

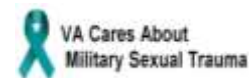


# Military Sexual Trauma: What Civilian Providers Need to Know

Presentation for the  
Association of American Medical Colleges' Joining Forces Wellness Week

Margret Bell, PhD  
Department of Veterans Affairs National MST Support Team

November 14, 2013



**VA** HEALTH CARE | Defining **EXCELLENCE** in the 21st Century

# What is Military Sexual Trauma (MST)?

- VA's definition of MST comes from federal law but in general is sexual assault or repeated, threatening sexual harassment that occurred during a Veteran's military service
  - Can occur on or off base, while a Veteran was on or off duty
  - Perpetrator identity does not matter
- MST is an experience, not a diagnosis

# What is MST?

- Any sort of sexual activity in which someone is involved against his or her will
- Someone may be:
  - Physically forced into participation
  - Unable to consent to sexual activities (e.g., intoxicated)
  - Pressured into sexual activities (e.g., with threats of consequences or promises of rewards)
- Can involve things such as:
  - Threatening, offensive remarks about a person's body or sexual activities
  - Threatening and unwelcome sexual advances
  - Unwanted touching or grabbing
  - Oral sex, anal sex, sexual penetration with an object and/or sexual intercourse
- Compliance does not mean consent

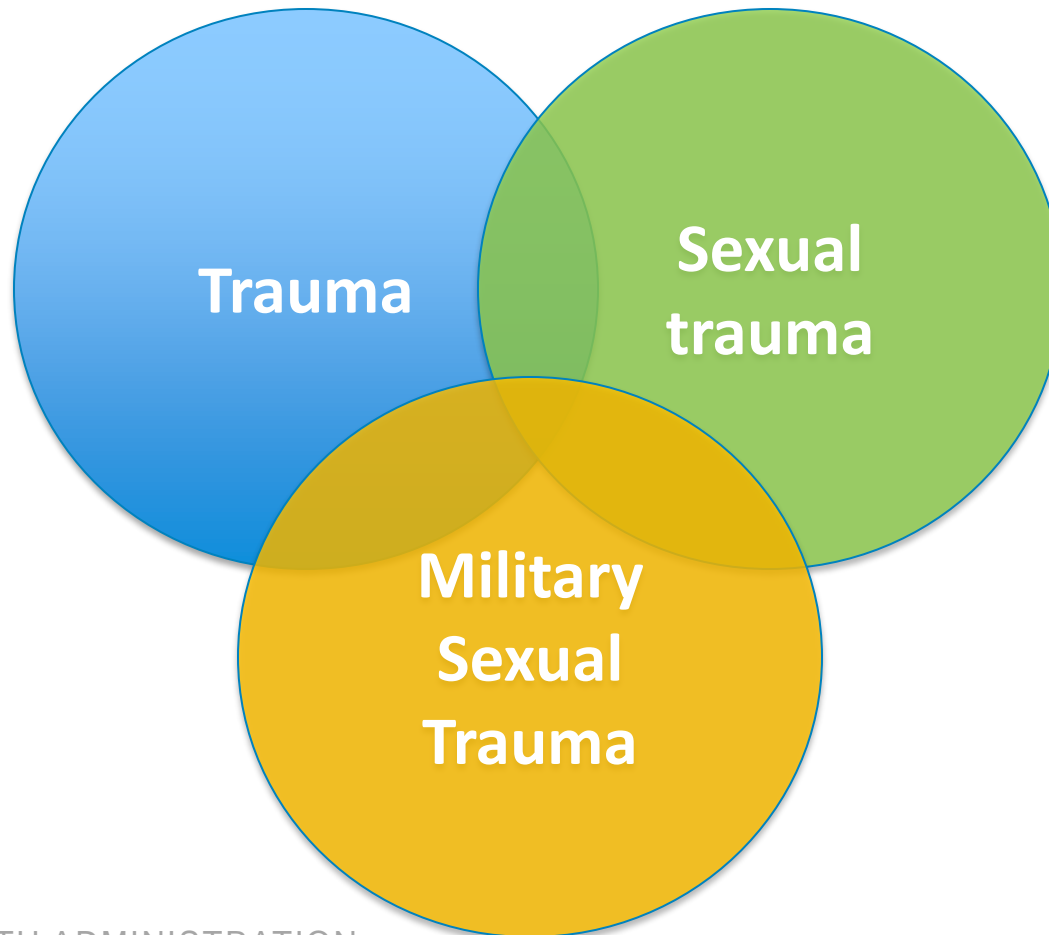
# Why a Session on MST for Medical Providers?

