



Patient Information

Facing Military Sexual Trauma

Although the VA cares for men and women every day who experience sexual trauma or sexual assault, the problem of military sexual trauma (MST) has been formally addressed only in recent years. The VA defines MST as sexual harassment that is threatening in character, or physical assault of a sexual nature that occurred while the victim served in the U.S. military—regardless of where the trauma occurred, the gender of the victim, or the relationship of the victim to the perpetrator.

Many types of sexual harassment fall under MST, including a put-down on your gender, flirting when you have made it clear that you are not interested, sexual comments or gestures about your body or lifestyle, or pressure for sexual favors. Rape is not the only type of sexual assault—any type of unwanted sexual act, including grabbing or touching, also is considered sexual assault. In fact, sexual assault does not even have to be physical; both sexual threats and bullying also fall under MST.

Sexual trauma is a serious concern since it can affect both your physical and mental health. Fortunately, to combat the consequences, the VA provides confidential, priority counseling and treatment for MST-related physical and mental health problems.

Who is at risk?

Sexual trauma can happen to anyone serving in the military and can occur during any point of military service—including during times of war, peace, or training. It affects

both genders and can be man-to-woman, woman-to-man, man-to-man, or woman-to-woman. Among active duty military, about 5% to 6% of women report having experienced military sexual assault, while about 78% report having experienced military sexual harassment. Among veterans enrolled in VA health care, about 55 out of 100 women and 38 out of 100 men report experiencing some form of MST.

Although MST is more common in women, 54% of all VA patients who screen positive for MST are men. This is because the proportion of men serving in the U.S. military is much higher than the proportion of women.

What are the warning signs?

Reactions to MST vary—for example, while many victims report feeling fear, shame, anger, embarrassment, or guilt after the trauma, others report feeling either numb or nothing at all afterward. Victims do, however, often exhibit some common warning signs after experiencing sexual trauma.

Patients with MST may avoid the places or things that remind them of what happened, either consciously or unconsciously, and they also may distance themselves from their family, friends, or other people in their lives. MST victims sometimes have trouble sleeping, or when they do sleep, they may experience nightmares. Problems in relationships or thoughts of suicide also are common in MST patients.

Victims of sexual assault often experience posttraumatic stress disorder (PTSD). In fact, PTSD is more likely to occur after



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rape than after any other traumatic event in both men and women. Although some victims exhibit these signs and respond to sexual trauma right away, others may not show a response until several months after the trauma actually occurred. The length of time victims continue to deal with the consequences of MST also varies.

In addition, MST can affect your physical health—during a sexual assault you may contract a sexually transmitted disease, sustain serious injuries, or become pregnant. Certain symptoms are seen more frequently in survivors of MST than in the general population (such as lower back pain, headaches, sexual problems, diarrhea, nausea, or sudden weight change). Some studies have shown that health conditions (such as diabetes, obesity, arthritis, and lung disease) also are seen more frequently in patients with MST.

What can I do?

Talking with a mental health professional and receiving counseling soon after sexual trauma can help you deal with the extra stress caused by the trauma and can possibly prevent MST symptoms from developing. Every VA facility has a designated MST Coordinator, who serves as your advocate and can help you find VA services and programs, state and federal benefits, and community resources that are designed specifically for those with MST. Talking with friends and family about the trauma also may help.

How is it treated?

Education about MST, for both you and your family members, is considered an important part of treatment. After this step, your doctor may recommend individual therapy (with a mental health professional

or counselor), group therapy, or medication.

Several types of therapy are used to treat MST—many of which fall under the category of *cognitive behavioral* (**cog**-nut-ihv bih-**hay**-vyur-al) therapy. The main goal of cognitive behavioral therapy is to help you change your thought patterns, which, in turn, will help you change the emotions and behavior connected with sexual trauma. During exposure therapy—a form of cognitive behavioral therapy—a counselor will encourage you to reimagine your trauma repeatedly under controlled conditions as a way of learning to cope.

Stress *inoculation* (in-ak-yu-**lay**-shun) training involves combining stress management strategies with techniques such as muscle relaxation, breathing retraining, self-dialogue, and thought stopping.

Group therapy enables you to discuss your trauma with others who have had similar experiences. Since many patients with MST experience PTSD after the trauma, your doctor may prescribe medication to control PTSD symptoms. Other medication might be prescribed to help ease excessive anxiety or to help you sleep. Your doctor will monitor you closely for unwanted effects of these medications.

For more information about MST, visit the VA MST Web site at www.publichealth.va.gov/womenshealth/trauma.asp. ●

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