

Stop Sugar-Coating: How to Identify and Discuss Military Sexual Trauma with Veterans

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Question #1: What is Military Sexual Trauma (MST)?

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- B. Sexual assault of a soldier by a non-soldier during active duty.
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How many women and men have reported MST to their VA providers?

- A. 1 in 20 women, 1 in 300 men
- B. 1 in 5 women, 1 in 100 men
- C. 1 in 10 women, 1 in 500 men
- D. 1 in 100 women, 1 in 900 men

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What are the most common medical diagnoses associated with MST?

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- B. High cholesterol, high blood pressure and diabetes.
- C. Breast and ovarian cancer.
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- A. Borderline and Histrionic personality disorders.
- B. Schizophrenia, schizoaffective disorder and delusional disorder.
- C. Post-traumatic Stress Disorder (PTSD), Bipolar Disorder and eating disorders.
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Question 5:

What are the most common medical procedures that may trigger a traumatic response in this population?

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Question 6:

Which of the following are contextual factors to consider in sensitive practice?

- A. Clinician gender, seating arrangement, and copayment.
- B. Chaperone, clinician gender, clothing removal and waiting areas.
- C. Clothing removal, clinician gender and copayment.
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MST

Refers to both sexual harassment and sexual assault that occurs in military settings.

Definitions

Both men and women can experience military sexual trauma and the perpetrator can be of the same or of the opposite gender.

Sexual harassment: Unwelcome verbal or physical conduct of a sexual nature that occurs in the workplace or an academic or training setting.

Sexual assault: Any sort of sexual activity between at least two people in which one of the people is involved against his or her will. Physical force may or may not be used.

Statistics of MST



1 in 5 Women



1 in 100 Men



Among Veterans who have chosen to seek VA services.



Not including all individuals serving in the U.S. Military.



Military women are more likely to be raped by a fellow soldier than killed in combat.

Based on DOD study of sexual victimization among active duty personal, 54% of women and 23% of men reported having experienced sexual harassment



When does it occur?

