



Military Sexual Trauma

VA Portland Health Care System

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VA
HEALTH
CARE
Defining
EXCELLENCE
in the 21st Century

STRESSOR WARNING

- Please take care of yourself throughout the presentation
- We all know someone who has been sexually abused, assaulted or harassed
- Content may cause emotional distress
- If you need help, please reach out!

TAKE CARE OF YOU!

RESOURCES

- National Sexual Assault Hotline 1-800-656-4673
- National Sexual Assault Violence Resource Center
<https://www.nsvrc.org/find-help>
- DOD Sexual Assault Prevention and Response ph:571-372-2657
<https://www.sapr.mil/contact-sapro>
- National Crisis Line 1-800-273-8255, Press 1 if you're a Veteran.
- Reach out to Aysha or Lonnamae
 - 503-220-3476







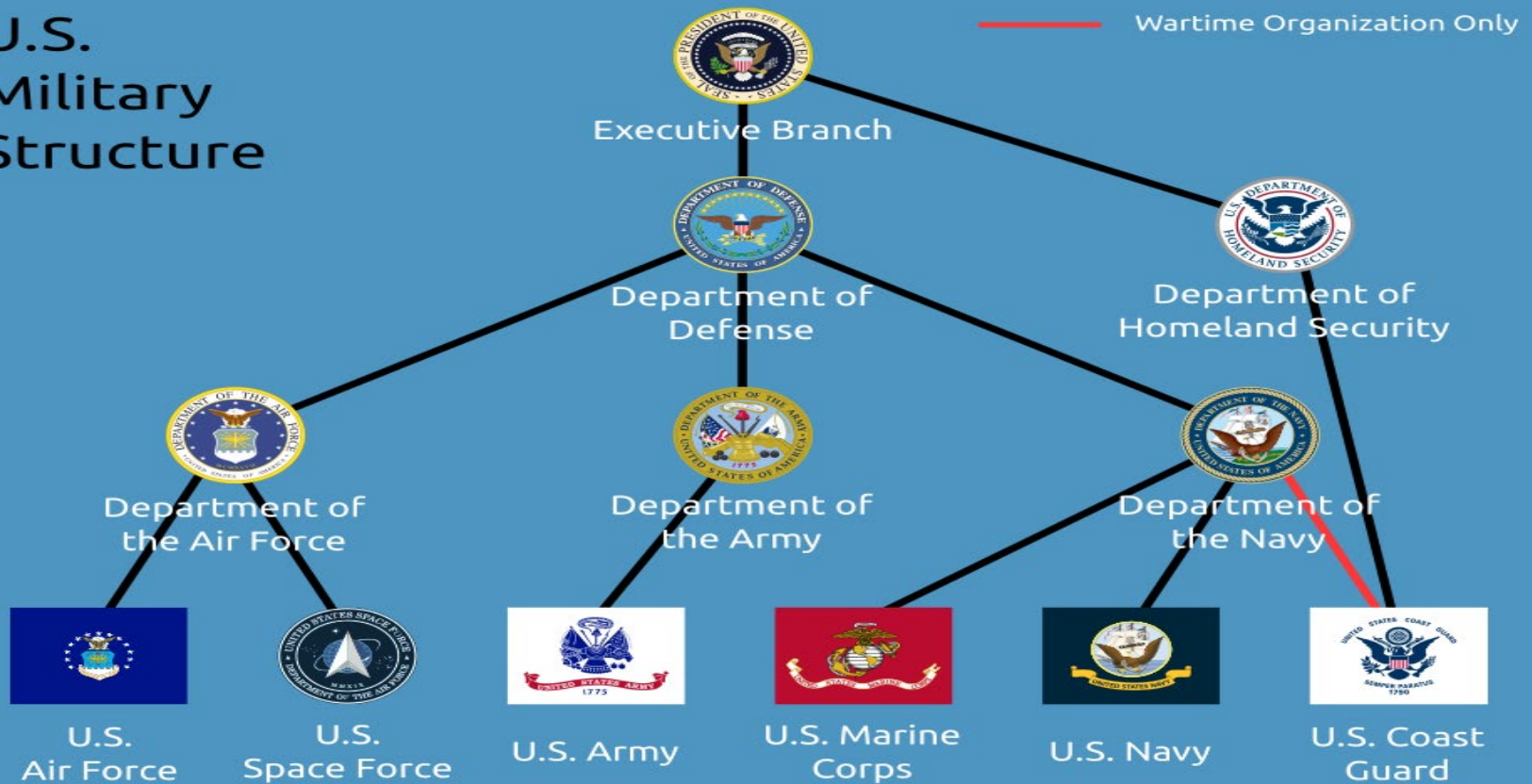
Military Culture/Values

- Loyalty
- Duty
- Respect
- Self-less Service
- Honor
- Integrity
- Personal Courage
- Discipline
- Comradery



Branches of Military

U.S. Military Structure



MILITARY RANK COMPARED TO CIVILIAN EQUIVALENTS

| Grade | | Abbreviation | Equivalent |
|---|--|--------------|---|
| NAVY ENLISTED RANKS | | | |
| E-1 | Seaman Recruit | SR | Apprentice, Employee, Team Member |
| E-2 | Seaman Apprentice | SA | Team Member, Support Personnel |
| E-3 | Seaman | SN | Assistant, Aide |
| NAVY NON-COMMISSIONED OFFICERS (NCO) RANKS | | | |
| E-4 | Petty Officer Third Class | PO3 | Assistant Manager |
| E-5 | Petty Officer Second Class | PO2 | Assistant Team Lead |
| E-6 | Petty Officer First Class | PO1 | Assistant Supervisor |
| E-7 | Chief Petty Officer | CPO | Senior Manager |
| E-8 | Senior Chief Petty Officer | SCPO | Operations Manager |
