

A Primer on Military Sexual Trauma for Mental Health Clinicians

What is Military Sexual Trauma?

The term *military sexual trauma (MST)* is defined in U.S. Code as “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.” This may include any sexual activity where someone was involved against his or her will, such as if he or she was pressured into sexual activities (e.g., with threats of consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), unable to consent to sexual activities (e.g., when intoxicated), or physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening offensive remarks about a person’s body or sexual activities; and/or threatening and unwelcome sexual advances.

VA provides free care for conditions related to MST.

Veterans do not need to be service connected and may be able to receive this free care even if they are not eligible for other VA care.

What Should I Know About Working With Survivors of Military Sexual Trauma?

- **Both women and men experience MST.** Though rates of MST are higher among women, the large number of men in the military means that there are actually only slightly fewer men than women seen in VA who have experienced MST.
- **Sexual trauma survivors can struggle with distinct issues.** For example, sexual trauma is an interpersonal trauma involving harm from another human being, often someone trusted. This can lead sexual trauma survivors to struggle more with intimacy, trust, safety and other core features of relationships than survivors of other traumatic experiences. With sexual trauma occurring in the military, certain aspects of the experience, such as possibly having had ongoing contact with perpetrators afterwards, may also create unique issues for survivors’ recovery.
- **Although the reactions men and women have to sexual trauma are similar in some ways, they may also struggle with different issues.** Few men believe they are vulnerable to sexual trauma; this can make experiencing it that much more confusing for them. They may question their masculinity or sexual orientation. For women, sexual trauma may strengthen preexisting concerns about safety, particularly in environments dominated by men. They may struggle to reconcile victimization with the toughness they had to exhibit as a woman in the military. Gender norms for help-seeking and expression of distress also often shape survivors’ behavior.
- **MST survivors may have experienced multiple traumas.** Given that the effects of trauma appear to be cumulative over time, these individuals are more likely to present with more severe symptoms that may be more resistant to improvement.
- **You may be the first person the survivor has ever told about his or her experiences of MST.** Self-blame, shame, and fear of retaliation or negative reactions from others often lead sexual trauma survivors to remain silent about their experiences. This makes it especially important to screen all patients for sexual trauma and to respond empathically to disclosures.

Associated Conditions

Sexual assault is more likely to result in symptoms of **PTSD** than are most other types of trauma, including combat. Symptoms of **depression** and **substance abuse** are also common. Even survivors without problems at the level of formal diagnosis may still struggle with issues related to emotional dysregulation, interpersonal functioning, and meaning-making about their experiences. Sexual trauma can also have severe consequences for **physical health** and is associated with gastrointestinal difficulties, chronic pain, chronic fatigue, and headaches.

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Treatment Approaches

Best practices for treatment depend on the specific mental health conditions involved but **some commonly used protocols** include:

- Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and other exposure-based therapies for PTSD
- Acceptance & Commitment Therapy (ACT) for anxiety and depression
- Dialectical Behavior Therapy (DBT) for emotional dysregulation and interpersonal deficits, particularly for patients who have experienced multiple traumas

Coping skills training focused on stress management, assertiveness, and distress tolerance can be additional important components of treatment.

Psychoeducation and **normalization of symptoms** are also often helpful.

Common Treatment Themes

Treatment of sexual trauma survivors is similar in many ways to treatment with other trauma survivors. There are, however, certain issues that arise more frequently and should be monitored, such as:

- **Interpersonal difficulties.** Survivors may have particularly strong reactions to situations in which one individual has power over another, such as employee-employer or patient-healthcare provider relationships.
- **Self-blame and self-doubt.** Survivors may blame themselves for their experiences of sexual trauma or question their decision-making at the time. They may question their general ability to judge others' intentions or trustworthiness given the occurrence of the trauma.
- **Problems with sexual functioning and sexuality.** Even survivors who do not meet formal diagnostic criteria for sexual dysfunction may experience anxiety, fear, helplessness, or pain during sex. Survivors who became involuntarily aroused in response to sexual stimulation during the assault may wonder if they actually enjoyed the experience.
- **Difficulty identifying and setting appropriate interpersonal boundaries.** The profound violation of personal boundaries involved in sexual trauma may leave survivors confused about what is reasonable behavior in relationships.
- **Risk of revictimization.** Many of the behaviors survivors engage in to avoid trauma-related memories and feelings, such as substance abuse, inattention to internal sensations and emotions, and dissociation, may unfortunately leave them susceptible to subsequent victimization.

It's important to remember though that different sexual trauma survivors may have very different reactions to their experiences. Gender, race/ethnicity, religion, sexual orientation, socioeconomic status and lifetime trauma history are some factors that may have a powerful impact on a survivor's presentation.

Documentation Issues

It is good clinical practice to screen all patients for experiences of sexual trauma and VA mandates screening all Veterans for experiences of MST in particular. Even if a Veteran has previously been screened, it is helpful to include questions about sexual trauma in all mental health intakes, as Veterans may be more open to disclosure in those settings. Be sure to **complete the MST clinical reminder in CPRS** after screening. This activates the MST checkbox in a Veteran's encounter form, thus giving him or her access to free MST-related care (if applicable). It is possible to change a Veteran's response to the clinical reminder if he/she discloses MST at a later date. If in the healthcare provider's clinical opinion a given visit involved treatment for conditions related to the MST, this should be indicated by **checking the MST checkbox on the encounter form** for the visit. This notifies your facility's billing office that the Veteran should not be charged for the visit.

For More Information

Visit the MST Resource Homepage (<http://vaww.mst.va.gov>) on the VA Intranet or speak with the MST Coordinator at your facility.

