



Trauma and MST Education

- Trauma - can include physical and sexual abuse, neglect, bullying, community-based violence, disaster, terrorism, and war. (<https://www.samhsa.gov/trauma-violence/types>)
- Trauma may also include “Invisible Wounds of War.” “Invisible Wounds of War” consists of: post-traumatic stress, traumatic brain injury, depression, co-occurring substance use disorder, military sexual trauma, anxiety, complicated grief. (<http://homebase.org/clinical-care/invisible-wounds-war/>)
- What is MST? As defined by the Department of Veterans Affairs (VA) military sexual trauma (MST) Refers to experiences of sexual assault or repeated, threatening sexual harassment experienced while on federal active duty, active duty for training, or inactive duty training.
- Military sexual trauma may include domestic violence, control, physical violence, coercion, threats, intimidation, isolation, and emotional, sexual, or economic abuse. Perpetrators also manipulate, threaten, or harm both the victims as well as their children if they have any.
- MST symptoms: denial of the violence, physical ailments including visual scar/bruises, gastric distress, headaches, pelvic pain, anxiety disorders, substance abuse, depression, and posttraumatic stress disorder the use of alcohol and drugs to self-medicate. Sadly, health care providers typically do not discover sexually or physically abused individuals.

Vignettes Practical Application

Vignette #1

Ms. Jerilyn is a 35-year-old African American female. She is tall, curvy, single veteran who goes to her primary care provider constantly complaining of the following conditions, panic attacks, frequently abuses alcohol for purposes of self-medicating, loss of sleep and fatigue due to nightmares and insomnia, gastrointestinal problems, frequent headaches, and trouble forming and keeping interpersonal relationships. Jerilyn’s Primary care provider provided her with a consult to see a mental health professional for her symptoms such as the insomnia, and panic attacks, though she declined the gesture. She has been seen in the VA primary care clinic for a few years, but the clinician had not suspected that military sexual trauma might have been related to her physical complaints. However, Ms. Jerilyn was sexually assaulted in the military. She was blindfolded, tied up and repeatedly forced to have sex with her male co-workers by result of hazing. After being assaulted several times she fainted and lost recognition of that transpired. Which of her symptoms or disorders suggests military sexual trauma?

How would you identify possible MST? What would a provider better support Ms. Jerilyn in this situation?

<p><u>Immediate:</u></p> <ul style="list-style-type: none"> • Develop trust • Ask victim what she wants / needs • Find out what has been reported and when to determine services available • Encourage and empower her to heal/seek help 	<p><u>Long Term:</u></p> <ul style="list-style-type: none"> • Get her connected with services / counseling to address long term symptoms
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Vignette #2

Mr. Virgil is a 30-year-old Asian male. He is tall, very athletic and takes pride in his appearance. Three weeks after being deployed to a foreign country Virgil went out to have some drinks with his co-workers. Virgil drank more than the allowed three beers and eventually became inebriated. Virgil then asked one of his co-workers to escort him back to his sleeping quarters. Upon entrance to Virgil’s CLU he was raped and sodomized by a co-worker whom he considered a friend and faithful counterpart. Throughout the process of being raped, Virgil then blacked out, though he remembers what happened, everything is faint. Since then Virgil has been drinking more, remains less sociable, and is more anxious around his co-workers. Virgil came to you and reported the event however he was so embarrassed that he made you promise no one would ever find out.

How would you identify possible MST? What would you do to help Mr. Virgil in this situation?

- **Normalize**
- **Ask and listen**
- **Options**
 - **Restricted – reported**
 - **Unrestricted – chaplain, victim advocate**
- **What the process would look like with each choice**
- **It’s ok to wait – thank you for trusting me**
- **Reduce shame – not his fault**
- **If he acts (reports) may be helping others**
 - **Help him make connection between behavior and his trauma**
 - **Provide him with educational materials about increase in risky behaviors as a result of sexual assault**

Vignette #3

Ms. Alexa is a 28-year old stay-at-home Navy spouse. While visiting the playground with her 4-year-old she is approached by another mom, Stacy. Stacy tells Alexa that she will be flying home first thing the next morning. Stacy claims that she cannot stand the thought of living here anymore. She shares that she was recently sexually assaulted by an acquaintance. She does not want to file any report. The assailant works at the mini-exchange down the street from her Stacy’s house. The close proximity of the assailant to Stacy’s house caused a tremendous amount of anxiety for Stacy. She felt that no one would believe her if she reported it. Besides she believed it was her fault for putting herself in a situation to be assaulted.

How would you identify possible MST? What would you do to help Stacy in the situation?

Responses:

- **Let Stacy talk**
- **“it’s not your fault”**
- **“Where are you hurt?”**
- **“I believe you”**
- **“I see that you are very scared”**
- **Offer a safe familiar space to her**

Resources:

- **DoD Self Helpline**
- **SAPR**
- **Resources specific to her in the area she is in**
- **Military One Source**
- **Let her know that she can file a report**



<ul style="list-style-type: none">• “Were there any children around when it happened?”• “Can I call you when you land?”• Consider if Stacy is a danger to herself• “Who are you going to stay with?”	if she wants to
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Vignette #4

Adrien is a 14-year old military dependent who has recently PCS into a new community. In their past school, Adrien was communicative, bright, and social amongst their peers, so it came as no surprise that they chose to befriend a student during their first week of school. Later that week, Adrien was invited to a sporting event that Friday night. That weekend Adrien’s parents noticed that their child was withdrawn and remained in their room the entire weekend and during the following weeks, their once communicative child grew silent, not seeking to tell them how their days were going. The parents proceeded to call the school to receive extra support for their child, and upon speaking to the teacher, no major issues were found. Adrien’s parents then asked school counselors to get involved though Adrien remained quiet and unwilling to speak. It was only after 3 months of time when Adrien finally broke down and confided in their mother about how they were abused following the sporting event and out of embarrassment and desire to connect with their peers, remained silent all the while being negatively labeled amongst their peers via social media

How would you identify possible MST? What would you do to help Adrien in the situation?

<p><u>Signs:</u></p> <ul style="list-style-type: none">• Change in personality/behavior• Isolation• Fear/Embarrassment	<p><u>Other Things to Do:</u></p> <ul style="list-style-type: none">• Intervene Earlier• Ask-give space• Open, trusting relationship with parents + kids to talk about issues earlier
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