
MILITARY SEXUAL TRAUMA

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WHAT IS MILITARY SEXUAL TRAUMA?

MILITARY SEXUAL TRAUMA IS...

... 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] which occurred while a Veteran was serving on active duty or active duty for training, or inactive duty for training.”

Title 38 U.S. Code 1720D, enacted in 1992

MST INCLUDES

Sexual activity
against a
person's will

- Including threats
of consequences
or promises of
better treatment

Inability to
consent

Physical
force

Unwanted
sexual
touching

Threatening
offensive
remarks

Threatening
and
unwelcome
sexual
advances

MST SURVIVORS STRUGGLE WITH:



- Identity
- Intimacy
- Sexual intimacy
- Trust
- Safety
- Faith
- Not being believed
- Ongoing contact with perpetrators

SOME FACTS ABOUT MST

- MST is an experience, not a diagnosis
- Perpetrators may be anyone, not just other Veterans
- Veterans may have experienced other types of trauma
 - Those who have experienced multiple traumas and/or multiple types of trauma struggle more
- 37% of women reporting MST had been raped at least twice during military service (Sadler et al., 2003)
- 80% of sexual assaults in the military go unreported (DOD studies quoted by Whitley in testimony before Congress, 2010)



THE TRIPLE BETRAYAL OF MST

-
- By your buddy, supervisor, or higher-ranking officer
 - By the commanding officer
 - Accusation of lying
 - Blaming the victim
 - Guilt about disruption of unit cohesion
 - By the military branch
 - Disbelief
 - Getting moved around
 - Signing a false statement in return for being discharged
 - Alleged perpetrators may not be found guilty

ACCOUNTS OF MST SURVIVORS



- Survivors' accounts may be contradictory or confusing
 - Inconsistencies
 - Gaps in memory
 - A delayed onset of symptoms
 - They may try to fake looking "normal"

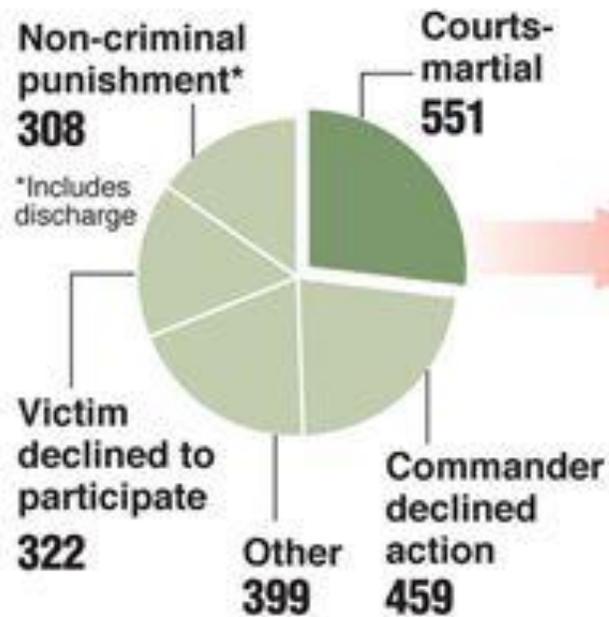
**MST RARELY
RESULTS IN
SIGNIFICANT
CONSEQUENCES
FOR ASSAILANTS**

Military sexual assault cases

An analysis by McClatchy of sexual assault allegations in the U.S. military, 2009-10, shows a low conviction rate.

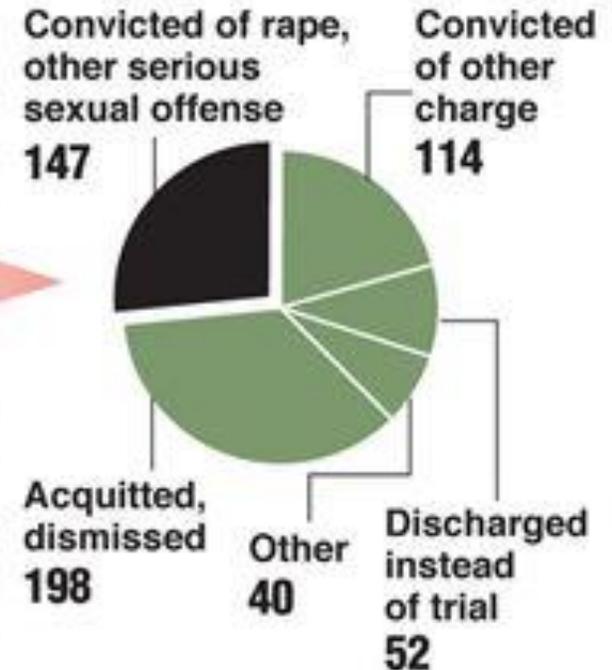
Overall

What happened to the 2,039 rape and sexual assault allegations



Courts-martial

Disposition of the 551 cases

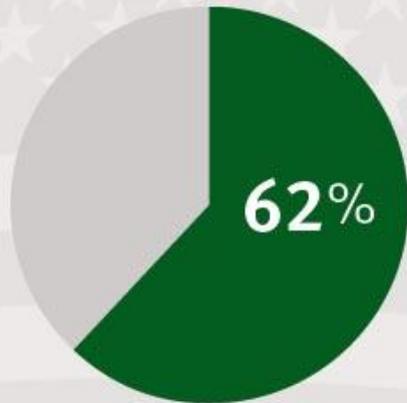


Source: A McClatchy analysis of U.S. Department of Defense. Graphic: Judy Treible © 2011 MCT

PUNISHING THE VICTIM

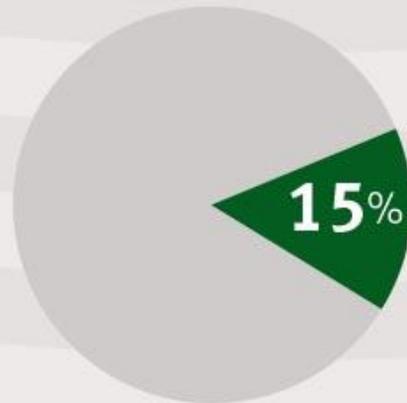
The majority of US service members who report being sexually assaulted report some form of retaliation.

