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Military Sexual Trauma Ethical Considerations

Perry Foundation October 13th, 2020

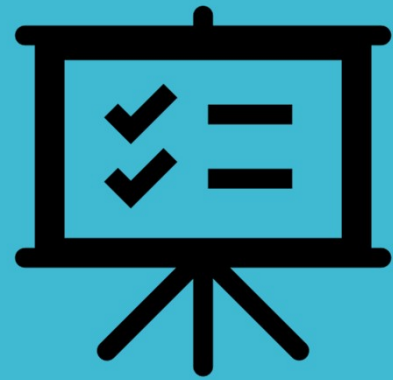
VA



U.S. Department
of Veterans Affairs

Today:

- Definition of Military Sexual Trauma (MST)
- Ethical considerations as providers
- Impact of Sexual Trauma
- Providing and adapting care
- Trauma Focused care



What is MST?

Military Sexual Trauma (MST) is **sexual assault or repeated, threatening sexual harassment** that occurred during a Veteran's military service.

The sexual activity can involve things such as:

- Threatening, offensive remarks about a person's body or sexual activities (harassment)
- 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. The reason for the assault or harassment does not matter (e.g., hazing) .

When and Where it Happened Matters

- Sexual trauma that occurred before or after military service, or for NG/R, not during a duty period, is not considered MST
- Can occur on or off base, while the individual was on duty or off (after hours or on leave)
- The identity of the perpetrator does not matter; although it often happens by someone they know

A significant number of men and women seen in VA report having experienced MST.

About 1 in 3 women and 1 in 50 men have told their VA healthcare provider that they experienced sexual trauma in the military.

Over one-third of MST survivors seen in VHA are men.



Ethical issues in trauma care

- Understanding Impact of Trauma
- Accurate diagnosis/assessment
- Focus of treatment
- Assess risk for suicide
- Helpful vs harmful care

Impact

following sexual trauma



How Trauma Changes People

- Ways 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

Additional Complicating Factors

Age & Developmental Level

- Survivors are often young at the time of their experiences of MST.
- Increased risk of developing mental health problems and other difficulties
- To manage symptoms and reactions, may rely on substance use, dissociation, behavioral acting out, or cutting or other forms of self-harm that themselves impair functioning and health

Additional Complicating Factors

Social Support May Be Limited

- At the time of experiences, may be far from friends and family
- May be impacted by societal messages
 - *May believe or be told by others that their experiences are not as "legitimate" as combat trauma experiences*
 - *Blame of victim (intentional or not)*
- May not seek out treatment or disclose to providers

Experiencing something extremely terrifying or chronically stressful can make your brain overestimates how much danger you're in.

