

Understanding and Recovering From Military Sexual Trauma

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Roadmap for today

- Definitions
- Impact
- Why this impact?
- Recovery – including how VA can help

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What is VA's MST support team all about?

In 2006, VHA's Office of Mental Health Services established the Military Sexual Trauma (MST) Support Team to:

1. Conduct national **monitoring** of MST screening and treatment within VHA
2. Expand MST-related **education and training** within VHA
3. Promote **best practices** in the care of Veterans who experienced MST
4. Provide **consultation and policy recommendations** related to MST for consideration by OMHS

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Psychological trauma

- **DSM-IV definition of a trauma:**
 - Experienced, witnessed, or confronted with event(s) that involve actual or threatened physical harm to self or others
 - Reaction at the time involves intense fear, helplessness, or horror
- **Broader definition:**
 - Parallel to physical trauma: "A serious injury or shock to the body"
 - Often incomprehensible
 - Often shatters previously held beliefs

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Military sexual trauma (MST)

- Term VA uses for **sexual assault** or **sexual harassment** occurring during military service
- Defined by Federal Law:
“Physical assault of a sexual nature, battery of a sexual nature, or sexual harassment [“repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character”] that occurred while a veteran was serving on active duty or active duty for training.”

Title 38 US Code 1720D

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What is MST? (cont.)

- Any sort of sexual activity in which someone is involved against his or her will.
- Someone may be...
 - Pressured into sexual activities (e.g., with threats of consequences; with implied better treatment; “command rape”)
 - Unable to consent to sexual activities (e.g., intoxicated)
 - Physically forced into participation

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What is MST? (cont.)

- Can involve unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object and/or sexual intercourse. Physical force may or may not be used.
- Other examples include threatening and unwelcome sexual advances, unwanted sexual touching or grabbing, or threatening, offensive remarks about a person's body or sexual activities.

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What is MST? (cont.)

- MST can occur on or off base, while a Veteran was on or off duty
- Doesn't matter who the perpetrator is – 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

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How common is MST?

- This can be difficult to know, as sexual trauma is frequently underreported
- About **1 in 5 women and 1 in 100 men** have told their VHA healthcare provider that they experienced sexual trauma in the military.
- 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** who have experienced MST.

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Impact of trauma

- Most people have symptoms in the immediate aftermath of a traumatic event
- Some people go on to have longer-term problems
- Possibility for posttraumatic growth
- Bonanno (2004) trajectories of grief/loss and trauma
 - Resilience
 - Recovery
 - Chronic dysfunction
 - Delayed grief or trauma

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How does trauma affect people?

- Physiologically
 - Body sensitized to threat
 - Prone to all-or-nothing reactions
 - Disrupted memory / cognitive processing
- Emotionally
 - Intense feelings that are difficult to contain
 - Normal regulatory systems that promote homeostasis are overwhelmed
 - Tendency towards all-or-nothing reactions
- Cognitively
 - Disrupts what we previously believed to be true about ourselves, others, and the world
 - Affects how we think about ourselves, others, and the world from that point forward
 - Tendency towards all-or-nothing thinking

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Diagnoses associated with sexual trauma

- Posttraumatic Stress Disorder
- Depression
- Substance abuse / dependence
- Eating disorders
- Dissociative disorders

- Physical health problems (e.g., lower back pain; headaches; pelvic pain; GI pain/symptoms; sexual dysfunction; gynecological symptoms; chronic fatigue)

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Other issues...

- Relationship problems
- Employment problems
- Parenting difficulties
- Homelessness
- Spirituality issues/crises of faith

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Not all traumas are created equal

- Women who were sexually assaulted in the military report more negative health consequences than women who experienced childhood or other civilian sexual assault
- Among women, MST has been shown to be more strongly associated with PTSD than premilitary or postmilitary sexual trauma

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Not all traumas are created equal

- Study of Gulf War I Veterans:

Probability of Developing PTSD

	Military Sexual Trauma	Combat
Women	5x higher rates	4x higher rates
Men	6x higher rates	4x higher rates

(Kang et al., 2005)

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Why can MST be so toxic?

