

# Military Sexual Trauma

Susan Thompson, LICSW  
MST Program Coordinator  
VA Healthcare System

# What is MST?

- VA term for **sexual assault** or **sexual harassment** occurring during military service
  - *MST can occur on or off base, while a Veteran was on or off duty*
  - *Perpetrators can be men or women, military personnel or civilians, superiors or subordinates in the chain of command, strangers, friends, or intimate partners*
  - *Veterans from all eras of service have reported experiencing MST*

**Sexual Assault:** Any sort of sexual activity in which someone is involved against his or her will

- Occurs when someone is:
  - Coerced
  - Not capable of consenting
  - Physically forced into participation
- Can involve unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object, and/or sexual intercourse

**Sexual Harassment:** repeated, unsolicited, and threatening verbal or physical contact of a sexual nature

■ **Examples include:**

- Implied faster promotions or better treatment in exchange for being sexually cooperative
- Implied negative consequences for refusing to be sexually cooperative
- Unwanted sexual attention such as touching, cornering, pressuring for sexual favors, or inappropriate verbal remarks
- Persistent teasing or degrading comments or actions regarding victim's sexual orientation or perceived sexual orientation



# Every Veteran is Screened for MST

*We ask two questions:*

- *1. When you were in the military, did you ever receive unwanted, threatening, or repeated sexual attention (for example, touching, cornering, pressure for sexual favors, or inappropriate verbal remarks, etc...)?*
- *2. When you were in the military, did you have sexual contact against your will or when you were unable to say no (for example, after being forced or threatened or to avoid other consequences)?*

If the veteran says “yes” to one or both questions, it is considered a positive screen for MST.

# At the Fargo VA

In 2015:

- 14 new veterans every month screened positive for military sexual trauma
- 44% male, 56% female

# Worth Remembering

- Out of every 100 male veterans, 1 of them is a survivor of military sexual trauma, possibly rape
- Out of every 100 female veterans, the odds are that 25 of them survived rape or sexual assault while serving in the military, and 80 or more of them were victims of sexual harassment
- Some studies estimate that 35-40 out of every 100 female veterans are also survivors of childhood sexual abuse

# MST and Medical Comorbidity

*Common physical symptoms of female sexual trauma survivors:*

- Diabetes
- Chronic pain
- Gastrointestinal Disorders
- Gynecological Problems
- Asthma and other respiratory problems
- Dissociation/memory loss
- Non-specific immune-system disorders
  - (Chronic Fatigue Syndrome, Lupus, Fibromyalgia)

# MST and Medical Comorbidity

*Male survivors of sexual trauma may display:*

- Alcohol/drug abuse
- High risk behaviors (e.g., dangerous sports)
- Confusion over sexual identity
- Feeling inadequate as men
- Social isolation, lack of male friends
- Hyper sexuality
- Hyper masculinity (macho or homophobic posturing)
- Feeling a sense of loss of power, control, and self-confidence

# MST and Medical Comorbidity

## *Increased health risks:*

- Substance abuse
- Eating disorders/obesity
- Transmitting or acquiring HIV
- Sleep disturbance, poor sleep hygiene
- Poor compliance with treatment
- Poor self-care
- Self-mutilation/Suicidal ideation or attempts

# MST and PTSD

- 50-60% of all rape survivors develop PTSD sometime during their lifetime
- PTSD may develop many years after a trauma and may be triggered by an unrelated stressor
- Men are twice as likely to develop PTSD after sexual assault as after combat trauma

# Physical Changes following Trauma

## *Increased*

- HPA axis neg.feedback  
(controls reactions to stress and regulates many body processes, including digestion, the immune system, mood and emotions, sexuality, and energy storage and expenditure)
- Heart rate/blood pressure
- REM Density
- Physiological responses
- Neurological abnormalities within:
  - Amygdala
  - Prefrontal cortex
  - Limbic system
  - Corpus callosum

## *Decreased*

- Blood and urinary cortisol
- Platelet serotonin uptake
- Platelet MAO activity
- Hippocampal volume
- P1,P2,P3 event-related responses
- Immune system function



# Why can MST be so toxic?

- Military culture may compound feelings of helplessness, isolation, and betrayal
  - A high value is placed upon loyalty and teamwork
  - A high value is placed upon strength and self-sufficiency

# Sexual trauma in the military context:

- MST occurs where the victim lives and works
  - Increased feelings of powerlessness
  - Ongoing risk for revictimization
  - Need to rely on perpetrators for basic needs
  - Disruption of career goals
  - Threat of death is real
  
- Typically considered to be a “complex trauma”
  - Ongoing over a period of time
  - Involves interpersonal victimization by a known perpetrator
  - Occurs early in development

→ Experiences that are even more psychologically destructive than “simple” traumas

# Recovery:

- Typically involves a mix of skill-building (stabilization) and trauma processing (exposure) work
  - Stages:
    1. Establishing safety
    2. Remembering and mourning
    3. Reconnection and meaning-making
- Talking to someone may help, even if the veteran doesn't need ongoing therapy or isn't ready to confront the memories

# “First, Do No Harm”

## Response of Others to Sexual Assault

### ■ *Helpful Responses*

- Respect
- Empathy
- Support
- Veteran's perceptions accepted
- Education
- Triage – assess safety

