for mental health diagnosis.

(Kimerling et al., 2007; Kimerling et al., 2010)
PHYSICAL HEALTH CONSEQUENCES

- Chronic pain/Lower back pain
- Obesity
- Heart rate variability
- Gynecologic problems (women)
- Pelvic pain
- GI pain/symptoms
- Sexual dysfunction
- Chronic fatigue
- AIDS (men)

(Suris & Lind, 2008)
ADDITIONAL CONSEQUENCES

- Impaired interpersonal functioning
- Employment problems
- Impact on parenting
- Reintegration difficulties
- Homelessness

(e.g., Kelly et al., 2011)
TREATMENT & MST

MST → Higher risk for PTSD than civilian sexual assault

9X

COGNITIVE PROCESSING THERAPY (CPT)
PROLONGED EXPOSURE (PE)

(Mullen et al., 2014; Rauch et al., 2009; Suris et al., 2013)
BARRIERS TO TREATMENT

- Organizational barriers
- Stigma-related
- Gender-related
- Knowledge-related

Vets may not always seek services through VHA

(Miller et al., in press; Turchik et al., 2013)
BRIDGING THE GAP: RELEVANCE TO CLINICIANS

Veterans will be encountered in a variety of military or civilian primary and community care healthcare settings (e.g., Conard et al., 2013).

Prompt identification and treatment of MST is imperative to decrease deleterious health consequences.
BRIDGING THE GAP: IMPLICATIONS FOR CLINICIANS

1. Seek additional education on Military Culture

http://www.deploymentpsych.org/online-courses/military-culture

http://www.deploymentpsych.org/military-culture-resources

http://www(ptsd.va.gov/professional/continuing_ed/military_culture.asp
BRIDGING THE GAP: IMPLICATIONS FOR CLINICIANS

2. Know of providers in the area/become provider: CPT & PE

Tulsa Vet Center
14002 E. 21st Street, Suite 200
Tulsa, Oklahoma 74134-1412
Phone: (918) 628-2760

Ernest Childers VA Outpatient Clinic (Tulsa)
9322 East 41st St, Tulsa, OK 74145
Phone: (918) 628-2500

Tulsa Behavioral Medicine Service
10159 E 11th Street, Tulsa, OK 74128
Phone: 918-610-2000 Or 866-398-5033

CPT
https://cpt.musc.edu/
http://cptforptsd.com/

PE
http://www.deploymentpsych.org/online-courses/pe
3. Know additional **resources** available for MST survivors

- **Safe Helpline**
  Anonymous support for survivors in the military – safehelpine.org or 877-995-5427

- **VA Women Veterans Call Center**
  I-855-VA-WOMEN

- **Online Chat Room for Survivors of MST**
  [http://www.sapr.mil](http://www.sapr.mil)

- **MST Home Website - VA**
CLOSING: OBJECTIVES REVISITED

1. Defined Military Sexual Trauma (MST) and reviewed its prevalence within the female and male veteran population.
2. Named the mental and physical health consequences associated with MST.
3. Identified barriers to assessment and care of MST and 1 strategy to overcome this barrier.
4. Named treatment interventions for survivors of MST with the strongest empirical support.

orgs.utulsa.edu/titan
QUESTIONS?
References

References