Of service member **victims** who reported sexual assault in FY 2014,



faced retaliation.

Of service member **suspects** investigated in FY 2014,



were court-martialed.

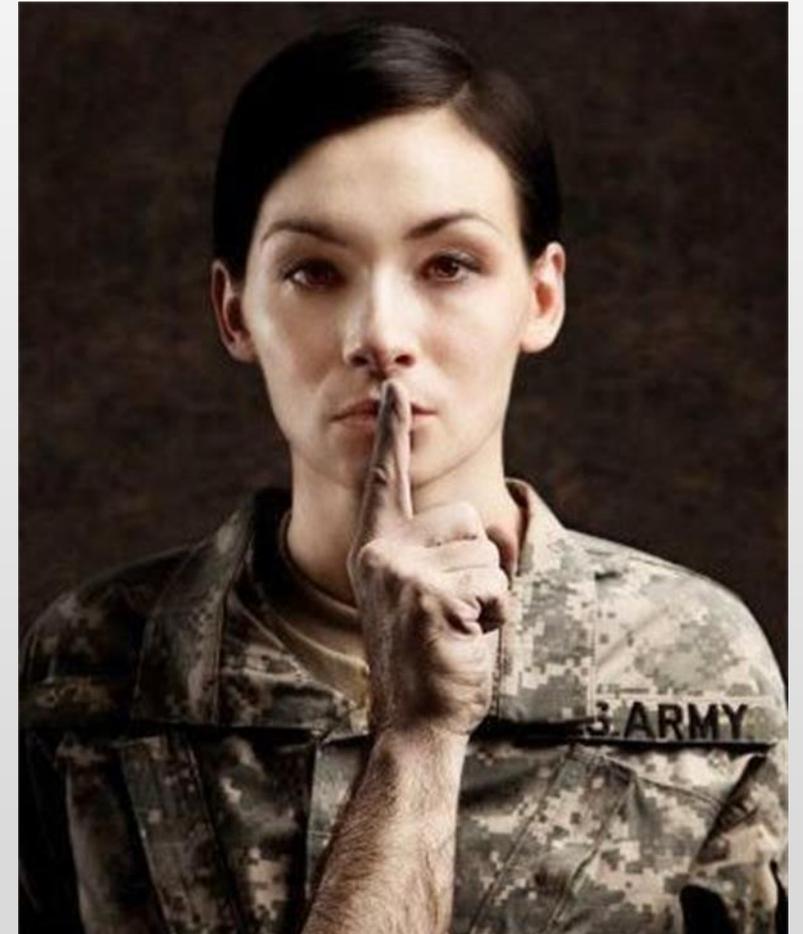
Of the estimated **18,900 sexual assaults** on service members in the US military in FY 2014, only **5,121** were **reported**. A main reason service members do not report is fear of retaliation.

Source: Department of Defense; Provisional Statistical Data on Sexual Assault FY 2014.

**MOST
VICTIMS
EXPERIENCE
RETALIATION
WHILE MOST
SUSPECTS DO
NOT RECEIVE
PUNISHMENT**

SILENCE IS THE MOST COMMON RESPONSE

- Threats made by the perpetrator
- Invalidation by people who are told
- Accusations of “breaking the code”
- Loss of surrounding support system
- Few people face court-martial for perpetrating MST
- Shame
- Fear of stigma
- Fear of retaliation
- Fear of career repercussions



THE SILENCE CONTINUES



- People go many years without telling anyone
- Negative prior experience with telling
- Shame
- Fear of stigma
- Fear of being emotionally overwhelmed
- Most people will not admit MST unless asked directly

INCREASED SOCIAL AWARENESS

- Began with the Tailhook convention scandal involving Navy and Marine aviators where 83 women and 7 men were sexually assaulted
- This led to Congressional hearings
- 1992 passage of Public Law 102-585 codified the term Military Sexual Trauma and created a program to treat MST in the VA
- 1993 passage of Public Law 103-452 extended the program to men and required MST screening
- 2004 passage of Public Law 108-422 extended the program to active duty in training personnel and established requirement of continued treatment