| E-9 | Command Master Chief Petty Officer, Master Chief Petty Officer of the Navy | CMDCM, MCPON | Senior Advisor, Senior Operations Manager |
| NAVY WARRANT OFFICER RANKS | | | |
| W-1 | Warrant Officer 1 | WO1 | Technical Support |
| W-2 | Chief Warrant Officer 2 | CWO2 | Technical Specialist |
| W-3 | Chief Warrant Officer 3 | CWO3 | Facilitator, Project Manager |
| W-4 | Chief Warrant Officer 4 | CWO4 | Technical Manager, Project Coordinator |
| W-5 | Chief Warrant Officer | CWO5 | Technical Expert, Consultant |
| NAVY COMMISSIONED OFFICER RANKS | | | |
| O-1 | Ensign | ENS | Manager, Line Manager, General Manager |
| O-2 | Lieutenant Junior Grade | LTJG | Executive, Executive Professional |
| O-3 | Lieutenant | LT | Administrator, Department Head |
| O-4 | Lieutenant Commander | LCDR | Executive Officer |
| O-5 | Commander | CDR | Operations Director |
| O-6 | Captain | CAPT | Program Director |
| O-7 | Rear Admiral Lower Half | RDML | Director, Managing Director |
| O-8 | Rear Admiral | RADM | CFO, Vice President |
| O-9 | Vice Admiral | VADM | COO, Senior Vice President |
| O-10 | Admiral | ADM | CEO, President, Chairman |

VETERAN DEFINITIONS

Typical Definition: The term "Veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable

Reserve/National Guard: who have deployed and earned a DD214 are considered Veterans

ORS 407.087: A person who served on active duty with the Armed Forces of the United States:

- 90 days beginning on or after Jan 31, 1955, honorable discharge
- For more than 178 consecutive days after Jan 31, 1955, honorable discharge
- Released from active duty with service-connected disability
- One day in a combat zone, honorable discharge
- Combat or campaign ribbon
- List keeps going!