- MST is associated with both mental health and physical health problems
- An MST history can affect patients' reactions to certain procedures and to the patient-provider relationship
- Attention to underlying trauma-related issues can help:
  - Improve the health and well-being of patients
  - Ensure care is tailored to a patient's unique needs
  - Facilitate a stronger and more effective patient-provider relationship
- You don't need to be a mental health provider to help Veterans recover from MST

# Today's Agenda

- Prevalence
- Impact
- What you can do
- Ways to learn more
- Information about VA services

# Focus for Today





# The Problem

## How Common is MST?

- This can be difficult to know, as sexual trauma is frequently underreported
- When screened as part of the Veterans Health Administration's (VHA) universal screening program, about 1 in 5 women and 1 in 100 men tell their VHA health care provider that they experienced sexual trauma in the military
  - These data speak only to the rate among Veterans who have chosen to seek VA health care
  - Because MST is an experience, not a diagnosis, these data cannot address what percent of those who screened positive need or want treatment
- Although women experience MST in higher proportions than do men, because of the large number of men in the military there are significant numbers of men and women seen in VA who have experienced MST



# Impact

- People are remarkably resilient after experiencing trauma
- There is no one way that Veterans respond to MST
  - Many cope quite well and recover without professional help
  - Some continue to have difficulties at times or strong reactions to certain situations
  - Some experience more profound or longer-term problems
    - May be particularly likely for multiply traumatized Veterans
    - Veterans of Iraq and Afghanistan may have relatively recent MST experiences, making their distress perhaps more acute

# Common Mental Health Diagnoses

- Among users of VA health care, the mental health diagnoses most commonly associated with MST are:
  - PTSD
  - Depressive Disorders
  - Anxiety Disorders
  - Bipolar Disorders
  - Drug and Alcohol Use Disorders
  - Schizophrenia and Psychoses
- Other mental health diagnoses common among sexual trauma survivors more generally include:
  - Eating Disorders
  - Dissociative Disorders
  - Somatization Disorder

# Common Symptoms and Problems

- Extremes of emotion and emotional lability
- Emotional disengagement or flatness
- Difficulties with attention, concentration, and memory
- Re-experiencing and strong reactions to reminders
- Hypervigilance
- Trouble sleeping, nightmares
- Suicidal thoughts or behavior
- Self-harm
- Drinking and drug use
- Disordered eating
- Dissociation
- Sexual dysfunction

# Common Symptoms and Problems

- Difficulties in core areas of functioning and well-being
  - Interpersonal difficulties or avoidance of relationships
  - Difficulties getting and maintaining employment
  - Difficulties with school
  - Difficulties with parenting
  - Difficulties with identity and sense of self
  - Spirituality issues/crisis of faith
- Homelessness

# Common Physical Health Problems

- Among users of VA health care, the physical health diagnoses most commonly associated with MST are:
  - Liver disease
  - Chronic pulmonary disease
  - Chronic pain (e.g., lower back pain, headaches)
  - Gastrointestinal problems (e.g., Irritable Bowel Syndrome)
  - Gynecological problems (e.g., menstrual disorders, pelvic pain)
  - *Women:* Obesity, weight loss, hypothyroidism
  - *Men:* AIDS