### ■ *Harmful Responses*

- Disbelief
- Distancing
- Attributing assault to victim behavior
- Trivializing emotional reactions
- Encouraging forgetting
- Ridicule or harassment
- Prejudicial assumptions

# Medical Exams

Survivors of sexual trauma have difficulty with a range of medical examinations and tests due to:

1. the intrusive nature of the tests
2. the requirement that the survivor trust and be vulnerable

# PTSD Triggers

- Service providers can inadvertently trigger PTSD responses by:
  - Looking or sounding like the perpetrator
  - Being the same gender as the perpetrator and alone with the veteran
  - Ignoring or dismissing a veteran's request or expression of distress
  - Taking the veteran by surprise, not explaining actions in advance

The compassion and sensitivity that a service provider shows to a survivor of trauma can have a significant bearing on whether or not the veteran receives adequate, timely, and appropriate medical and mental health treatment.

Interviews that trigger strong emotional reactions or flashbacks can increase the veteran's level of fear and anxiety, which can result in:

- the veteran refusing needed services
- a rift in the provider/veteran relationship
- incomplete or inaccurate information gathered



## *Cues that the veteran may be experiencing PTSD symptoms:*

- appears highly anxious, agitated, or “jumpy”
- appears tearful or cries during interview with no obvious cause
- withdraws, becomes very quiet, or “frozen”
- minimizes symptoms
- cancels appointments or will not commit to ongoing services

# Trust

- Sexual assault is often perpetrated by someone the veteran knew or trusted
- Trust in others, particularly authority figures, develops very slowly and is easily broken
- Veterans who have issues with trust may refuse services, change providers frequently, or appear highly defensive

# Secrecy

- Sexual assault is usually perpetrated in an atmosphere of extreme secrecy, often including threats of retaliation if the victim reports the assault. Some military personnel who reported their assaults were told by command to keep it a secret.
- Veterans who have issues with secrecy may balk at signing releases of information, or may withhold information about history, current circumstances, or even symptoms.

# Shame

- Sexual assault very often produces deep feelings of shame. Victims feel guilty or blame themselves for having “allowed” the assault. Many victims have experienced negative responses from others when information about the assault was shared.
- Veterans who have issues with shame expect you to be uncomfortable or disapproving if information about their assault were shared.

# Compassionate Care

**There are simple changes that a provider can make to reduce the veteran's distress and foster a strong alliance.**

# Compassionate Care

- Acknowledge the sexual assault and its consequences for the veteran
  - Ask about mental health diagnoses with the same concern shown to medical diagnoses
  - Acknowledge the MST (or sexual assault) saying something like, “I’m so sorry you were harmed,” or “I’m glad that you survived such an ordeal.”
  - Use clear and direct language; show compassion and acceptance

# Compassionate Care

- Reduce the power differential between you and the veteran
  - Sit at the same level as the veteran; make eye contact
  - Either introduce yourself by first name, or refer to the veteran by title and last name; make sure to get it right

# Compassionate Care

- Give the veteran as much control as possible
  - Ask the veteran if he or she would like a third person to be in the room during the interview
  - Give the veteran options and choices whenever possible



# Compassionate Care

- View the veteran as an expert on his or her own experiences
  - Take complaints of pain or vague symptoms seriously
  - Do not argue with a veteran about his or her feelings or level of discomfort; never dismiss symptoms as “all in his/her head”

# Compassionate Care

- Respect the veteran's need for safety
  - Respect the veteran's subjective experience, which may be at odds with objective circumstances
  - Everyone involved in the veteran's case should introduce him/herself and explain her or his role
  - Offer for a friend or family member of the veteran's choosing to be present during interviews

# Compassionate Care

- Respect the veteran's need for safety
  - Do not leave the veteran alone for long periods of time
  - Announce your presence before entering the room and give the veteran time to respond

# Compassionate Care

- Respect the veteran's privacy
  - Be prepared to explain any release forms that the veteran is asked to sign
  - Keep the number of involved providers to a minimum
  - Do not include, or share information with, accompanying family members if the veteran requests privacy
  - Ask the veteran if there are details that he or she does not want disclosed, and respect those wishes to the best of your ability

# Compassionate Care

- Listen carefully and engage the veteran
  - Even if family members are present, always address questions and comments to the veteran
  - Acknowledge the veteran's statements with minimal encouragers (e.g., "uh-huh") and repeat back what the veteran tells you
  - Ask questions
  - Do not argue with or dismiss a veteran's complaint

# Compassionate Care

- Be impeccable in your trustworthiness
  - Tell the veteran what you are going to do, and then do exactly what you say
  - If there is information that the veteran does not want disclosed, which you feel that ethically you have to disclose, explain your reasoning and responsibilities to the veteran
  - Do not mislead the veteran; it is better to anger the veteran than to avoid the truth

## About Military Sexual Trauma

<https://m.youtube.com/watch?v=b9snig5gZfk>

## One Survivor's Story

<https://www.youtube.com/watch?v=ay38TnudyDk&app=desktop>

## Another way to think about sexual assault

<https://m.youtube.com/watch?v=fGoWLWS4-kU>

# Questions?

susan.thompson1@va.gov

701-232-3241 ext. 4523

701-200-4971 cell



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