TYPES OF DISCHARGES:

Honorable: Honorable status entitles the Veteran to all the benefits available to veterans who have met the other benefit qualifications

General Discharge Under Honorable Conditions: It usually means there was something that prevented the service member from performing their job adequately or from meeting expected standards of conduct. A general discharge still affords the veteran access to most veteran's programs. In some instances, they may be eligible for VA medical coverage. However, they cannot reenlist and do not have eligibility for the GI Bill.

Other Than Honorable Discharge: VA can look at circumstances and approve Veteran for basic eligibility. "Character of discharge determination"

Dishonorable Discharge: Same as OTH. A Veteran may also apply for a discharge upgrade through their branch of service



Part 1:

Background and VA Response

MILITARY SEXUAL TRAUMA (MST) DEFINITION

- MST is a VA term for trauma resulting from **sexual assault** or **sexual harassment** that occurred during military service.
- MST includes any sexual activity that you are involved with against your will.

Public Law changed with the Veteran's Access, Choice, and Accountability Act (VACAA) signed in August 2014):

“Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training. “

-Title 38 U.S. Code 1720D

MST DEFINITION CONTINUED

- **SEXUAL HARASSMENT:**

- Any unwelcomed, verbal, non-verbal or physical contact of a sexual nature.

Examples include:

- Comments or jokes about sex or private body parts
- Use sex or gender-related name calling
- Comments or teases anyone about their sexuality, sexual development or gender identity
- Making facial expressions such as winking, throwing kisses, or licking lips
- Making sexual gestures with hands or through body movements
- Displaying sexually suggestive visuals
- Staring at someone or looking a person up and down (elevator eyes)
- Spreading rumors of sexual acts or involvement

MST DEFINITION CONTINUED

- **SEXUAL ASSAULT:**

- Any sort of sexual activity in which someone is involved against their consent.

Examples Include:

- Being pressured into sexual activities (such as threats of negative treatment if you refuse to cooperate or promises of better treatment in exchange for sex)
- Sexual contact or activities without consent, including when asleep or intoxicated
- Being overpowered or physically forced to have sex
- 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.
- Can involve non-contact activities such as someone “flashing” you or forcing you to look at sexual images
- Rape and attempted rape

INTIMATE PARTNER VIOLENCE (IPV)

Veterans who experience IPV often experience MST

“Any violent behavior including, but not limited to, physical or sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner that occurs on a continuum of frequency and severity which ranges from one episode that might or might not have lasting impact to chronic and severe episodes over a period of years. It can occur in heterosexual or same-sex relationships and does not require sexual intimacy or cohabitation.”

SEXUAL ASSAULT AND IPV PREVELANCE

IPV

51% of females who reported rape disclosed their intimate partner was the person who caused the harm

MST

1 in 3 women and 1 in 50 men report that they have experienced MST when screened by VA provider

SA

Every 68 seconds a sexual assault occurs in the US



Sexual violence is common.
More than 1 in 3 women and nearly 1 in 4 men have experienced sexual violence involving physical contact during their lifetimes.



<https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>

HOW COMMON IS MST?

Veterans Seen in the Veterans Health Administration

- Women Veterans experience MST in higher proportions than men.
- Male Veterans experience sexual assault in the military at higher rates than their civilian counterparts and their specific numbers are comparable to women Veterans
- Majority of sexual assault victims are under 30
- **VA Portland Health Care System Local Data (FY 2021):**
1705 Female Veterans and 1246 Male Veterans have screened positive for MST.