# Potential Mechanisms for Physical Health Problems

- Lower threshold for reporting symptoms
- Higher rates of somatization disorders
  - However, these mechanisms do not explain higher rates of diagnosed medical conditions among Veterans who experienced MST
- Direct health effects
  - Physical injuries, pregnancy, sexually transmitted infections or other health problems may be a direct result of MST
- Indirect mechanisms
  - Individuals with histories of sexual trauma may engage in behaviors that can lead to future health problems (e.g., smoking, substance use)
- Physiologic mechanisms
  - Trauma-related neuroendocrine changes can contribute to health problems

## Scenes from a Medical Provider's Office

- When you discuss the need for a colonoscopy, David becomes very physically agitated and withdrawn. He starts downplaying his symptoms and says he's just not sure he has time for all these appointments right now.
- Jean always jumps a little when you touch her and has an elevated heart rate throughout your appointment. She seems to have a particularly hard time in the small exam rooms at your facility.
- Shawn only calls your office when a problem has reached crisis levels.
- Tomika has managed to avoid a gynecological exam for the past 5 years. When you finally convince her to have one, she cancels the appointment at the last minute and never comes back.
- Andre's anxiety is so high during routine dental exams that he needs to be sedated. He insists on having a female dentist.
- During appointments, Joanne will sometimes burst into tears or abruptly become angry. Other times, she seems to "check out" and stare off into space.
- Others?

# How Trauma Changes People

- Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> ed.) definition of trauma:
  - Exposure to actual or threatened death, serious injury, or sexual violence
- Another way to think about what it means to experience psychological trauma:
  - Parallel to physical trauma: “A serious injury or shock to the body”
  - Often incomprehensible
  - Often shatters previously held beliefs
  - Impacts physiology, emotional equilibrium, and cognitive approach to the world



## Not All Traumas Are Created Equal

- Research has shown that sexual assault is more likely to result in symptoms of PTSD than are most other types of trauma, including combat
- Research also suggests that sexual assault in the military may be more strongly associated with PTSD and other health consequences than is civilian sexual assault

## Factors to Consider

- MST is an interpersonal trauma
- MST may be ongoing over time
- Social support is often limited at the time and afterwards
- MST challenges Servicemembers' socialization and values
- Sexual trauma has certain societal messages and meanings associated with it
- Servicemembers are often young at the time of their experiences
- MST intersects with any other experiences of trauma a Servicemember may have had

## Overall...

- A sexual trauma history creates dilemmas for survivors
  - Whether to trust others, when you know that even friends and “family” may prove untrustworthy
  - Whether to trust yourself, when you know the consequences of being wrong
  - Whether to form relationships and get your needs for connection met, when you know how severely others could hurt you
  - How to reconcile experiences of MST with the ideals that may have led you to join the military
  - Whether to prioritize safety or freedom

# A Helpful Lens

- Managing these dilemmas can sometimes lead to confusing behavior
  - Veterans themselves sometimes feel like they are going “crazy”
- However, confusing behavior often turns out to follow a logic or be serving a self-protective function if you look more closely
  - Behavior/way of thinking may represent the Veteran’s best efforts to deal with (overwhelming) uncharted territory and to meet basic needs
  - Behavior/way of thinking may have allowed the Veteran to survive at the time of traumatic experiences and is now persisting into other contexts

## Examples of Looking for the Underlying Logic

- **“Avoidance”** may provide escape from pain or something difficult, at least in the immediate moment
- **Downplaying symptoms** or **avoiding help-seeking** can be a way to avoid feeling weak or vulnerable, and/or reflect difficulties trusting others
- **Difficulties trusting oneself or others** may be an attempt to prevent bad things from happening again and/or reflect self-blame
- **Self-blame** may be a way to avoid confronting the ways in which we are helpless and vulnerable – and that the perpetrator had intent
- **Angry or aggressive outbursts** may be an attempt to keep others at arms length and/or a response to perceived threat
- **Physical agitation** can reflect a readiness for “fight or flight”