INCREASED SOCIAL AWARENESS



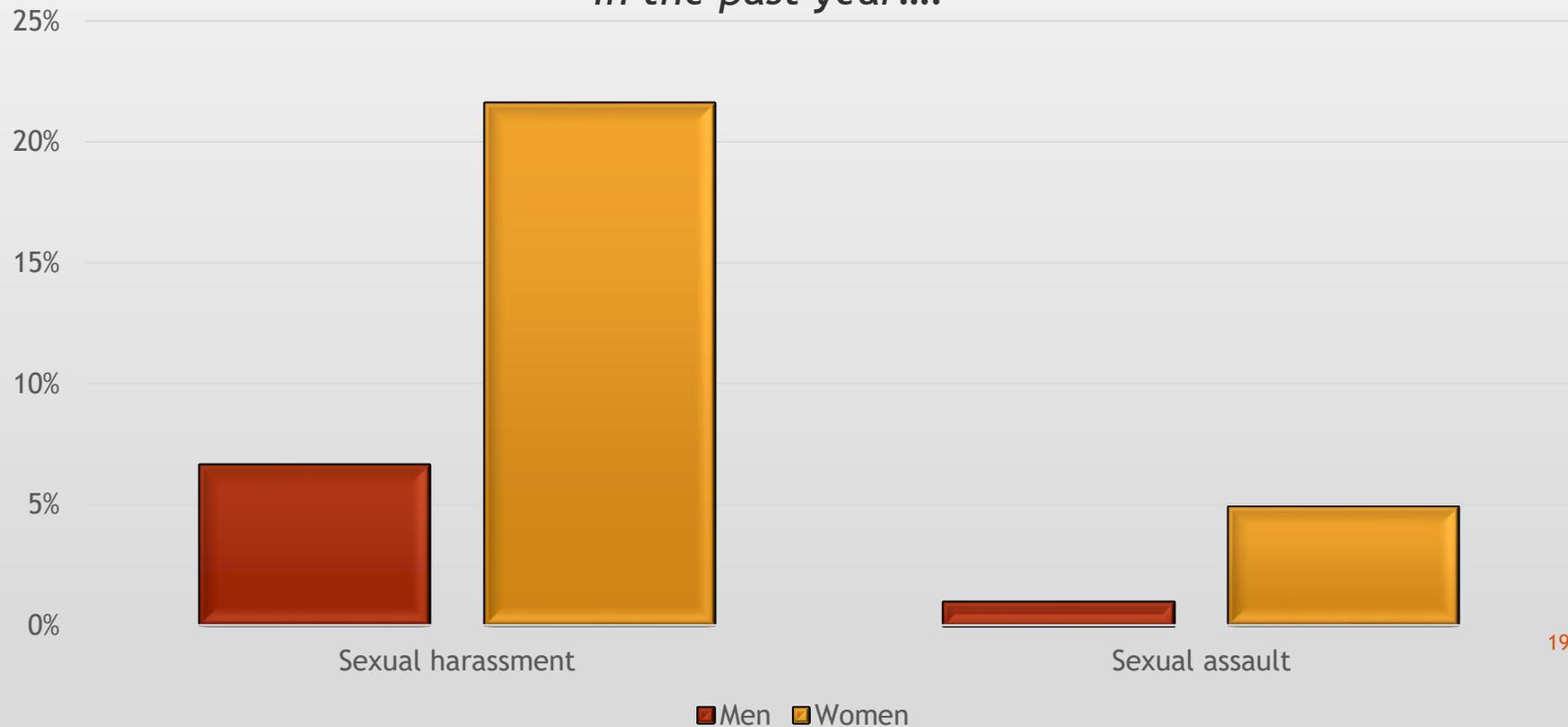
Doonesbury, April 2010

HOW COMMON IS MST?

SEXUAL HARASSMENT AND SEXUAL ASSAULT IN THE MILITARY

■ 2014 RAND Military Workplace Study

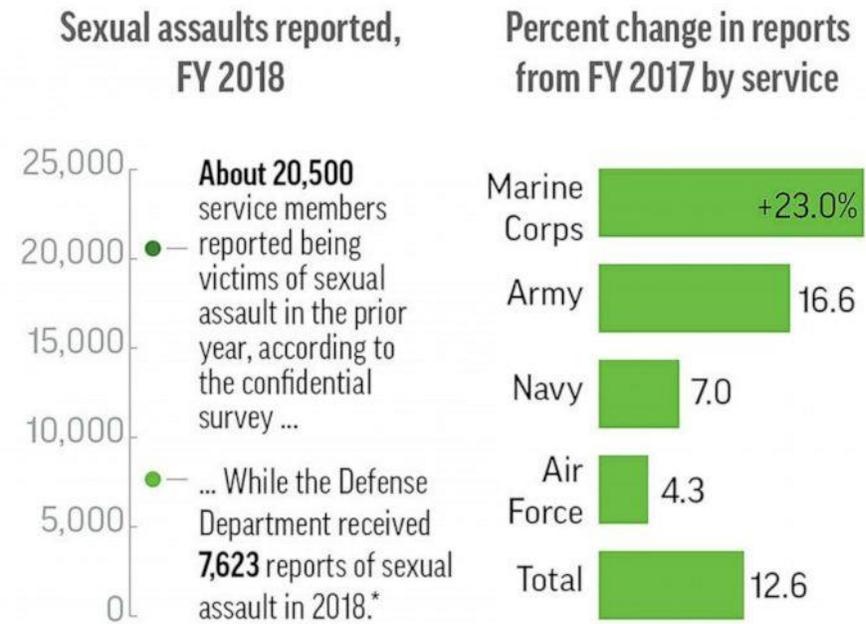
In the past year....



FEW PEOPLE
REPORT MST
TO THE DOD

Sex assaults underreported in military

The number of sexual assaults reported by members of the U.S. armed forces is about a third of the total reported in a confidential survey of service members.



*Includes reports by service members for assaults occurring during or prior to military service, as well as by civilians and foreign nationals alleging sexual assault by a service member.

