

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**

Who am I and where do I come from?

In 2005, I began my tenure at the Memphis VAMC assigned as a social worker to the Post Traumatic Stress Disorder Outpatient Clinic under Mental Health Services. In approximately 2007, I was given the additional assignment of MST Coordinator for the Medical Center.

Prior to joining the Memphis VAMC, I served as the Director of the YWCA Memphis Abused Women's Shelter after a tenure of providing counseling for battered women and their children.

I have worked in the field of social work in various capacities for 15 years.

Who am I and where do I come from?

- I am the daughter of a Vietnam Veteran.
- I am a wife and mother of two daughters.



Psychological trauma

- **DSM 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

Military sexual trauma (MST)

- Term VA uses for **sexual assault or sexual harassment** occurring during military service
- Defined by U.S. Code:
“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

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

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.**

What is MST? (cont.)

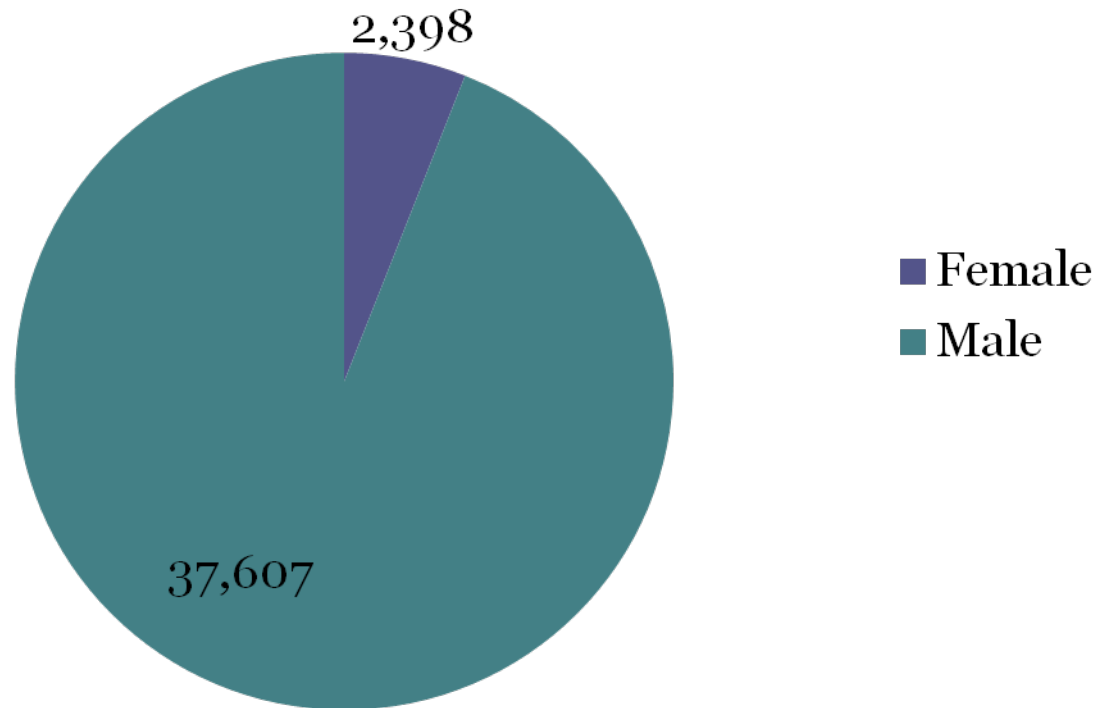
- MST can occur on or off base, while a Veteran was on or off duty
- Doesn't matter who the perpetrator is – can be men or women, military personnel or civilians, superiors or subordinates in the chain of command, strangers, friends, or intimate partners
- Veterans from all eras of service have reported experiencing MST

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.

