Screening Vets for Sexual Abuse Found Efficient

BY JEFF EVANS
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Baltimore — A preliminary study of nearly 600,000 electronic medical records validates reports in the literature showing that about 20% of female and 1% of male Veterans Affairs patients have reported military sexual trauma.

"Because there are so many more males than females in the VA health care system, the [actual] sizes of our clinical populations are about equal," with about 57,000 victims in each gender," Rachel Kimerling, Ph.D., of the National Center for Posttraumatic Stress Disorder in the VA Palo Alto (Calif.) Health Care System, said at the annual meeting of the International Society for Traumatic Stress Studies.

The results of the study that Dr. Kimerling and her colleagues conducted reinforce the need to provide adequate treatment for victims. They also suggest that mandatory screening for a history of military sexual trauma (MST) in veterans receiving VA health care services has been effective and "pretty efficient" in finding and treating enough patients to make its implementation worthwhile.

MST is defined as sexual assault or repeated, unsolicited, threatening acts of sexual harassment that occur during active military duty or training for active duty.

In one of Dr. Kimerling's previous studies of the VA MST screening program, women with MST were almost nine times more likely to have posttraumatic stress disorder (PTSD) than women who did not report MST, whereas men with MST were three times more likely to have PTSD than men without a history of MST. Positive screens for MST were associated with greater odds of many mental health and medical comorbidities (Am. J. Public Health 2007;97:2160-6).

A public law implemented in 2001 mandates universal screening for MST for both genders in VA health care settings. Patients who screen positive are offered treatment of MST-related conditions free of charge, regardless of VA eligibility.

Dr. Kimerling said the services research usually suggests that screening alone is not very helpful. "But I thought it was worth checking out, because of the depth of these policies and the mandate, and because I think sexual trauma is a little bit of a special population [in which] there is such a pronounced stigma, especially for the male patient. It is so rarely disclosed to providers that screening actually might do something to make people aware that VA actually treats this and that services are available."

She and her associates conducted a preliminary prospective longitudinal study of patients screened for MST at VA medical centers in 2005. Screening found that MST was prevalent in just over 1% of 540,381 male and almost 20% of 33,259 female VA patients. Most of the screened population had no prior mental health care, defined as any contact with specialty mental health or substance abuse services within the past 6 months (90% of men and 86% of women).

Screening for MST was positive if the reply to either of the following questions was "yes:"

► While you were in the military, did you receive unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?

► While you were in the military, did someone ever use force or threats of force or punishment to have sexual contact with you when you did not want to?

"What you expect to see if [screening] was working is more mental health service use after screening than before screening," Dr. Kimerling said. Women who screened positive for MST were 2.5 times more likely to obtain mental health care after being screened than were women who screened negative for MST; this difference was significant (30% of MST positive vs. 12% of MST negative).

Men who screened positive for MST (23%) had nearly the same increased probability of getting mental health care after being screened, compared with men who had screened negative (9%).

MST-positive patients who had a history of mental health treatment, including those already in ongoing treatment, were 20%-25% more likely to obtain mental health care after screening than were those who had a history of mental health treatment but screened negative for MST. The differences were significant in men (79% vs. 66%) and women (77% vs. 62%). All comparisons were adjusted for age and race, Dr. Kimerling said at the meeting, which was also sponsored by Boston University. ■