

Understanding Military Sexual Trauma

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Introductions

What is your understanding of
Military Sexual Trauma?

Tailhook Convention Scandal

- ▶ Reluctance in acknowledging and addressing the occurrence of sexual harassment and assault in the military was altered with the Tailhook Convention Scandal in Las Vegas, Nevada in 1991
- ▶ Over 4,000 Navy and Marine Corp Veterans attended the conference, where reportedly 83 women and 7 men were sexually assaulted
- ▶ The resulting congressional hearings highlighted for the first time the issue of sexual misconduct in the military, as well as the latent institutional and cultural attitudes toward women
- ▶ The hearings resulted in the Veterans Health Care Act of 1992 which initially defined the term “military sexual trauma” (MST) and in 1994 the law was extended to include men and required that the U.S. Department of Veteran Affairs screen all veterans for MST and provide services to those who were traumatized by their experiences (Moore, B. and Penk, W. 2019)

What is Military Sexual Trauma...

“Rape is the only crime in which the victim becomes the accused “ - Freda Adler

“MST is an acronym for Military Sexual Trauma, developed to describe sexual trauma which occurs while the individual is on active duty in the military. A person cannot have MST because it is not a disease (physically or mentally), it is not a diagnosis, it can only be experienced. “

As the VA website reinforces “It’s important to remember that MST is an experience...it is not a diagnosis or mental health condition in and of itself.”

Military Sexual Trauma refers to both sexual assault and sexual harassment which transpire in military settings...which can occur; during war and peace, to men or women, to enlisted personnel or officer, active duty, reserve or guard, during training, deployment, Temporary Duty Assignment, or Permanent Duty Station, to any grade, any age, and within any military. “ (Wells, Miette 2013)

▶ Video Clip

We Are Survivors

- ▶ Dani Kelourmous
- ▶ Sharon Tony-Finch
- ▶ Milagros “Millie” Rivera-Velez
- ▶ Alyssa Carrion
- ▶ Denisha Montgomery Smith

STATISTICS

FACTS ON MST

- ▶ 2018 Stats:
- ▶ 6.2% of active-duty women and 0.7% active-duty men have experienced sexual assault
- ▶ 24.2% active-duty women and 6.3% active-duty men have experienced sexual harassment
- ▶ 1 in 3 women and 1 in 50 men report having experienced MST have experienced MST during their military service
- ▶ Of women who reported a penetrative sexual assault, 59% were assaulted by someone with a higher rank than them, and 24% were assaulted by someone in their chain of command
- ▶ 76.1% of the victims did not report the crime

MORE FACTS ON MST

- ▶ A third of victims are discharged after reporting typically within 7 months of making a report
- ▶ Victims received harsher discharges, with 24% separated under less than fully honorable conditions, compared to 15% of all service members
- ▶ 66% of servicemembers who reported retaliation after filing a sexual assault complaint were women
- ▶ 73% of retaliation reports alleged that retaliators were in the reporter chain of command
- ▶ 1 in 4 victims who did not report feared retaliation from their command or coworkers

Gender and MST

- ▶ People of all gender identities, sexual orientations, ages, racial and ethnic backgrounds, physical sizes and appearances, and branches and eras of service have experienced MST
- ▶ Individuals from certain marginalized groups do appear to be at increased risk for experiencing MST
- ▶ Women experience MST at higher proportions than men
- ▶ Transgender service members are at a higher risk for experiencing MST compared to cisgender members
- ▶ Lesbian, bi-sexual, and gay service members also appear to experience MST at higher proportions than heterosexual members
- ▶ Younger age, fewer years of military service, and lower pay grade are associated with increased risk of MST
- ▶ Risk for people of color is less clear

Men and MST

- ▶ Male military sexual assault is one of the most underreported crimes
- ▶ Some reasons for underreporting by male service members is stigma, belief in masculine stereotypes, and concerns about unit cohesion and military career
- ▶ Men are less likely to access treatment due to stigma, gender-related barriers, and lack of knowledge of available MST-specific care
- ▶ Increased mental and physical health symptoms in men as compared to women has suggested that the same level of MST was particularly detrimental to men as compared to women
- ▶ The emphasis on physical prowess and masculinity for men in the military, compounded with the greater social stigma for male victims of sexual assault, contribute to the negative impact and underreporting of MST by male victims