VHA RESPONSE TO MST

MST Coordinators are embedded within every VA Healthcare system

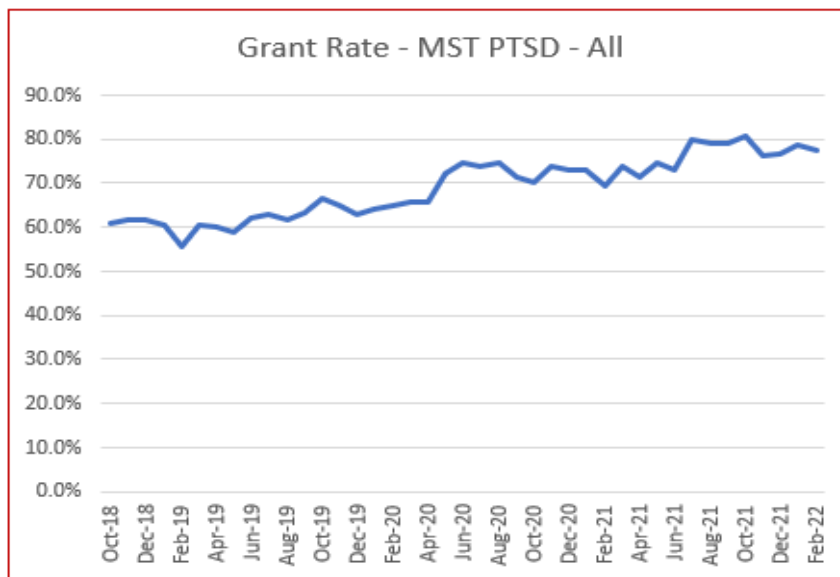
- Advocacy
- Resource brokering
- Referrals within VA and with community partners
- Community outreach including presentation
- Consultation with staff and providers
- Universal screening
 - VHAPORHCS data (2002 – 2021) for screening Veterans is = **99%**
- Pre-pandemic MST Coordinators attended standdowns and other events
- In April, VHA engages in national and local activities in honor of Sexual Assault Awareness Month (like this training!)
- Education and training of staff

VHA's RESPONSE TO MST CONTINUED

- Free MST-related care
- Service connection is not required
- Treatment is independent of the VBA disability claims process
- 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
- Veterans with Other Than Honorable discharges may be able to receive MST-related care with VBA Regional Office approval

VBA response to MST

- VBA Outreach Coordinators at every VBA, both male and female
- VBA is actively overhauling MST claims process.
- Consolidation of all MST claims to one site, with close oversight, specialized claims processors, and specialized training



NATIONAL GOVERNMENT RESPONSE TO MST

Deborah Sampson Act of 2020

- MST survivors with an Other than Honorable (OTH) discharge
- MST survivors with an OTH discharge are now immediately eligible for MST-related medical care as well as mental health care while they wait for their discharge to be adjudicated. These patients are no longer limited to mental health care eligibility only.
- Character of discharge adjudication is still required, but OTH MST survivors may continue receiving the full range of MST-related care unless VBA determines that a statutory bar applies (dishonorable for all VA purposes, 12C).

NATIONAL GOVERNMENT RESPONSE TO MST

NATIONAL DEFENSE AUTHORIZATION ACT 2022

- Sexual harassment is now a crime under U.S. military law — a milestone that might surprise many people simply because it hadn't occurred until now. The change is a direct legacy of Spc. Vanessa Guillén, who was murdered by a fellow soldier in 2020 while she was stationed at Fort Hood, Texas
- The National Defense Authorization Act includes several measures that reform how the military treats sexual harassment or assault. Most of those measures were drawn from or inspired by the I Am Vanessa Guillén Act:

NATIONAL GOVERNMENT RESPONSE TO MST

- When military personnel are missing or absent without leave, their commanders must immediately share information with local and federal agencies;
- Sexual harassment complaints must be handled through independent investigations;
- The Secretary of Defense must assess on-base living quarters and take measures "to prevent crime, including sexual assault," such as ensuring sleeping areas' have locking doors and windows;
- The Department of Defense will track "allegations of retaliation by victims of sexual assault or sexual harassment."



Part 2: Considerations



MST is an experience, not a diagnosis

COMMON DIAGNOSIS ASSOCIATED WITH MST

- PTSD (4x more likely than combat)
- Depression (3x more likely than combat)
- Substance abuse (2x more likely than combat)
- Eating disorders
- Dissociative disorders
- Borderline Personality Disorder / Complex PTSD
- Somatization Disorders
- Suicidal thoughts

DIAGNOSIS ASSOCIATED WITH MST CONT.