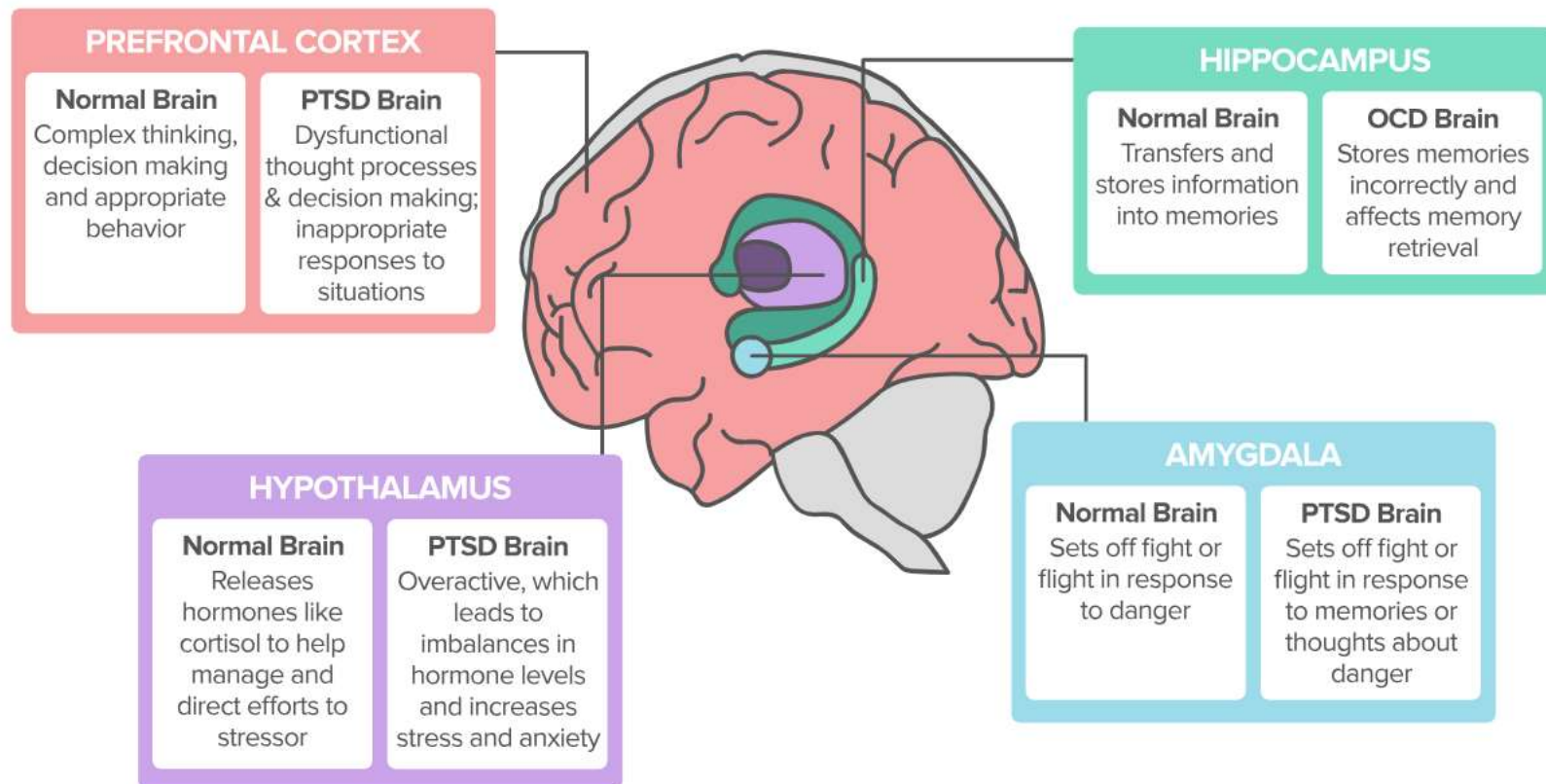
Different areas of your brain start to make mistakes as they interpret the world around you and tell the rest of your body how to respond.

Post traumatic stress disorder is associated with problems with brain structures and neurotransmitters

What happens when things go wrong?

What happens when things go wrong?

NORMAL INFORMATION PROCESSING AND PTSD MALFUNCTIONS IN THE BRAIN



MST affects both mental and physical health.

Mental Health:

- 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 Disorders
 - Schizophrenia and Psychoses
 - Eating Disorders
 - Dissociative Disorders
 - Somatization Disorder
 - Personality Disorders

Medical Conditions :

- Headaches
- Back Problems
- Sexual Dysfunction
- Chronic Pelvic Pain
- Teeth Issues From Grinding/Clenching
- Disturbed Sleep
- High Blood Pressure
- GI Issues
- Urinary Tract Infections
- Sexually Transmitted Infections
- Unwanted Pregnancy and Termination Complications

* Even survivors without formal diagnoses may still struggle with emotional reactions, memories related to their experiences of sexual trauma.