# The Good News

- There are often healthy, normal needs driving these difficulties:
  - The need to cope and manage symptoms
  - The need to feel in control
  - The need to feel safe
  - The need to understand and find meaning in events
- And there are ways to get these needs met that may interfere less with living the life a Veteran wants



**What can you do?**

# Screen for MST

- VA screens all Veterans for experiences of MST
  - Most patients do not disclose a trauma history unless asked directly
  - Studies have consistently shown that most sexual trauma survivors favor routine screening for sexual trauma and other forms of interpersonal violence
- In screening for MST, use the same principles you would to screen sensitively for intimate partner violence or other forms of trauma
- Be sensitive to barriers to disclosure
  - Shame or self-blame
  - Fear of becoming emotionally overwhelmed
  - Societal stigma associated with sexual trauma, especially for men
  - Unsupportive and/or blaming responses to previous disclosures



# Screening for MST

## *How to Ask*

- Establish a comfortable climate for disclosure
  - No interruptions, private setting
  - Nonjudgmental stance, unhurried speech, good eye contact
- Normalize the process
  - Provide a rationale for asking or include questions in a broader discussion of military experiences or social history
  - This helps reduce the likelihood that the Veteran will think the provider has noticed something unusual about him/her
- Ask the question
  - Avoid jargon (rape; assault) or negative questioning (“nothing like that has happened to you, right?”)
  - Use behaviorally-based language

# Screening for MST

## *How to Ask*

*“Many of the Veterans I’ve worked with have had upsetting experiences in their lives that may still bother them today. These experiences can have an impact on a Veteran’s health, sometimes even many years later, so it is important for health care providers to be aware of these experiences.*

*Because of this, I’d like to ask whether you received any unwanted, threatening, or repeated sexual attention while you were in the military? For example, touching, cornering, pressure for sexual favors, or inappropriate verbal remarks? Or, while you were in the military, did you have sexual contact against your will or when you were unable to say “no” – for example, because you were forced or threatened, or to avoid other consequences?”*

# Screening for MST

## *Another Way to Ask*

- Because rates of childhood and adult sexual trauma are high among Veterans, it's also good practice to ask about civilian experiences of sexual trauma
- Depending on the flow of your interview, it may be best to ask about sexually traumatic experiences in general, and then follow up with more specific questions about MST.
  - *“Many of the Veterans I’ve worked with have had upsetting experiences in their lives that may still bother them today. Things like being forced or pressured into having sex or being touched in a sexual way that made them uncomfortable. Did any of these experiences ever happen to you, either during your military service or in your civilian life?”*

# Screening for MST

## *Veteran Responses*

- Responses to “no”
  - A Veteran’s “no” may be a genuine “no”
  - In case it is not, leave the door open for future disclosure: *“I’m glad to hear that. I asked because unfortunately, some Veterans do have those sorts of experiences. There are services available to help though, so I wanted to make sure to talk to you about those resources if they were relevant.”*
- Responses to “yes”
  - You may be the first person the Veteran has ever told about his or her experiences. An empathic, supportive response has the power to be tremendously healing
    - Stop what you’re doing
    - Sit and “witness” disclosure without problem-solving immediately
    - Monitor your body position, eye contact, facial expressions, and tone of voice
    - Follow the Veteran’s lead, but it’s okay to shape the conversation to focus on current functioning and treatment needs

# Screening for MST

## *Follow-Up to Disclosure*

- Provide validation and empathy: *“I’m sorry that happened to you.”*
- Provide education and normalization: *“Many Veterans have had experiences like yours and for some, it can continue to affect them even many years later. People can recover, however.”*
- Assess current difficulties: *“How much does this continue to affect your daily life today? In what ways?”*
- Assess support: *“Have you ever been able to talk to anyone about this before?”*

