TREATING MALE SEXUAL DYSFUNCTION

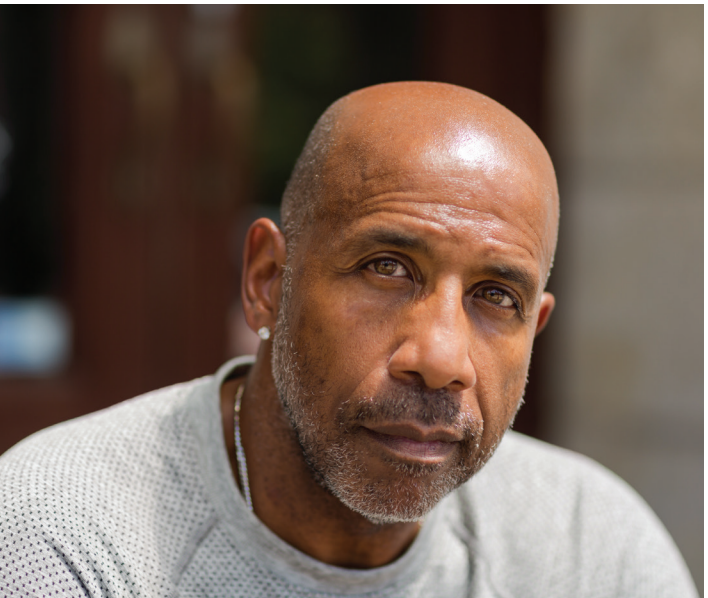
Sexual health concerns are often best treated with an interdisciplinary approach, given the potential influence of medical, psychological, sociocultural and interpersonal contributors. Coordinate care with other providers as needed.

There may be a provider in Urology, Primary Care Mental Health Integration, Specialty Mental Health, or Behavioral Medicine with expertise in sexual dysfunction who could collaborate with you.

Veterans may benefit from referral to community care if specialized sexual health services are unavailable at your facility.

If it seems that the sexual health concerns are a consequence of, or exacerbated by, MST, contact the local MST Coordinator to discuss availability of local resources.

The MST Consultation Program (MSTConsult@va.gov or 866.948.7880) is available to answer questions and provide support regarding any issues that arise in working with MST survivors, including those related to sexual health.



TREATMENT RESOURCES

- *Sex & the Military* training for providers, http://cir.usc.edu/wp-content/uploads/2015/07/SexMilitaryToolkit_InteractiveVersion-Jul2015_002.pdf
- International Society for Sexual Medicine Q&A, https://www.issm.info/sexual-health-qa/
- *Coping with Premature Ejaculation* by Metz & McCarthy
- *Coping with Erectile Dysfunction* by Metz & McCarthy
- *Invisible Men* by Addis
- *Rekindling Desire* by McCarthy & McCarthy
- *Seven Weeks to Better Sex* by Renshaw
- *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse* by Maltz

TO FIND SPECIALTY PROVIDERS:

- *The American Association of Sexuality Educators, Counselors and Therapists (AASECT)* www.aasect.org/referral-directory
- *Society for Sex Therapy and Research (SSTAR)* https://sstarnet.org/find-a-therapist/

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Mental Illness Research, Education and Clinical Center

VISN 17 CENTER OF EXCELLENCE
For Research on Returning War Veterans

TREATING SEXUAL DYSFUNCTION IN MALE VETERANS

A Guide for VA Healthcare Providers

Choose VA

MILITARY SEXUAL TRAUMA & MALE SEXUAL DYSFUNCTION

Unwanted sexual experiences, including sexual assault and/or sexual harassment during military service (also referred to as MST), are an important risk factor for male sexual dysfunction, including difficulties with desire, arousal, orgasm, and sexual satisfaction.

Approximately 1-2% of male Veterans have reported MST to their VA healthcare providers. Although not all sexual health difficulties are a consequence of MST, sexual dysfunction is more common among male Veterans who have experienced MST.