- Low back pain
- Headaches
- Pelvic pain
- Sexual Dysfunction
- Rectal problems
- Chronic fatigue
- Sexual arousal disorders
- Fibromyalgia
- Migraines
- Physical, like bruising and genital injuries
- Reproductive problems
- Cardiovascular disease
- Sexual health problems
- Chronic pain conditions
- Gastrointestinal
 - Irritable bowel syndrome
 - Crohn's disease

UNIQUE CONSIDERATIONS

How is military sexual trauma different from other forms of sexual trauma?

What does the military context add?

How do you think MST impacts core areas of someone's life?

SEXUAL TRAUMA IN THE MILITARY

- MST may be ongoing over time
- MST challenges culture of camaraderie
- Up until last month specific commands investigated their own allegations
- There is no way to escape
 - Might be serving in a combat zone
 - Be stationed overseas
 - Local police do not get involved
 - The abuser might be your boss and live down the hallway

SEXUAL TRAUMA IN THE MILITARY

- MST happens in combat zones
- If a service member tries to leave the military, they will be considered AWOL=LOSS OF BENEFITS/CAREER/INCARCERATION
- Perpetrators are often higher ranking and groom lower ranking
- If a service member was underage drinking when they were assaulted, they can get in trouble if they decide to report MST
- If a service member reports MST, they are the ones who often move units. This can feel like punishment because the perpetrator will often stay where they are, and their life will be minimally impacted. (article 15, swept under the rug, extra duty)

Do You Need Specialized Training To support Veterans Who Have Experienced MST?

- No...

empathy and a solid grounding in working with trauma will go a long way in working with Veterans who have experienced MST
- Yes...
 - Knowledge specific to MST is beneficial because there are particular issues that MST survivors can struggle with more than other trauma survivors

DON'T MAKE ASSUMPTIONS!

- Not all survivors have a mental health diagnosis
- They might love the military
- They might not consider themselves a Veteran
- Their spouse might have been the abuser
- Some may not want to be “thanked for their service”
- If someone is still serving, they may not identify as a Veteran

COMMON TREATMENT THEMES

- Difficulties with intimacy, trust, safety, and other core features of relationships
- Interpersonal difficulties
 - Strong reactions to situations in which one individual has power over another
 - Difficulty identifying and setting interpersonal boundaries that are not too high or too low
- Struggles with issues related to power and control
- Self-blame and self-doubt
- Difficulties managing distress and/or limited coping strategies

COMMON TREATMENT THEMES

- Problems with sexual functioning and sexuality
- Body image and/or disordered eating patterns
- Reactions can be gender specific
- Risk of revictimization
 - difficulties seeing red flags in relationships, difficulties trusting own instincts, hypersexuality, unsafe sex, high risk behaviors

Framework for Treatment

- Judith Lewis Herman's Trauma and Recovery:

The fundamental stages of recovery are...

1. Establishing safety
 2. Remembering and mourning
 3. Reconnection and meaning-making
- Not necessarily a linear progression through these stages
 - Parallels common distinction between skills-building (stabilization) and trauma processing (exposure) work