# Screening for MST

## *Follow-Up to Disclosure*

- Assess implications for care: *“How do you think this might affect our work together? Are there things I should keep in mind or do differently?”*
- Consider a referral: *“I’m so glad you felt able to share this with me and we should keep talking about how this may affect your health or medical treatment. I can also refer you to one of our mental health providers, if you think it’d be helpful to talk to someone in more depth about how this is impacting you more generally.”*
  - Suggest VA as an option: *“We could also look into the services available at the VA. VA uses the term “military sexual trauma” or “MST” to refer to what you experienced and I know that every VA health care facility has free care for physical and mental health conditions related to MST. You don’t need any documentation to receive this care and in fact, some Veterans may be able to receive this care even if they are not eligible for other VA services.”*
  - Not everyone needs counseling: *“If you ever change your mind and want to speak to someone, just let me know.”*

# Be Watchful for Trauma-Related Difficulties

- Given the health and psychosocial difficulties associated with having an interpersonal trauma history, it's important to watch for signs of difficulties in the areas reviewed previously
- Given the risk issues involved, it's particularly important to keep an eye out for:
  - Mental health difficulties
  - Suicidal thoughts or behavior
  - Disordered eating
  - Self-harm behavior
  - Risky health behaviors
  - Experiences of revictimization
- Consultation with mental health colleagues may be helpful in identifying when a referral may be appropriate

## Be Prepared to Adapt Care

- Interactions with health care providers can be complicated for Veterans who experienced MST because the patient-provider relationship can resemble some aspects of the victim-perpetrator relationship
  - Power differential
  - Being in physical pain
  - Physical exposure and touching of intimate body parts
  - Feeling a lack of control over the situation
- Physical exams and medical procedures may be difficult as well
  - Physically intrusive
  - Can re-create some of the physical sensations a Veteran experienced at the time of the sexual trauma



# Be Prepared to Adapt Care

- The following may be particularly likely to cause distress:
  - Pelvic exams and pap smears
  - Endoscopies and other invasive procedures
  - Dental exams
  - Rectal exams and colonoscopies
  - Urological exams
  - Breast exams and mammograms
  - Funduscopy exams
  - Exams that involve standing behind the patient or leaning over him/her
  - Procedures that require physical restraint, confinement, or sedation

# Be Prepared to Adapt Care

- Fortunately, there are simple changes you can make that can reduce patient distress and strengthen the patient-provider relationship
- Key principles include finding ways to:
  - Restore the patient's sense of control
  - Reduce the power differential between yourself and the patient (in ways consistent with appropriate professional boundaries)
- For example:
  - Whenever possible, have conversations while the patient is dressed
  - Sit at the same level as the patient, preferably without a desk in between you
  - Make eye contact
  - Give the patient options and choices whenever possible
  - Be transparent, explaining your reasoning for choosing or suggesting certain courses of action
  - View the patient as an expert on his/her own body and functioning; attend carefully to his/her identified concerns

# Managing Reactions to Exams and Procedures

- Anticipate and prepare
  - Explain that it is not unusual for trauma survivors to have strong reactions to certain procedures
  - Describe the procedure and ask the patient what he/she anticipates will be the most difficult part
  - Brainstorm with the patient about coping strategies
    - Seeing the procedure room in advance
    - Having a chaperone or family member present
    - Sedation or pain medication, if appropriate
    - Distraction (e.g., headphones, focused breathing, discussion of pleasant event)
    - Things that have worked in the past

# Managing Reactions to Exams and Procedures

- Ensure the patient feels in control
  - Ask permission before touching
  - Let the patient know you will stop if he/she asks
  - Keep a running commentary of what you are doing and about to do
    - “Okay, as you can see I am picking up an instrument now. This is for looking in your ears; it shouldn’t hurt. I am going to move close to you and briefly touch your ears while I am looking in your inner ear. Is that okay?”*
- Periodically ask how he/she is doing
- Respect reactions
  - Respect the patient’s subjective experience, even if it seems extreme given the objective circumstances
  - Never ignore or dismiss a patient’s request or expression of distress