IN THE VA



1 OUT OF 4 WOMEN
SAY THEY HAVE
EXPERIENCED MST



1 OUT OF 100 MEN
SAY THEY HAVE
EXPERIENCED MST

PREVALENCE OF MST

- Most studies report the prevalence of MST when defined as sexual assault as being between 20 and 40% of the *active duty* military population (Suris & Lind, 2008)
 - This compares to a civilian *lifetime* rate for women of 25% (Tjaden & Thoennes, 2000)
- While women have a much higher *rate* of MST, because men make up 85% of the military population, their numbers are almost as high
 - In the VA by 2009, there were 77,749 women and 70,204 men who had screened positive for MST

DOD 2018 REPORT ON SEXUAL ASSAULT

- Cases of sexual assault rose 38% from 2016-2018
- There were 20,500 instances of sexual assault in 2018
- Women aged 17-24 were most at risk
- 85% of victims knew their assailants
- Alcohol was involved in 62% of the cases
- 96% of the perpetrators were men
- Nearly $\frac{1}{4}$ of women experienced sexual harassment

Rise in sexual assaults in the military

Number of service members (both men and women) who experienced sexual assault in the past year:

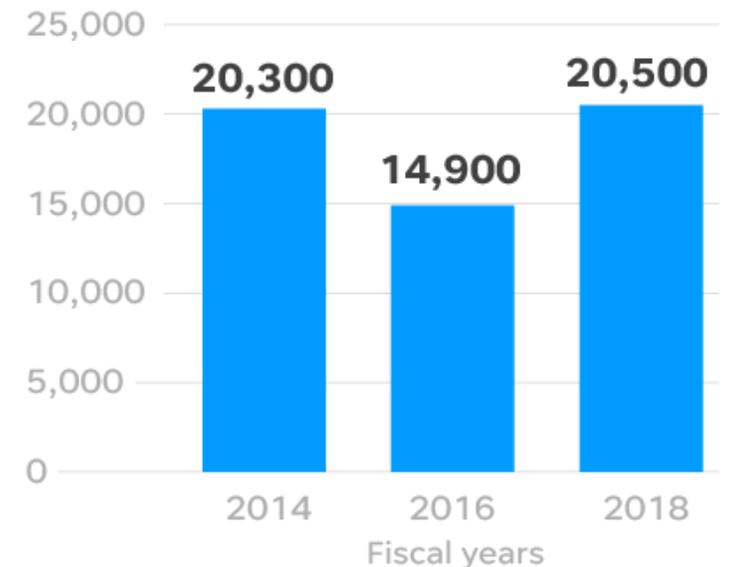


Chart by USA Today, 5/2/2019

MST IS WORSE THAN MOST OTHER FORMS OF TRAUMA



- Sexual assault in the military is more likely to lead to PTSD than sexual assault in civilian life (Suris & Smith, in Moore & Penk, 2011)
- Sexual assault in the military is more likely to lead to PTSD than combat (Kang et al., 2005)

SEXUAL TRAUMA VS. COMBAT TRAUMA

Odds of Gulf War Veterans 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

ASSOCIATED CONDITIONS

PSYCHOLOGICAL PROBLEMS

- Self-blame
- Shame
- Guilt if there is involuntary arousal
- Emotional dysregulation
- Sexual identity
- Gender identity
- Feeling unsafe
- Greater difficulty than peers adjusting to civilian life after discharge (Skinner et al., 2000)



MENTAL HEALTH PROBLEMS



- PTSD
- Complex PTSD
- Depression
- Bipolar Disorder
- Anxiety
- Alcohol and drug abuse
- Smoking
- Eating Disorders

HEALTH PROBLEMS

Gastrointestinal problems

Chronic fatigue

Headaches

Sexual dysfunction

Chronic pain

Obesity

RELATIONSHIP PROBLEMS



- Distrust
- Sexual dysfunction
- Avoidance of intimacy
- Feeling disconnected from others
- Rage
- Reactivity to authority figures
- Difficulty setting boundaries
- Risk of revictimization

SOCIAL FUNCTIONING

- Problems in school
- Difficulty getting and maintaining employment
- Problems with parenting
- Homelessness
- Spirituality difficulties/crisis of faith



Doubt
Faith

MST INCREASES SUICIDE ATTEMPTS

- Study of 1,847 Marine recruits for 10 years after boot camp (Gradus et al., 2012)
 - Marines who experienced sexual harassment during boot camp were 2.8 times more likely to attempt suicide than those who did not
- Study of 34,245 male Veterans (Tiet et al., 2006)
 - Veterans who reported sexual assault in the past 30 days were 4.8 times more likely to attempt suicide than those who did not
 - Veterans who reported sexual assault in their lifetimes were 2.3 times more likely to attempt suicide than those who did not