Unique Aspects of MST

- ▶ MST involves victimization and profound violation in a context where an individual typically expects others to be “service members in arms” and where there is a need to depend on others to be safe and to meet basic needs
- ▶ Survivors often report that experiencing MST led to a rupture in these bonds and their sense of trust creating strong feelings of powerlessness, helplessness, and feelings of betrayal
- ▶ MST most often occurs in settings where the survivor lives and works, and this means that they must continue to live and work closely with their perpetrators
- ▶ MST can lead to chronic stress and fear and leave survivors at risk for additional victimization

Unique Aspects of MST (cont.)

- ▶ Because MST occurs in an individual's workplace, it can disrupt their work functioning and career goals
- ▶ In some cases, perpetrators are supervisors who have the power to make decisions about work related evaluations and promotions
- ▶ Individuals who experience MST may avoid pursuing certain opportunities or request different work assignments to avoid contact with the perpetrator or perpetrators friends
- ▶ MST may affect the survivor's career trajectory and may feel forced to choose between their military career and career goals in order to avoid additional victimization
- ▶ MST can lead to intense feelings of shame and self-blame, identity struggles, as well as a reluctance to seek treatment

How Does MST Affect Health and Well Being?

- ▶ Experiences of sexual assault during military service are associated with PTSD to a degree that is comparable to, or larger than, the likelihood of PTSD diagnosis associated with severe combat exposure or civilian sexual assault
- ▶ Experiences of MST associated with suicidal ideation
- ▶ Increases risk for:
 - ❖ Depressive disorders
 - ❖ Anxiety disorders
 - ❖ Eating disorders
 - ❖ Dissociative disorders
 - ❖ Substance abuse disorders

How Does MST Affect Health and Well Being? (cont.)

- ▶ Readjustment challenges including difficulties with close relationships, occupational adjustment and homelessness
- ▶ MST is a form of gender-based violence against women who serve that can amplify other discriminatory messages they may have received in the military
- ▶ Men may experience challenges in recovering due to myths about men and sexual assault, including the idea that men should always be strong and be able to defend themselves
- ▶ Perpetrators may target marginalized groups due to perpetrators own sexism, racism, or homophobia or because those with limited societal power may be reluctant to fight back or disclose abuse
- ▶ Significant impact on physical health including challenges overcoming self-blame
- ▶ Recovery among members of marginalized groups may be further complicated by identity-based stress and trauma before or after MST

TREATMENT

- ▶ Because MST is not a diagnosis but a stressor, treatment should be based on individual symptoms and diagnoses resulting from the stressor
- ▶ Not all MST events meet the criteria for PTSD because they do not qualify as Criterion A events required to diagnose PTSD, but they may meet the criteria for a depressive or anxiety disorder diagnosis
- ▶ Cognitive Processing Therapy (CPT) or Prolonged Exposure Therapy (PE) have shown to be effective treatments for PTSD
- ▶ Cognitive Behavior Therapy, Dialectical Behavior Therapy, Stress Inoculation Therapy, Rational Emotive Therapy, Eye Movement Desensitization Therapy, and Group Therapy have been used as therapeutic techniques for MST
- ▶ Pharmacotherapy has been used when the symptoms from MST become so debilitating that psychotherapy cannot adequately begin; medication can help reduce the symptoms that are standing in the way of psychotherapy

Where Can You Find Help for MST

Veteran Affairs PTSD Treatment Programs for MST

- ▶ <https://www.va.gov/health-care/health-needs-conditions/mental-health/ptsd/>
- ▶ <https://www.va.gov/health-care/health-needs-conditions/military-sexual-trauma/>
- ▶ Samaritan Daytop Village
 - ▶ Ed Thompson Queens, NY
 - ▶ 43rd Street Manhattan, NY
 - ▶ Women Veterans Program Ellenville, NY