Treatment Programs

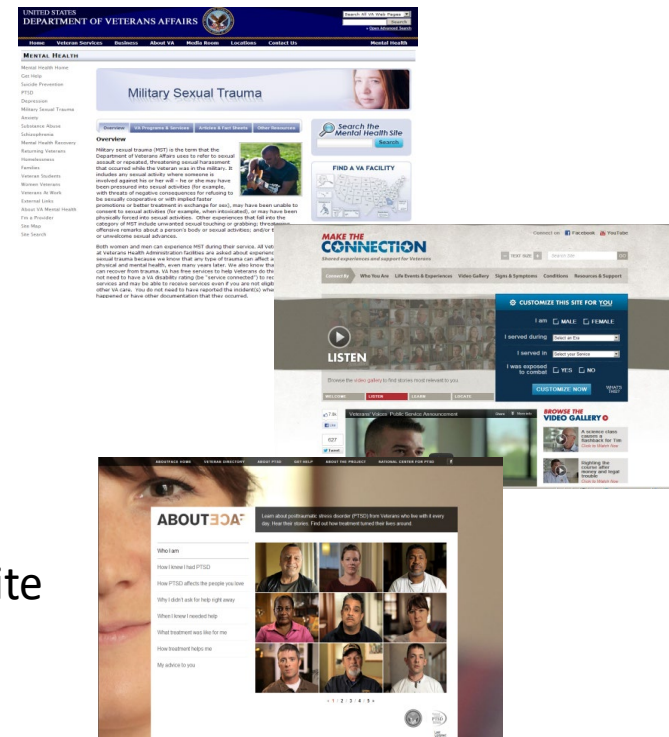
- VA Portland Health Care System has a PTSD Clinical Team in both Vancouver & Portland
 - Cognitive Processing Therapy
 - Prolonged Exposure
 - Adaptive Disclosure & Progression Series (treatment for moral injury)
 - PTSD Symptom Management Group
 - Acceptance and Commitment Therapy for Betrayal
 - Acceptance and Commitment Therapy for Moral Injury
 - Eye Movement Desensitization Reprocessing

How does a Veteran get mental health care?

- Enroll in VA Healthcare
 - <https://www.va.gov/health-care/eligibility/>
- Contact local VA mental health
 - Portland/Vancouver call 503-220-8252 ext 56409
- National Mental Health website with locators
 - <https://www.va.gov/health-care/health-needs-conditions/mental-health/>

Resources for Veterans who experienced MST

- VA Internet website on MST
 - www.mentalhealth.va.gov/msthome.asp
- Make the Connection
 - www.maketheconnection.net
- National Center for PTSD's AboutFace website
 - www.ptsd.va.gov/aboutface



To Learn More

- MST-specific readings:
 - Allard, C.B., Nunnink, S. (2011). Military sexual trauma research: A proposed agenda. *Journal of Trauma & Dissociation*, 12, 324-345.
 - Bell, M.E. & Reardon, A.F. (2012). Working with survivors of sexual harassment and sexual assault in the military. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 72-91). New York, NY: Routledge.
 - Bell, M.E. & Reardon, A. (2011). Experiences of sexual harassment and sexual assault in the military among OEF/OIF Veterans: Implications for healthcare providers. *Social Work in Healthcare*, 50, 1-17.
 - Hyun, J.K., Pavao, J., & Kimerling, R. (2009). Military sexual trauma. *PTSD Research Quarterly*, 20(2), 1-8.
 - Street, A.E., Kimerling, R., Bell, M.E., & Pavao, J. (2011). Sexual harassment and sexual assault during military service. In J. Ruzek, P. Schnurr, J. Vasterling, & M. Friedman (Eds.) *Caring for Veterans with deployment-related stress disorders: Iraq, Afghanistan, and beyond* (pp.131-150). Washington, D.C.: American Psychological Association Press.

To Learn More

- Readings on sexual trauma more generally:
 - Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse, 10*(3),225-246.
 - Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression & Violent Behavior, 7*, 203-214.
 - Neville, H.A. & Heppner, M.J. (1999). Contextualizing rape: Reviewing sequelae and proposing a culturally inclusive ecological model of sexual assault recovery. *Applied & Preventive Psychology, 8*, 41-62.
 - Roberts, S.T., Watlington, C.G., Nett, S.D., & Batten, S.V. (2010). Sexual trauma disclosure in clinical settings: Addressing diversity. *Journal of Trauma & Dissociation, 11*(2), 244-59.
 - Street, A.E., Bell, M., & Ready, C.E. (2011). Sexual assault. In D. Benedek & G. Wynn (Eds.) *Clinical manual for the management of PTSD* (pp. 325-348). Arlington, VA: American Psychiatric Press, Inc.
- Excellent resource on implementing trauma-informed care:
 - Harris, M. & Fallot, R.D. *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass.

Contact Information

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