MST IN MEN

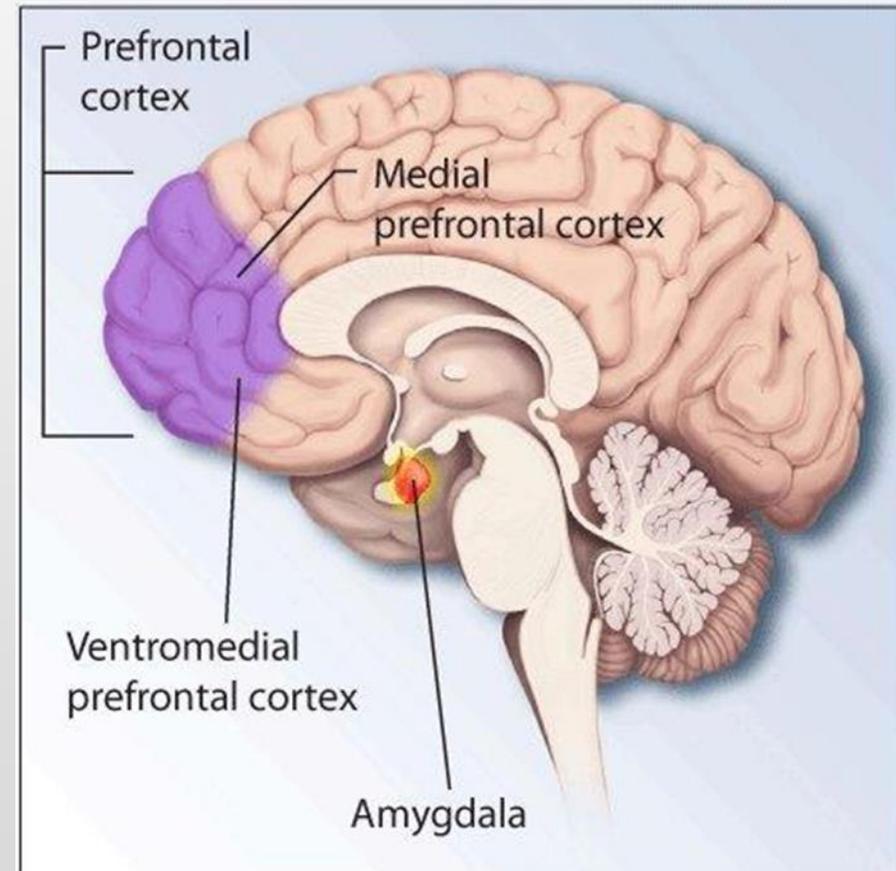
MEN WHO EXPERIENCE MST



- Men are more reluctant than women to endorse MST
- Some men do not believe they are vulnerable to sexual trauma
- They are humiliated and ashamed
- They may be confused
- They may question their masculinity
- They may question their sexual and/or gender identity

THE IMMEDIATE RESPONSE

- May include freezing
 - Sometimes called “tonic immobility”
- This is an involuntary response
 - It comes from the amygdala, which overrides the prefrontal cortex



Brain Structures Involved in Dealing with Fear and Stress

THE IMMEDIATE RESPONSE



- May include an erection
- Erections are an involuntary response
- Perpetrators may say they liked it
- This can result in
 - Confusion
 - Self-doubt
 - Self-recrimination
 - Shame

MALE VS. FEMALE MST

- Men experience enormous shame if their assailants are women
- Men had more PTSD symptoms than women who experienced the same level of MST (Shipard et al., 2009)
- Men are more likely to become hypersexual and/or cheat in relationships “to prove I am a man” (Suris & Smith, 2011)



MST IN THE VA

ELIGIBILITY FOR VA SERVICES

- Required MST screen with reminder
- Reports of MST are taken at face value, no proof required
- The MST checkbox
- All physical and mental health services related to MST are free
- This is true:
 - even when a person has a less than honorable discharge
 - Regardless of income
 - Regardless of length of service

The screenshot shows a medical software interface for VistA CPRS. The main window is titled "Encounter Form for BO PSO PTSD BELL 1246 (Dec 21, 2007@15:54)". The patient information is ZZMOUSE, LUMPY B, 1246 Dec 21, 07 15:54, Primary Care Team Unassigned. The provider is BELL, MARGRET E. The encounter type is "DIAGNOSTICS & ASSESS" and the section name is "PSY DX INTERVIEW". The "Service Connection & Rated Disabilities" section is visible, with the "MST" checkbox checked and circled in red. Other checkboxes include "Service Connected Condition", "Combat Vet (Combat Related)", "Agent Orange Exposure", "Ionizing Radiation Exposure", "Environmental Contaminants", and "Head and/or Neck Cancer". The "Available providers" list includes Bell, Margret E - Staff Psychologist (pts) and Bellino, Pamela - Patient Safety Manager. The "Current providers for this encounter" list includes BELL, MARGRET E (Primary). The interface also shows a "Last 100 Signed" list on the left and a "Cover Sheet" tab at the bottom.

VA MST SERVICES

- Every facility has an MST Coordinator
- Individual psychotherapy
- MST-only treatment groups
- Residential treatment programs for MST
- Treatment at Vet Centers
- Outreach efforts
 - April is Sexual Assault Awareness Month
- Service connection for disability payments

VA Services for Military Sexual Trauma:



Help
Hope
Healing

VA MST SERVICES



- A national MST Support Team
- A Sharepoint site
- A list serve
- Required education and training of staff
- Monthly trainings

TREATMENT OF MST

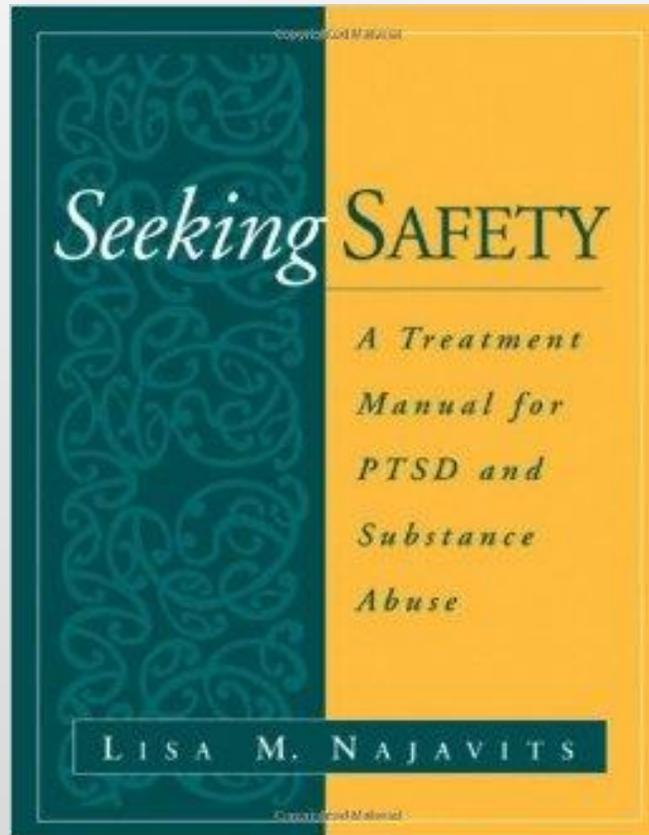
TREATMENT OF MST

- Not everyone who has experienced MST needs treatment
 - Fewer of those who experience harassment require it
- There are few studies of the treatment of MST by itself
 - Most study PTSD, with MST as one type of trauma
- PTSD, depression, and Substance Use Disorders are the most common problems treated



