

PROVIDING CARE FOR SURVIVORS OF MILITARY SEXUAL TRAUMA (MST)

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OVERVIEW:

In both the United States and Canada, the issue of sexual misconduct in the military forces is a serious concern. Media coverage tends to focus on high-profile cases and the breadth of people who have been impacted. Military Sexual Trauma (MST) is a term used by the U.S. Department of Veterans Affairs and others in scientific and advocacy communities that refers to sexual harassment or sexual assault occurring during military service. The Canadian government is currently working on an official definition of MST.

Sexual harassment can take the form of unwanted sexual experiences that create an intimidating, hostile or offensive work environment. Quid pro quo sexual harassment is when tolerance of or participating in unwanted sexual experiences is required as a condition of employment or is used as the basis for employment decisions. Sexual assault is defined as unwanted sexual contact without the victim's explicit consent, being overpowered or physically forced, coerced with threats of harm or abuse of authority, and/or being unable to consent. Rape is a specific, severe form of sexual assault that involves sexual penetration.

Governments in both countries are trying to find solutions to treat MST and prevent sexual harassment and assault.



HIGHLIGHTS:

MST involves many different behaviours on a 'continuum of harm' where sexual harassment and assault are related, setting the stage for more severe MST events to occur. Understanding the continuum is important to the development of prevention strategies and responding to the needs of victims. Most survivors suffer psychological reactions in the acute aftermath of the event(s). Rates of recovery may depend on the severity of the experience, the response from others after the event, and access to social supports and healthcare.

Dr. Street emphasized that MST is an issue for men too: their recovery can be even more complicated than their female counterparts' because "men really haven't been prepared with how to cope with these experiences in the way that women, unfortunately, have been in our society."

Sexual assault (SA) is a particularly high-risk event and contributes to the development of post-traumatic stress disorder (PTSD). This is because:

- SA involves intentional interpersonal victimization by a known and a trusted perpetrator who may be in a position of authority;
- SA can be linked to events across the life course, e.g., prior childhood abuse or interpersonal violent adult relationships; and
- SA victims often encounter negative social reactions and very invalidating responses in the aftermath of the event.

The military context can elevate the trauma:

- SA violates the trust of fellow service members who are there to protect each other.
- Risk is often ongoing through repeated exposure to the perpetrator.
- Feelings of helplessness and entrapment arise from the institutional betrayal of not being protected.
- Career consequences are real: they could be self-initiated (having to leave because of the environment), military-initiated (because of retaliation by superiors or unbearable peer relationships), or career interference due to individual loss of functioning.
- All of these factors can lead to a strong grief reaction in soldiers.

TAKEAWAYS AND NEXT STEPS:

Care for MST survivors may not occur until many years after the experience, so it is important for health practitioners to ask about MST directly. MST survivors are more likely to disclose if they feel the practitioner is comfortable with and cares about the topic. Attention to patient preferences, like the gender of their health provider, may make Veterans feel more comfortable disclosing and getting the sexual trauma support they need. Best practices include evidence-based treatment strategies for PTSD, such as cognitive processing therapy, cognitive therapy, eye movement desensitization and reprocessing, cognitive behavioural therapy with a trauma focus, and prolonged exposure therapy. These treatment strategies are also appropriate for some complex presentations as they are safe and effective (though they may not work well in all complex cases). Overall, MST survivors should be given the best possible care available. We can agree the prevalence numbers of MST in both Canada and the US are unacceptable. Ongoing tracking of such cases is essential to evaluate whether we can reduce the incidence of MST through advocacy and programming. The resilience of these men and women is to be commended.