NY State Dwyer Veteran Peer Support Programs

- ▶ **Albany-** Scott Leslie Scott.Leslie@albanycountyny.gov
- ▶ **Broome-** Jon Wanglund jonathan@clearpathforvets.com 315-687-3300
- ▶ **Cattaraugus-** Lawrence MacDonald lmacdonald@oleanilc.org 716-307-8548
- ▶ **Cayuga-** Kevin Swab kswab@cayugacounty.us 315-294-8072
- ▶ **Chautauqua-** Cindy Reidy reidyc@chqgov.com 716-661-8447
- ▶ **Chemung-** Michael Murphy- mjmurhy@chemungcountyny.gov 607-737-5448
- ▶ **Delaware-** Jon Wanglund jonathan@clearpathforvets.com 315-687-3300
- ▶ **Dutchess-** Anthony Kavouras akavouras@mhadutchess.org 845-473-2500
- ▶ **Erie** - Dan Arnold adarnold@vocwny.org 716-898-0110
- ▶ **Genesee-** Lynn Magistrale lmagistrale@wnyheroes.org 716-630-5020
- ▶ **Greene-** Arin Vandemark arin.vandemark@hvncvr.org
- ▶ **Jefferson-** Tim Cryster vetsp2p@mhajc.org 315-681 6772

NY State Dwyer Veteran Peer Support Programs

- ▶ **Monroe-** Tracy LoTemple tlotemple@compeerrochester.org 585-546-8280
- ▶ **Nassau-** Brent Russell & Delmar Green brussell@mhanc.org or DGreen@mhanc.org 516-489-2322
- ▶ **Niagara-** Dan Arnold darnold@vocwny.org 716-898-0110
- ▶ **NYC (Bronx, Manhattan, Brooklyn, Queens, Staten Island)**
 - ▶ Matt Gryskewic matt.gryskewicz@getheadstrong.org
- ▶ **Onondaga-** Lance Stenfeldt lance@clearpathforvets.com 315-687-3300
- ▶ **Oneida-** Amy Redmond aredmond@ucdevelopment.org
- ▶ **Orange-** Thomas Bauer tbauer@mhaorangeny.com 845-467-0359

NY State Dwyer Veteran Peer Support Programs

- ▶ **Orleans-** Nancy Traxler nancy.traxler@orleanscountyny.gov 585-589-3219
- ▶ **Putnam-** Megan Castellano megancastellano@guardianrevival.org
- ▶ **Rensselaer-** Dan Wargo d.wargo@hvcc.edu 518-629-7529
- ▶ **Rockland-** Mark Woods mwoods@vettovetrc.org 845-521-9440
- ▶ **Saratoga-** Frank McClement FMcClement@saratogacountyny.gov 518-884-4999
- ▶ **Suffolk-** Melanie Corine mcorinne@mhaw.org 516-807-4952
- ▶ **Sullivan-** Ryan Fuller rfuller@atitoday.org 845-343-4284
- ▶ **Tompkins-** J. R. Claiborne JClairborne@tompkins-co.org

NY State Dwyer Veteran Peer Support Programs

- ▶ **Ulster-** Gavin Walters gavin.walters@hvcvr.org 845-481-4004
- ▶ **Warren-** Jeremy R Duers duersj@sunyacc.edu (518)742-9527
- ▶ **Washington-** Jeremy R Duers duersj@sunyacc.edu (518)742-9527
- ▶ **Westchester-** Andrea Molina amolina@fsw.org 914-358-4240
- ▶ **Wyoming-** Anthony Solina asolina@wyomingco.net 585-786-8860
- ▶ **Yates -** Amanda Hayes & Philip Rouin prouin@yatescounty.org

Military Support

- ▶ 24/7, confidential crisis support for Veterans and their loved ones. Contact the Veterans Crisis Line: **Dial 988 then Press 1, chat online, or text 838255**
- ▶ Call the VA Health Benefits Service Center toll-free at **1-877-222-VETS**
- ▶ Vets4Warriors Headquarters **1-855-838-8255**
- ▶ NY State Division of Veteran Services- **<https://veterans.ny.gov/>**

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