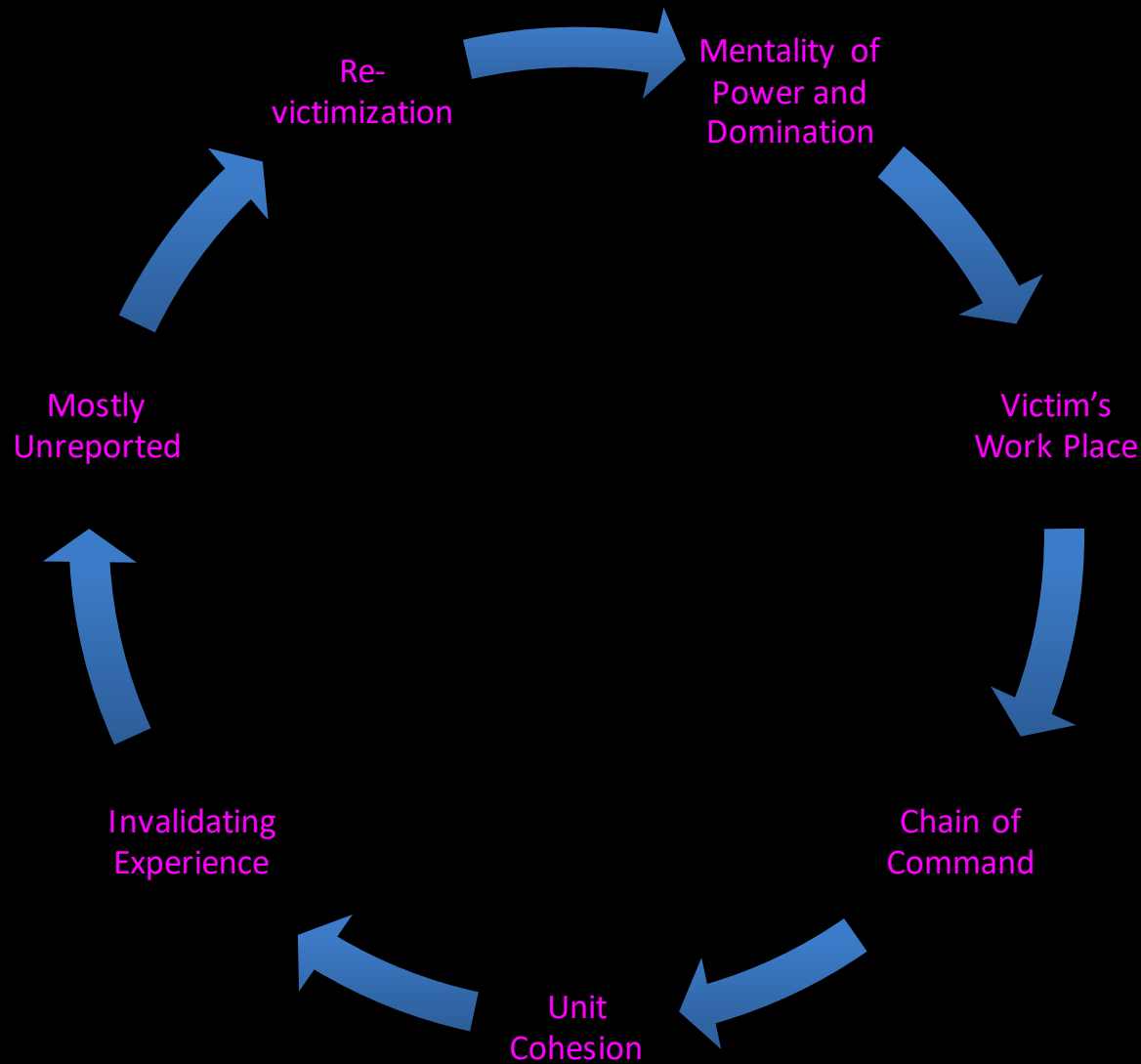
During training

During peacetime

During wartime

Stress of war may be associated with increased rates of sexual harassment and assault.

What perpetuates the cycle of MST?



Common Psychiatric Comorbidities

Posttraumatic Stress Disorder (PTSD)

Mood Disorder

Anxiety Disorders

Sexual Disorders

Substance Abuse Disorders

Suicidal Ideation and Attempt

Common Medical Comorbidities



Physical injuries inflicted during assault



Sexual Health: Pregnancy, STD's, Pelvic Pain, Sexual Disorders, ED, urological problems, impotence, hyper/hypo sexual behaviors



Chronic Pain



Gastrointestinal Disorders

MST Screening

- CPRS-Clinical Reminder
- Screening Tools:
 - PTSD Checklist – Civilian (PCL-C)
 - Beck Depression Inventory (BDI)
 - Beck Anxiety Inventory (BAI)
 - Alcohol Use Disorders Identification Test (AUDIT)

Patient Barriers to Disclosing

- Shame
 - Self blame
 - Damaged self esteem
- Lack of Trust
 - Sense of betrayal
 - Previous reactions to disclosure
- How the Question is Asked
 - Tone of voice/manner of speech
 - Language used

Provider Barriers to Asking

- Lack of knowledge
- Over-identification
- Fear of offending
- Time pressures (fear of opening “Pandora’s Box”)
- Resources (feeling powerless to “fix” the situation)

Treatments for Trauma

- Specialized outpatient mental health services focusing on sexual trauma
 - Cognitive Processing Therapy (CPT)
 - Prolonged Exposure (PE)
 - EMDR
- Nationwide, there are inpatient and residential programs for specialized treatment for sexual trauma





9 Principles of Sensitive Practice for MST

Adapted from the *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse* (2009) by Schachter, Stalker, Teram, Lasiuk, and Danilkewich

Principle 1: Respect

- Conveying respect means seeing the patient as a unique individual with particular values, needs and history
- It means upholding basic human rights, suspending judgment and demonstrating compassion.
- *“I need to have...the ability to connect with the practitioner...so [that] I’m not...a number...that I feel like I’m being respected.”*