SEEKING SAFETY

Seeking Safety is the only evidence-based treatment for co-morbid PTSD and substance abuse



- 25 lessons on topics that overlap between PTSD and Substance Abuse
 - Safe coping skills
 - Asking for help
 - Grounding
 - Anger
 - Boundaries
 - Self-care
 - Re-thinking

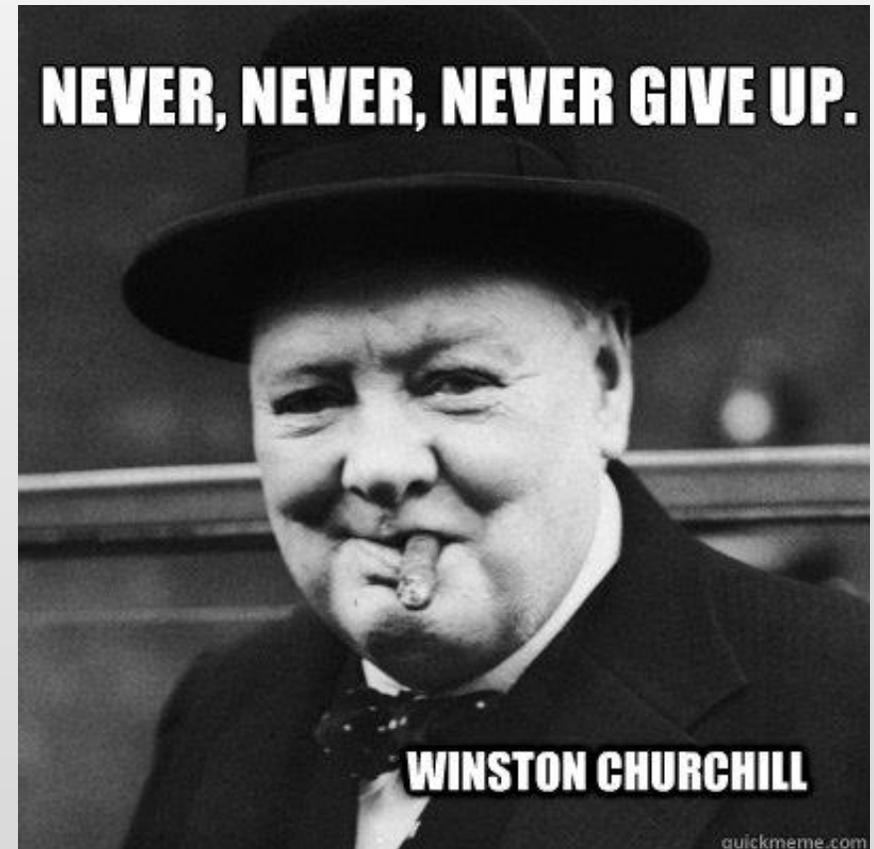
SEEKING SAFETY



- Weekly 90 minute sessions
- Often taught in 12 sessions
- Can be provided individually or in groups
- Typical group size is 8-10 members
- Can be provided by professionals or paraprofessionals

SEEKING SAFETY SESSION STRUCTURE

- Check-in (3-5 minutes per person)
 - Used to elicit information to be discussed during the course of the session
- Quotation
- Topic of the day (50 minutes)
- Check out with commitment



SEEKING SAFETY

- 6 randomized controlled trials and 3 controlled studies
- Seeking Safety has shown positive results across all studies (Najavits & Hien, 2013)
- Populations include:
 - Women outpatients, inpatients, Veterans, homeless women, rural women, and women in prison;
 - Men outpatients, inpatients, and Veterans;
 - Adolescent girls; and
 - Young African-American men

EVIDENCE-BASED TREATMENTS FOR PTSD



COGNITIVE PROCESSING THERAPY

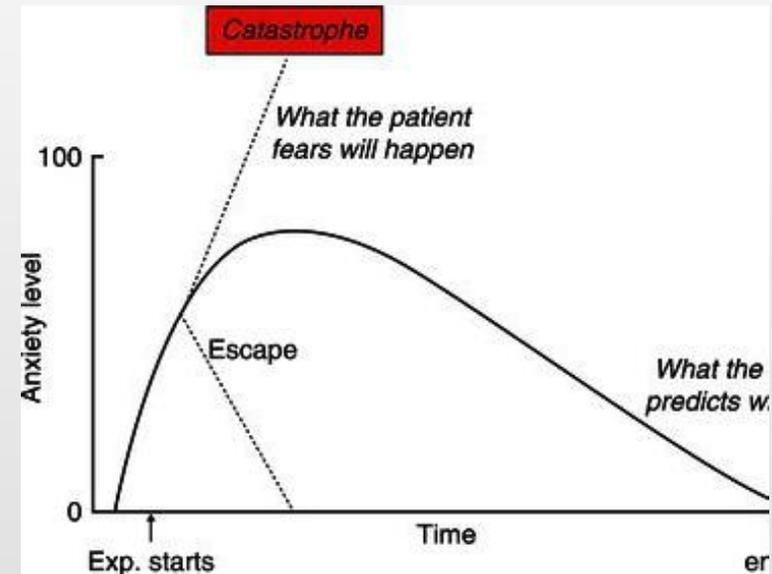
- A cognitive intervention to change the way a traumatized person thinks
- 12 weekly sessions delivered in a structured, manualized protocol
 - Number of sessions can be expanded
- May or may not include a trauma narrative
- Can be delivered individually and/or in groups
- Homework worksheets between sessions