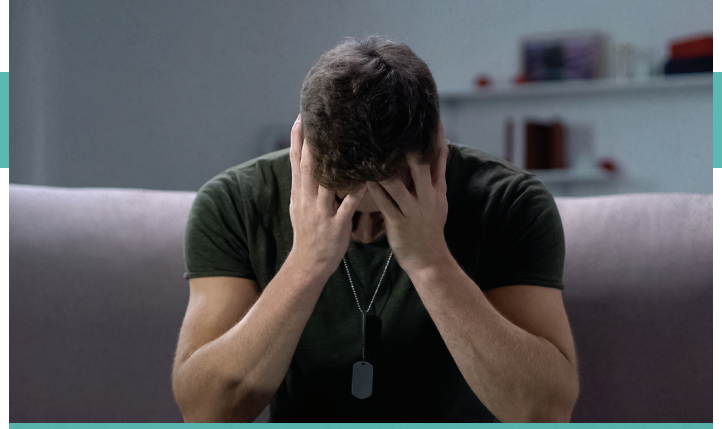
Many trauma-related sexual problems may be adaptive for a period of time (e.g., avoiding sex prevents pain during intercourse, re-experiencing symptoms, etc.), even if they have other negative impacts (e.g., disrupting intimate relationships).

Healing from trauma-related sexual dysfunction is a process that takes time, and Veterans may experience both progress and set-backs.

MALE SEXUAL DYSFUNCTION

The male sexual dysfunction disorders are classified by the DSM-5 and ICD-10.

- Male Hypoactive Sexual Desire Disorder 302.71 (F52.0): Low sexual desire, deficient or absent erotic thoughts or fantasies
- Erectile Disorder 302.72 (F52.21): Difficulty attaining or maintaining an erection until completion of sexual activity
- Premature (Early) Ejaculation 302.75 (F52.4): Ejaculation within one minute of penetration and before the man wishes it
- Delayed Ejaculation 302.74 (F52.32): Marked delay in, or absence of, ejaculation
- Other Specified Sexual Dysfunction 302.79 (F52.8) and Unspecified Sexual Dysfunction 302.70 (F52.9): Sexual symptoms that cause distress but do not meet the full criteria for any of the other disorders



MALE SEXUAL DYSFUNCTION AND MASCULINITY

For many men, sexual function is intimately tied to their sense of masculinity and self-esteem or self-confidence. When men report sexual dysfunction, they can experience a deep blow to their ego and sense of themselves as a "real man."

This concern is especially relevant for male Veterans who experienced MST. There is often stigma and shame attached to MST. In an effort to make sense of their MST experiences, many male survivors will question their sense of masculinity, power, and safety. Sexual dysfunction can add another layer of shame and self-blame.

Male Veterans may have experienced the freeze response or have been unable to fight back during MST. These are biological reactions that can happen automatically and uncontrollably. This does not mean that they wanted, or enjoyed, the MST. It also does not mean anything about their sexual orientation or sexual preferences.

Healthcare providers can help dispel these myths about MST by sharing this information and normalizing that MST can happen to anyone, regardless of gender, physical size and strength, and explaining that biological reactions during MST, and sexual dysfunctions after MST, are common. Providing sensitive healthcare and encouraging Veterans to seek treatment until they feel better are other ways to be supportive.

ASKING VETERANS ABOUT SEXUAL HEALTH

Although some clinicians may feel awkward asking Veterans about sexual health, **research suggests that patients want their doctors to ask about it.**

WAYS TO ASK ABOUT SEXUAL HEALTH AFTER SEXUAL TRAUMA:

- "With your permission, I'm going to ask you some questions about your sexual health. I ask all of my Veterans these questions, and there is no judgment here. Would that be OK with you?"

- "Many men have learned ways of coping with unwanted sexual experiences that are sometimes helpful but can cause problems other times. For example, distracting or going somewhere else in your mind during sex can help you get through it but affect your enjoyment of sex and cause problems in your relationship. Is anything like this happening for you?"

- "It is common to experience difficulties with sex or intimacy after unwanted sexual experiences. Do you have any concerns about your sexual health?"

- "This may feel strange or uncomfortable, but sex is a part of most people's lives. We will spend a few minutes talking about your sexual health, whether you have noticed any difficulties, and if you are satisfied with this area of your life."

- "Are you having any problems with sexual health or intimacy, for example, recalling memories or images of past unwanted experiences during sexual activity? Are you having a hard time saying 'no' or expressing what you want sexually?"