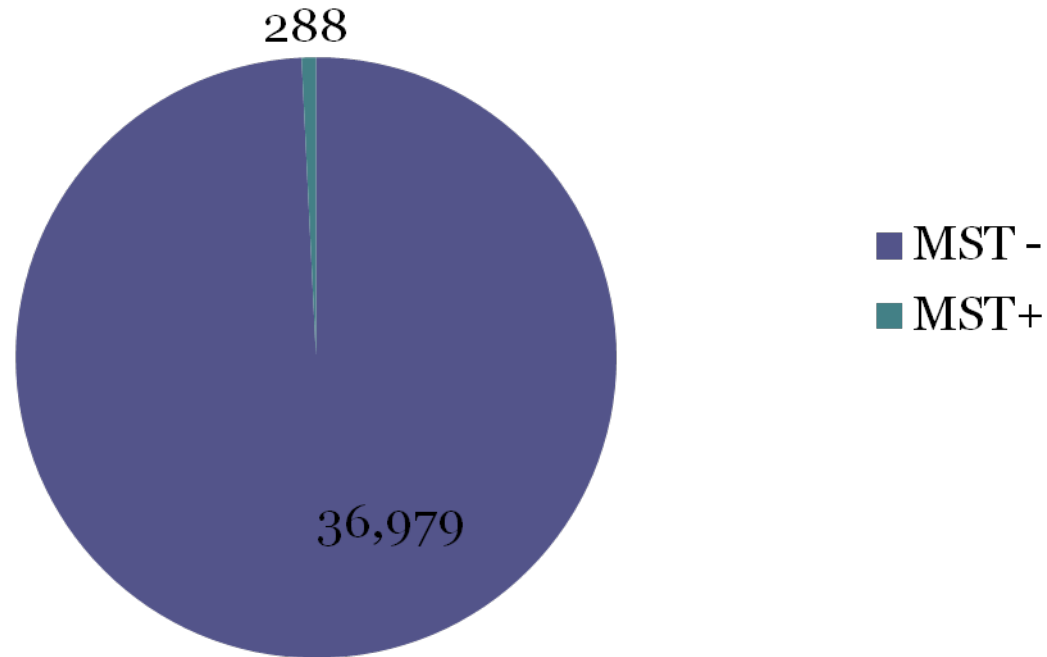
Reporting of MST at Memphis VAMC

Total Veterans = 40,005



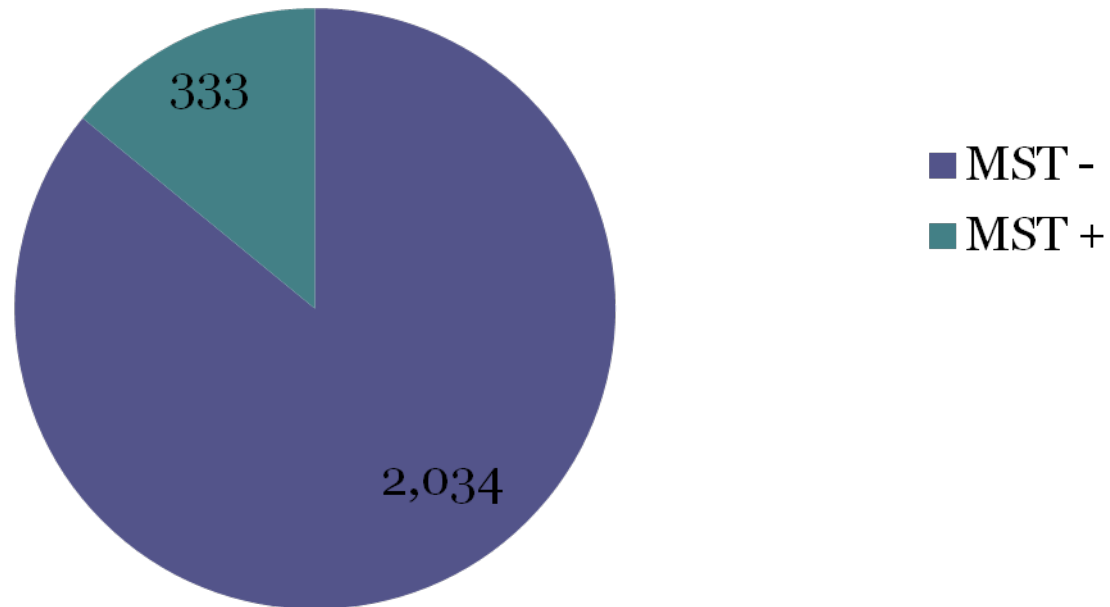
Male Veterans at Memphis VAMC

Total = 37,607
Total Screened = 37,267



Female Veterans at Memphis VAMC

Total = 2,398
Total Screened = 2,367



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

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

Diagnoses associated with MST

- Posttraumatic Stress Disorder
- Depression
 - Suicidal thoughts and/or suicide attempts
- Substance abuse / dependence
- Eating disorders
- Dissociative disorders
- Borderline Personality Disorder / Complex PTSD
- Physical health problems (e.g., lower back pain; headaches; pelvic pain; GI pain/symptoms; sexual dysfunction; gynecological symptoms; chronic fatigue)

Other issues...

- **Aftereffects of trauma not rising to the level of diagnosis**
- **Relationship problems**
- **Employment problems**
- **Readjustment issues**
- **Spirituality issues/crises of faith**

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**

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)

One Reaction to Trauma: PTSD

- **Symptoms include:**
 - **Re-experiencing** (nightmares, flashbacks, intrusive thoughts and feelings, strong emotional and physiological reactions)
 - **Hyper-arousal** (trouble sleeping, irritability/anger, trouble concentrating, easily startled, on edge)
 - **Avoidance/Numbing** (avoiding reminders, feeling detached from others, limited emotions, diminished interest in significant activities)
- **Must last for more than one month**
- **Must cause distress or impairment in functioning**
- **‘Normal reaction’ in that PTSD is common and in that the symptoms make sense**

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

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

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

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

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

For example...

- **Nightmares and memories out of nowhere** 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.

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

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

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 believe that treatment programs targeted at Veterans will not welcome them

“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
 - Many 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

“VA Cares About MST”

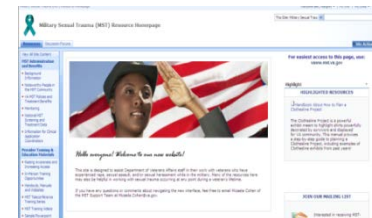
- **All Veterans seen in VHA are asked whether they experienced MST**
- **Every facility has an MST Coordinator to serve as a point person for staff and Veterans**
- **VHA employees receive training on MST-related issues**
- **National MST Support Team to improve VA’s response to MST and ensure it is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

Recovery and Ways to Learn More

- **Your local VAMC's MST Coordinator**
 - **Michelle Panucci**
 - TN Valley HCS (615) 873-6110
 - **Glenda Shorter, LCSW**
 - James H. Quillen VAMC (423) 926-1171 x 7721
 - **Latrice Thomas, LMSW**
 - Memphis VAMC (901)523-8990 x 5357

Resources & ways to learn more

- *Veterans:* VA Internet website
 - www.mentalhealth.va.gov/msthome.asp
- *VA staff:* VA Intranet MST Resource Homepage
 - vaww.mst.va.gov



THANK YOU

for your service...

And best of wishes in your recovery

QUESTIONS?