Not All Traumas Are Created Equal

*Study of Gulf War Veterans' Deployment Experiences:
Odds of Developing PTSD*

	Sexual Assault (compared to those who did not experience sexual assault)	High Combat Exposure (compared to those who did not experience high combat exposure)
Women	5x more likely	4x more likely
Men	6x more likely	4x more likely

(Kang et al., 2005)

Other Ways Trauma Affects People

○ Physiologically

- Body sensitized to threat
- Disrupted memory/cognitive processing
- Primed for extreme reactions



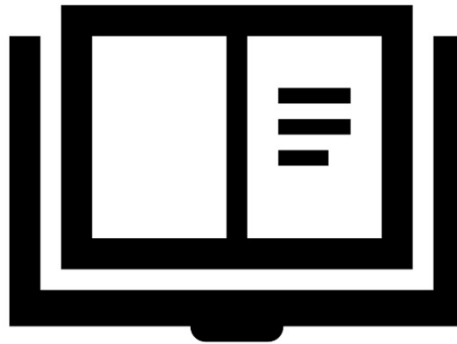
○ Emotionally

- Intense feelings that are difficult to contain.
- Regulatory systems that promote homeostasis are overwhelmed
- Primed for extreme reactions

○ Cognitively

- Affects how we view the world
- Disrupts sense of power and control, beliefs about trustworthiness of others, sense of self...
- Tendency towards all-or-nothing thinking

Pretreatment Ethical Responsibilities



Confidentiality:

Like any other personal information, information about a Veteran's experiences of sexual should be safeguarded, subject only to laws requiring disclosure.

Given that sexual trauma is a sensitive topic area, healthcare providers and other staff should make extra efforts to respect Veterans' concerns about privacy.

Ethical issues in trauma care

- Accept the individual's statement of events as it is told, withholding opinion or judgment.
- 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.
- It's important to ask some follow-up questions to understand the Veteran's current needs following his/her experiences of MST

Accurate diagnosis and assessment

- Although PTSD is a common diagnosis following sexual trauma. NOT everyone will meet criteria for PTSD.
- A FULL assessment of secondary symptoms following the trauma event is essential for proper care.
- Diagnosis can leave an impact.

*Focus of
treatment and
risk for suicide*



Trauma hx and high co-morbidity

- Roughly 50% of people with PTSD also have depression
- 60-80% of veterans turn to substance to help cope
- 10-20% of chronic pain patients have PTSD and among PTSD 60-80% report chronic pain

SAMHSA 2015

*Focus of
treatment and
risk for suicide*

Risk for suicide

- Trauma exposure is strongly associated with suicidal behaviors. More than other anxiety disorders.
- *No longer "natural" human suffering- but a constant intense amount of suffering.*
- *View of the world can get smaller.*
- *Ask, Ask, Ask about suicidal ideations, plans and intent.*

Ethical issues in trauma care



Helpful vs harmful treatment

- Assessing if individual are ready/willing for trauma focused care. The client is always the expert in their own life.
- “Avoid Avoiding”- Some level of avoidant urges are common, however pushing someone into trauma focused care too early CAN be harmful.
- Ensure individuals have skills to regulate emotions. Assess for self harm and increased substance use.
- Individualize provider and treatment options.

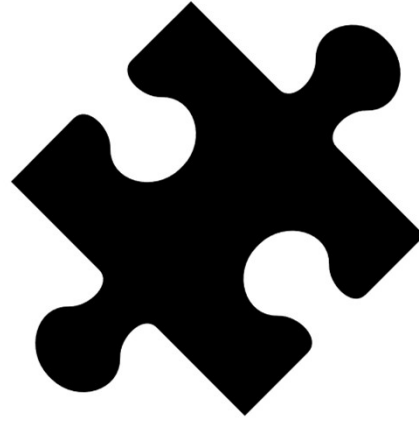
Ethical issues in trauma care

Levels in Mental Health Treatment

1. VA's top Evidence Based Protocols for Trauma disorders include:
 - Prolonged exposure (PE)
 - Cognitive Processing therapy (CPT)
 - Eye Movement Desensitization and Reprocessing therapy (EMDR)
1. General therapy to address day to day stressors. Skill acquisition
2. Group therapy- Substance or topic specific
3. Support and Peer led groups

** Foster maximum self determination on the part of the individual.*

Understanding the logic in common difficulties





Common difficulties

- Difficulties with safety, trust, power and control, self esteem and intimacy.
- Interpersonal difficulties
 - Strong reactions to situations in which one individual has *perceived* power over another
 - Difficulty identifying and setting interpersonal boundaries that are not too high or too low
- Self-blame and self-doubt
- Difficulties managing distress and/or limited coping strategies



Scenes from a Provider's Office



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.