COGNITIVE PROCESSING THERAPY

- Central techniques:
 - Identifies stuck points
 - Examines evidence for thoughts and beliefs
 - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
- CPT successfully treats Complex PTSD (Resick et al., 2003; Galovski et al., 2013)

PROLONGED EXPOSURE

- A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli
- 10 weekly sessions
- First part involves *in vivo* exposure to places that increase anxiety (e.g., public places)
- Uses an anxiety hierarchy



PROLONGED EXPOSURE

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
- The patient listens to the narrative over and over for an hour each day
- Repeated and prolonged exposure decreases their anxiety
- Prolonged exposure is an effective treatment for PTSD
(Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)

EYE MOVEMENT DESENSITIZATION AND REPROCESSING

- Patient focuses on distressing image
 - States a belief that goes with it
 - Notices feelings that go with it
 - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results

EMDR

- Auditory and tactile alternatives to eye movements using bilateral stimulation
- Additional exercises:
 - Safe Place
 - Resource-building
 - Lockbox
- EMDR works for PTSD and Complex PTSD (Davidson & Parker, 2001; Foa et al., 2009; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)



Important note:

The general success rates for CPT, PE, and EMDR in treating PTSD are approximately 70%. In Veterans, the general success rate is 53%.



RESOURCES

DOD RESOURCES

- Department of Defense Safe Helpline for military personnel affected by sexual assault
 - www.safehelpline.org
 - 877-995-5247
- Building Hope and Resiliency - an online course to help personell begin to heal from sexual assault



<https://www.safehelpline.org/building-hope-and-resiliency>

VA ONLINE RESOURCES

- VA resources at <https://www.mentalhealth.va.gov/mentalhealth/msthme/index.asp>
- Videos of Veterans who have experienced MST at <https://maketheconnection.net/conditions/military-sexual-trauma>

MAKE THE
CONNECTION

FREE CONSULTATION

- VA PTSD Consultation Program

Call 866-948-7880

Or email MSTConsult@va.gov



TO LEARN MORE

- MST Overview for Civilian Providers course

<https://www.mentalhealth.va.gov/docs/mst/MST-Overview-for-Civilian-Providers.pdf>

- PsychArmor Institute Course

<https://psycharmor.org/courses/military-sexual-trauma-2/>

- About disability compensation for MST

<https://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/MST.pdf>



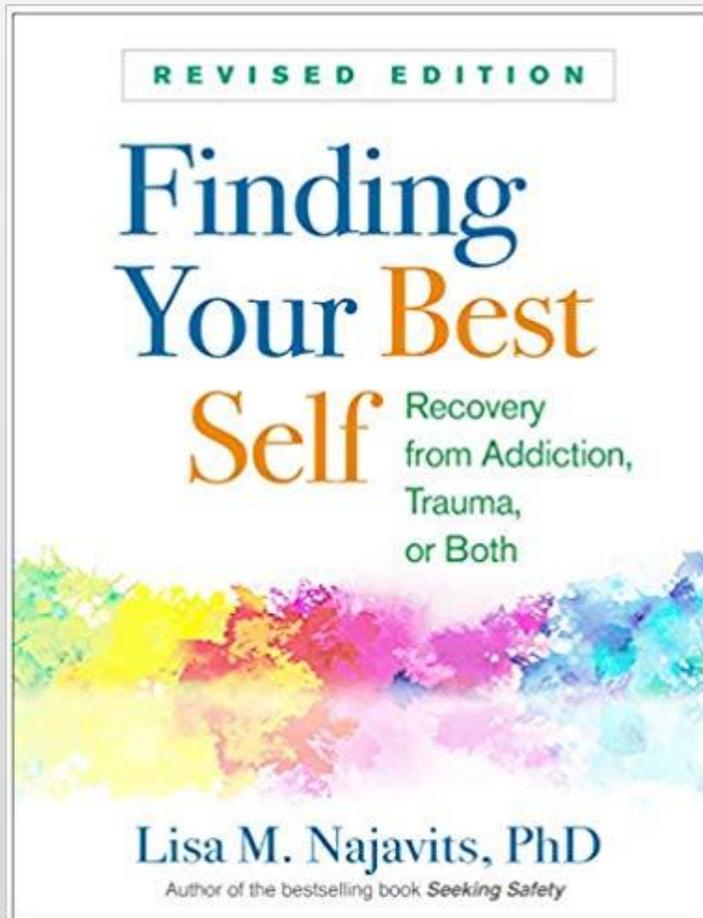
A FILM BY KIRBY DICK AND ANY ZIERING DIRECTED BY KIRBY DICK

THE INVISIBLE WAR

The battleground is your barracks.