Principle 2: Taking Time

- Although there is pressure on practitioners to see many patients in a given day, it is especially important to slow down with MST patients in order to not repeat traumatic feelings of being depersonalized and devalued.
- *“It’s the health care practitioners that...stop and give you a moment, and that’s one of the biggest healing things right there, that moment.”*

Principle 3: Rapport

- Good rapport is important with all patients, but with survivors of MST it is essential for creating safety.
- *“She wasn’t interested. She had no warmth...I didn’t experience being safe with her because I didn’t think that this was somebody I could talk to at all, about anything!”*

Principle 4: Sharing Information

- Share information prior to and during appointment.
- Running commentary during physical exams.
- *“[He always gave] a reason why he was doing something, which was great.... It wasn’t just doing things and then leaving you in the dark.”*

Principle 5: Sharing Control

- One of the central features of sexual victimization is losing a sense of control.
- Care planning promotes control through a collaborative process between patient and provider.
- ***“[A health care practitioner should say,] if you are not comfortable with doing it that way, maybe we can make adjustments and do it some other way that you feel more comfortable – help us, help us so that we can help you out.”***

Principle 6: Respecting Boundaries

- Boundaries refer to both physical and emotional boundaries.
- Ask for permission and provide rationale.
- Patients may also test boundaries so it is important to set limits.
- ***“As a survivor, I need to know that that person is not going to invade my space. Or do harm to me. Not necessarily physically, but emotionally.”***

Principle 7: Fostering Mutual Learning

- Encourage patient to be active.
- Be curious – patient as teacher.
- *“That assertiveness of [saying] no takes a long time to get...it was somebody else giving me permission that allowed me to say no until I could learn to give myself permission [to do so].”*

Principle 8: Understanding Non-Linear Healing

- Just as healing from MST is not linear, so is the patient's ability to tolerate certain aspects of treatment.
- Manage countertransference by responding with compassion.
- *Parts of my body at different times might be untouchable. It's going to change, depending on what I'm dealing with. So, you're not going to be able to make a list and count on that every time...it's going to be a check-in every session."*

Principle 9: Demonstrating Awareness and Knowledge of Interpersonal Violence

- Posters or pamphlets on MST around office.
- Include indications that men may also be victims of MST.



Important Tips



Privacy

- Private room vs. public space vs. support person

Questions to consider about privacy:

- What can be seen and heard in the waiting area?
- Are patients required to answer personal questions in front of other people in waiting area?
- What can be seen and heard from the hallway?
- What can be heard between rooms?

Universal Sensitivity

- ALL STAFF MEMBERS need an understanding of the dynamics of MST and should apply the 9 principles of sensitive practice
- DON'T ASK: "What is the purpose of the appointment?"
- DO ASK: "Is this for a discussion or a procedure?"

Clinician Gender

- Some patients have discomfort with clinicians who are the same gender as the perpetrator
- Cross-sectional pilot study by Lee et al. (2007)
 - Women with MST history had more anxiety during breast, pelvic and rectal examinations when clinician was male.

Pelvic, Breast, Vaginal, Rectal and Urological Exams

- Most sensitive types of exams; most likely to trigger flashbacks
- Pelvic exam modifications:
 - Woman inserts speculum herself
 - Woman's head and upper body elevated



TRUE OR FALSE?

Sexual assault & sexual harassment are only women's issues.

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- * Prevalence of MST is higher among women
- * There are actually comparable numbers of men and women in VA that report MST
- * Significant numbers of women AND men report having experienced MST

TRUE OR FALSE?

The impact of the event will go away with time.
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The impact of the event will go away with time.
If you don't talk about it, it will go away.

Keeping the secret will keep the trauma alive. Repression of the event only works for a limited time, eventually psychological symptoms may appear as a result of not coping with the trauma.

SPEAK UP. STOP THE INVISIBLE WAR!