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.

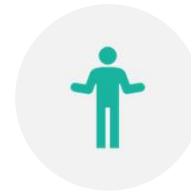


Others?

Examples of Looking for the Underlying Logic



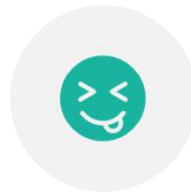
"AVOIDANCE" POSSIBLE
SHORT-TERM ESCAPE
FROM PAIN OR
SOMETHING



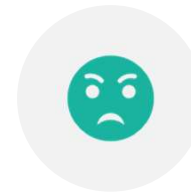
**DOWNPLAYING
SYMPTOMS OR AVOIDING
HELP-SEEKING**
TO AVOID FEELING WEAK
OR VULNERABLE, AND/OR
REFLECT DIFFICULTIES
TRUSTING OTHERS



**DIFFICULTIES TRUSTING
ONESELF OR OTHERS-**
MAY BE AN ATTEMPT TO
PREVENT BAD THINGS
FROM HAPPENING AGAIN;
REFLECT SELF-BLAME



SELF-BLAME-
TO AVOID CONFRONTING THE
WAYS IN WHICH WE ARE
HELPLESS AND VULNERABLE
& THAT THE PERPETRATOR
HAD INTENT



**ANGRY OR AGGRESSIVE
OUTBURSTS –**
KEEPS PEOPLE AT A
DISTANCE.
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 & find meaning in events
- There are ways to get these needs met that may interfere less with living the life a Veteran wants



What can you do?