- Any kind of trauma affects our physiology/biology, our emotional equilibrium, and our way of thinking about the world
- There are some reasons why recovery from MST can sometimes be even more complicated

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Sexual trauma is an interpersonal trauma

- Perpetrated by another human being
 - Perpetrator is frequently a friend, intimate partner, or other trusted individual
 - Involves a profound violation of boundaries and personal integrity
- Has significant implications for survivors' understanding of relationships and themselves
 - Particularly true when someone is young and trauma is chronic and/or repeated

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Sexual trauma in the military context

- Particular aspects of military culture may compound feelings of helplessness, isolation, and betrayal
 - High value is placed upon loyalty and teamwork
 - High value is placed upon strength and self-sufficiency

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Sexual trauma in the military context

- MST occurs where the victim lives and works
 - Increased feelings of powerlessness
 - Ongoing risk for revictimization
 - May need to rely on perpetrators for basic needs
 - 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

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Reconceptualizing symptoms

- Survivors often feel they are going “crazy”
- But by definition, traumas present a challenge to our view of ourselves and the world
- Symptoms and “crazy” behaviors often turn out to follow a logic or be serving a self-protective function if you look more closely

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For example...

- Nightmares and memories out of nowhere can reflect an unprocessed memory – your brain’s confusion about what to do with the experience.
- Feelings of numbness may be a way to experience only a limited, less threatening range of emotions.
- Self-blame may be a way to avoid confronting the ways in which we are helpless and vulnerable – and that the perpetrator had intent.
- Difficulties trusting oneself or others may be an attempt to prevent bad things from happening again.
- Problems with work or relationships may be an attempt to “fight back” after the fact.

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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 you want

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Recovery

- Not everyone needs treatment, but it can help to have a guide /travelling companion and source of support
- Typically involves a mix of skills-building (stabilization) and trauma processing (exposure) work
 - (Nonlinear) stages:
 1. Establishing safety
 2. Remembering and mourning
 3. Reconnection and meaning-making
- Talking to someone may be able to help, even if you don't need ongoing therapy or aren't ready to confront your memories

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Some obstacles to seeking treatment...

- Veterans who experienced MST...
 - May believe or be told that their experiences are not as “legitimate” as combat trauma experiences
 - May be particularly reluctant to disclose experiences to loved ones or healthcare providers, limiting important opportunities to receive support
 - May not believe recovery is possible

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“VA Cares About MST”

- Free care is provided for all physical and mental health conditions related to MST
 - VA disability rating (“Service connection”) is *not required*
 - No specific diagnosis (e.g., PTSD) is required
 - Some Veterans can receive care even if not eligible for other VHA care
 - Incidents do not have to have been reported at the time
 - Veterans can ask to meet with a provider of the same or opposite sex if it would make them feel more comfortable
 - Residential/inpatient care available for Veterans needing more intense treatment and support

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“VA Cares About MST”

- All Veterans seen in VHA are asked whether they experienced MST
- Every facility has an MST Coordinator to serve as a point person for staff and Veterans
- VHA employees receive training on MST-related issues
- National MST Support Team to improve VA’s response to MST and ensure it is meeting mandates

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Accessing Care

- To access care, Veterans can:
 - Ask their existing VA provider for a referral for MST services
 - Contact the MST Coordinator at their local VAMC
 - Contact their local Vet Center
- Veterans who were deployed as part of OEF, OIF, or OND can also contact the OEF/OIF Coordinator at their local VAMC
- For more information:
 - www.mentalhealth.va.gov/msthome.asp
 - VA's general information hotline (1-800-827-1000)

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Resources & ways to learn more

- Your local VAMC's MST Coordinator
- *Veterans:* VA Internet website
 - www.mentalhealth.va.gov/msthome.asp
- *VA staff:* VA Intranet MST Resource Homepage
 - vaww.mst.va.gov



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Treatment modalities

- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Residential Treatment Programs
- Classes
 - Symptom management
 - Stepping Stones
 - Trauma Education Seminar

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Cognitive Processing Therapy

- 12 session protocol
- Examining “how we interpret” the world
- Looks at specific event or chronic events (i.e. the battlefield)
- Helps challenge “stuck points”

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Prolonged Exposure Therapy

- 10 session 90-minute protocol
- Imaginal and in vivo exposure
- Habituates people to trauma, changes the relationship to triggers
- VERY effective

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QUESTIONS??

- https://youtu.be/AgYLR_LfhLo

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THANK YOU
for your service...
And best of wishes in your recovery