MILITARY SEXUAL TRAUMA
HOW TO IDENTIFY AND TREAT
A UNIQUE FORM OF PTSD

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Sexual trauma may cause or exacerbate posttraumatic stress disorder (PTSD). Sexual trauma during active military duty—military sexual assault (MST)—includes sexual harassment, sexual assault (defined as unwanted sexual contact), and rape:
- 38% of former servicemen receiving VA health care report having been sexually harassed
- 3.5% of men and 23.3% of women serving between 1970 and 2000 report having been sexually assaulted
- 1.2% of men and 11.1% of women report having been raped while in the military
Veterans with <24 months of active duty—who otherwise would not be eligible for VA services—are eligible for MST-related assistance. They can receive sexual trauma counseling even if they did not report the incident during active military service and are not billed for counseling, services, or medication.

What is MST? Sexual trauma associated with military service has unique characteristics. It occurs most often where victims live and work closely with the perpetrators, resulting in victims feeling helpless, powerless, and fearing reprisals. Most military assault and rape victims are young (<32 years). Some leave military service before realizing their career goals, and they often suffer trauma-associated problems after discharge.

Department of Defense initiatives since 2000 appear to have reduced the MST rate, particularly for women. In the 2004 Reserve Sexual Harassment Study, 1% of men and 2% of women reported sexual assault, including rape or attempted rape. Even so, these percentages reflect thousands of events. Pentagon figures show military sexual assault incidents increased 40% from 2004 to 2005 (from 1,700 to 2,374 allegations), possibly because of a new program encouraging victims to report assaults.

Box

How to screen veterans for military sexual trauma (MST)

The National Center for Posttraumatic Stress Disorder (see Related resource) suggests two screening questions for MST:
- While you were in the military, did you experience any unwanted sexual attention, such as verbal remarks, touching, or pressure for sexual favors?
- Did anyone ever use force or threat of force to have sex with you against your will?
Screening for MST. Include MST screening as a component of screening of Iraq war veterans for PTSD (see page 40). Two recommended questions (Box) for men and women can help you start discussing MST.

Use compassion and sensitivity, recognizing the stigma of sexual assault while fastidiously preserving confidentiality. Establish a comfortable environment for disclosure, be nonjudgmental, and maintain good eye contact as you gradually introduce the questions.

RECOMMENDED TREATMENT
Comprehensive MST management includes assessing for PTSD, major depression, and substance abuse. When a veteran screens positive for MST, validation and empathy are first-line treatment. Provide MST education, assess health status, and ask them about their support systems.

Sexual trauma survivors often suffer low self-esteem, self-blame, anger, difficulties with interpersonal relationships, and sexual dysfunction. “PTSD flare-ups” can occur during medical encounters and clinical procedures. Evaluate MST survivors regularly for re-victimization, as they may be at risk to be sexually abused again outside the military.1

Referral. Consider referring veterans to a local VA facility, which all have a “military sexual trauma coordinator” to help veterans obtain treatment.

Related resources

Other VA resources include referrals to the women veterans program manager or mental health clinic.

Veterans living in the community can be referred to readjustment counseling service offices, which have sexual trauma counselors on staff. This may be an option for the veteran who does not want to obtain mental health services from the VA.

References

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