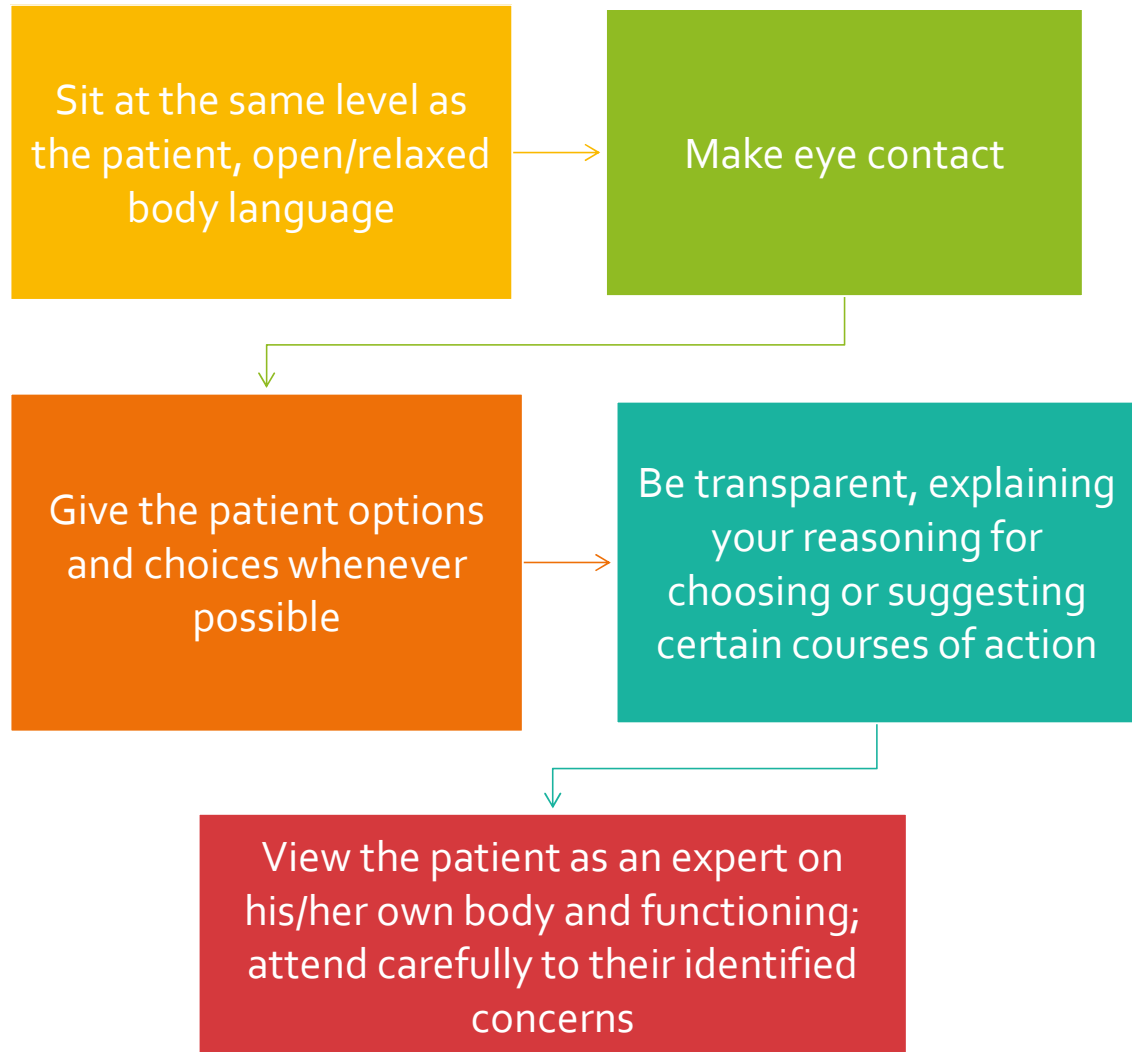
Be Prepared to Adapt Care

- Interactions with health care providers can be complicated as 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 an individual experienced at the time of the sexual trauma

Possible Difficult Exams

- **What kind of exams do people have problems with?**
- Everyone is different. Some of the exams that often cause increased distress are listed below:
 - Pelvic (gynecological) exams/pap smears
 - Rectal exams
 - Breast exams/mammograms
 - Colonoscopies
 - Endoscopies
 - Dental Procedures

Ways to help restore patient's sense of control in ways consistent with professional boundaries.



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:
 - See the procedure room in advance
 - Having a support or family member present
 - Sedation or pain medication, if appropriate
 - Distraction (e.g., headphones, focused breathing, discussion of a pleasant event)
 - Things that have worked in the past
 - *Emotional Fire Drill*

Managing Reactions to Exams & 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?"*

Managing Reactions to Exams & Procedures

Respect reactions

- Periodically ask how he/she is doing
- 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, patients may still have strong interactions



If so, it can be helpful to:

Listen empathically, acknowledging the patient's distress

Apologize, if appropriate

Explain the reasoning behind your behavior

Remember to look for the logic in the reaction

Explore with the patient what you can do to restore his/her feeling of being in control

Handling Strong Reactions

A stylized illustration on a dark blue background. On the left, a small, light blue silhouette of a person stands looking up. On the right, a large, swirling, colorful vortex (resembling a hurricane or a large, turbulent cloud) dominates the upper half of the frame. The vortex has shades of purple, pink, and blue, with a bright yellow center. The overall mood is one of awe or perhaps a metaphor for a strong reaction.

- When a Veteran has a strong reaction during a procedure, it may help to assist him/her in “grounding” themselves.
 - 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.

Professional ethical standards

Share knowledge and encourage proficiency in victim assistance for yourself and among colleagues and allied professionals, paid and volunteer.

Be aware of internal Bias.
Do not discriminate against any individual based on age, gender, disability, ethnicity, race, national origin, religious belief or sexual orientation.

Have no personal or sexual relationships with individuals who are currently or were previously receiving care.



What's the VA is Doing?

Did you know survivors of MST are eligible for FREE services related to MST?
These services include medical and mental health services.

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
 - 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
- VA has specialized residential and inpatient programs available

Accessing VA's Trauma- Related Services

- Veterans can:
 - Ask their existing VA health care provider for a referral for Mental health 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
 - VA's general information hotline (1-800-827-1000)

Thank you for your commitment to assisting our Veterans!



Questions?

For additional information or support, please contact
Amanda Turner, LCSW
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MST Coordinator
775-326-2920

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