SEEKING SAFETY



- *Seeking Safety* (2002), Lisa Najavits
- *Finding Your Best Self* (2019), Lisa Najavits
- <http://www.treatment-innovations.org/seeking-safety.html>

VETCHANGE: A FREE PROGRAM TO TREAT PTSD AND ALCOHOL ABUSE

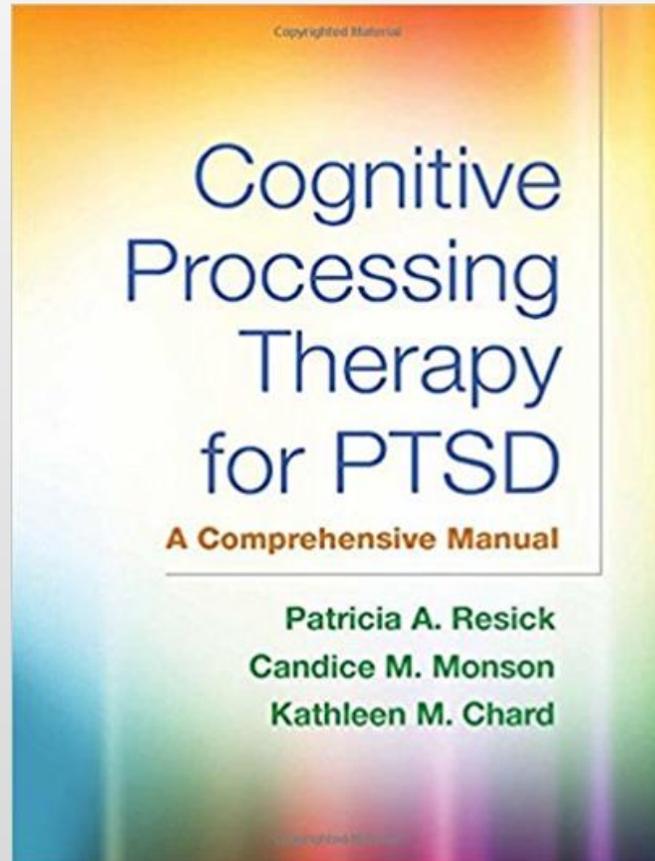
- Online version: <https://vetchange.org/home/index2>



- App version: VetChange



CPT MANUAL



Cognitive Processing Therapy for PTSD: A Comprehensive Manual (2017), Patricia Resick, Candice Monson, and Kathleen Chard

CPT WEB TRAINING COURSES

<https://cpt.musc.edu/>

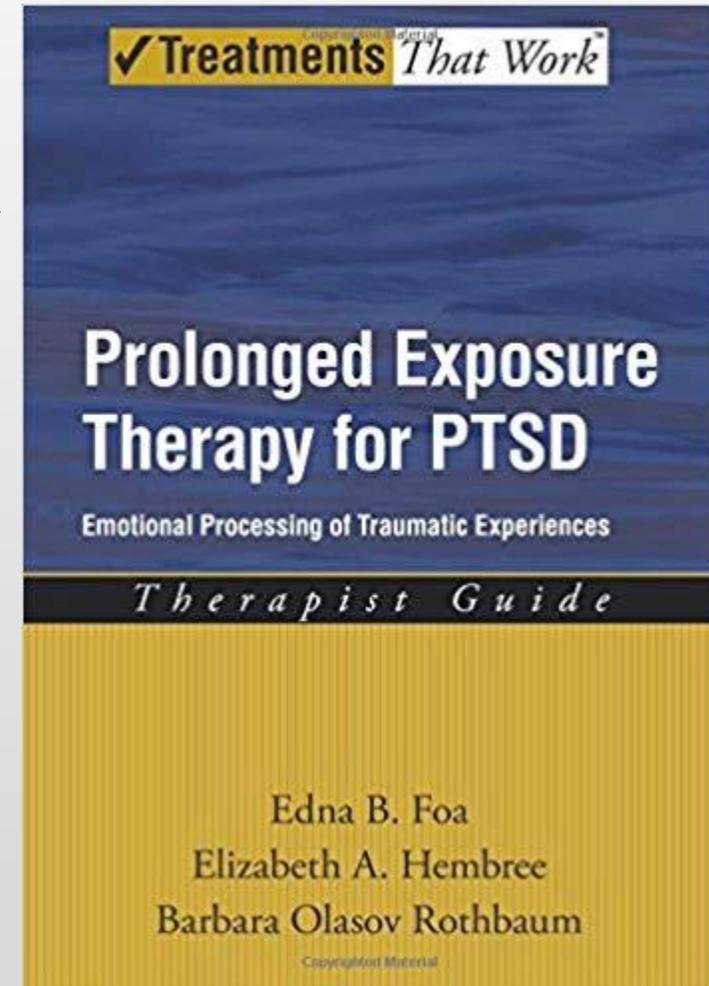
<http://www.deploymentpsych.org/online-courses/cpt>



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PROLONGED EXPOSURE

- *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide* (2007), Edna Foa, Elizabeth Hembree, and Barbara Olaslov Rothbaum
- *Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook* (2007), Barbara Rothbaum, Edna Foa, and Elizabeth Hembree



PE WEB TRAINING COURSE



CENTER FOR
DEPLOYMENT PSYCHOLOGY

<http://www.deploymentpsych.org/online-courses/pe>

EMDR

- *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures, 3rd Ed. (2017), Francine Shapiro*
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy (2013), Francine Shapiro*
- *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors (2001) by Steven Silver and Susan Rogers*

EMDR TRAINING INFORMATION

- <http://www.emdr.com/registration/registration-for-emdr-basic-training-weekend-1-a-2.html>
- <http://www.emdrhap.org/content/events/training-schedule/>

Note: PESI and The Bodymind Institute are not approved EMDR training organizations

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