# Handling Strong Reactions

- Despite the best preparations, they will be times when patients have strong reactions to patient-provider interactions or exams/procedures
- At these times, it can be helpful to:
  - Listen empathically, acknowledging the patient's distress
  - Apologize, if appropriate
  - Explain the reasoning behind your behavior
  - Think about the reaction as likely due to feelings of helplessness, of vulnerability, or of being unsafe
  - Explore with the patient what you can do to restore his/her feeling of being in control

# Handling Strong Reactions

- When a Veteran has a strong reaction during a procedure, it may help to assist him/her in “grounding” him/herself
  - Call his/her name in your normal speaking voice: “[Name], are you still here with me?”
  - Ask him/her to focus on sensations: “Can you feel your feet on the floor? Good. Now how about focusing your attention on the sensation of sitting in your chair...”
- Avoid:
  - Touching the patient without his/her consent
  - Moving closer or “invading his/her space”
  - Making loud noises (e.g., hand clap, finger snap)

# Attend to Your Needs

- Working with trauma survivors can be both rewarding and intense, and it's normal for providers to have strong reactions to certain interactions
- It's important to attend to your own reactions and needs; if you don't take care of yourself, you'll be less effective in assisting others
- Specifically:
  - Seek support
    - Informally: seek consultation from colleagues
    - Formally: adopt a team approach to assist in care coordination
  - Manage your stress level
    - Exercise, eat properly, take time off, find enjoyable hobbies, create a balanced life
    - Set boundaries – accept that you can only do so much

## Ways to Learn More

- One excellent resource on providing medical care to sexual trauma survivors:  
Health Canada's Family Violence Prevention Unit's *Handbook on Sensitive Practice for Health Professionals: Lessons from Women Survivors of Childhood Sexual Abuse*  
[http://www.womensweb.ca/violence/incest/pdf/handbook\\_e.pdf](http://www.womensweb.ca/violence/incest/pdf/handbook_e.pdf)
- VA providers with access to the VA intranet can visit the MST Resource Homepage  
[vaww.mst.va.gov](http://vaww.mst.va.gov)
- Veterans and non-VA providers can visit VA's internet site  
[www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp)
- Make The Connection and AboutFace websites have Veterans' stories of recovery  
[www.maketheconnection.net](http://www.maketheconnection.net)  
[www.ptsd.va.gov/aboutface](http://www.ptsd.va.gov/aboutface)



# VA's MST-Related Services


- VA provides free care (including medications) for all physical and mental health conditions related to MST
- Service connection is not required
  - Treatment is independent of the VA disability claims process
  - Veterans do not need to have reported the MST at the time or have other documentation
- Veterans may be able to receive free MST-related care even if they're not eligible for other VA care
  - There are no length of service or income requirements to receive MST-related care
- Every VA health care facility has an MST Coordinator
  - Good point of contact for assistance in getting Veterans into MST-related care or for answering any questions about local services

# VA's MST-Related Services

- Every VA medical center provides MST-related mental health outpatient services
  - Formal psychological assessment and evaluation, psychiatry, and individual and group psychotherapy
  - Specialty services to target problems such as posttraumatic stress disorder, substance use, depression, and homelessness
- Many VHA facilities have specialized outpatient treatment teams or clinics focusing explicitly on sexual trauma
- Community-based Vet Centers provide MST-related counseling
- For Veterans who need more intense treatment and support, VA has specialized residential and inpatient programs available

# Accessing VA's MST-Related Services

- Veterans can:
  - Ask their existing VA health care provider for a referral for MST services
  - Contact the MST Coordinator at their local VHA facility
  - Contact their local Vet Center
- Veterans who were deployed to Iraq or Afghanistan can also contact the OEF/OIF/OND Coordinator at their local VA facility
- Information about services and how to access care is available at:
  - [www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp)
  - VA's general information hotline (1-800-827-1000)



Thank you for your commitment  
to assisting our Veterans!

Contact information:

Margret Bell, PhD

[margret.bell@va.gov](mailto:margret.bell@va.gov) (note the unusual spelling of Marg(a)ret)