

# SESSION 1

## UNDERSTANDING MILITARY SEXUAL TRAUMA

### Session Goals

In this session, group members will:

- Discuss the definition of MST and the impact on health and daily functioning
- Learn about recovery from the impacts of MST
- Review the general structure and rationale for the Courage Group
- Identify treatment goals

### Session Content

#### Setting the Agenda

A. Welcome Veterans to the group.

B. Review session objectives. The goals of this session are to discuss recovery from the impacts of MST and how this group promotes healing. There are many ways that survivors react to MST and many ways the trauma may express itself in their daily functioning. Research has shown that trauma can influence physical health, mental health, relationships, and ability to work. This group will cover a range of topics and skills that will educate and support MST survivors to make conscious choices about their lives as opposed to allowing the effects of the trauma to guide and direct their choices.

#### Opening Exercise - Group Orientation

A. **Orient everyone to the group.** It is important to share information about how you have structured the group, including number of sessions, session duration (e.g., 90 minutes), and type of group (e.g., open vs. closed format). Refer to “Modifications to the Group Structure” (**page 13 of this manual**) to review options for organizing your group. For example, you may begin each group with an opening exercise or homework review. Homework is recommended but optional.

B. **Review group rules and expectations. Emphasize the importance of confidentiality and respect.** You may also include other rules and expectations, such as:

- Group members will arrive promptly so that group can begin and end on time.
- Participation is encouraged but not required.

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- No threatening/abusive language or behavior toward others in group will be tolerated.
- No smoking, drinking, or use of intoxicating substances before or during group time is permitted.
- Group members are **not** expected to disclose about their personal experiences of MST during group sessions. *Make it clear that specific trauma details should be kept to a minimum to avoid overwhelming other group members.* Recommendations for addressing disclosures about MST experiences are provided on **page 16 of this manual** (“Handling disclosures about MST experiences during group”).

**C. Allow time for questions.** Before starting session content, make sure that all Veterans understand the group format, rules, and expectations.

**Note:** The companion patient workbook does **not** contain a handout with information about group structure, rules and expectations. You may consider creating such a handout. We have included a sample document in Appendix A.

### Understanding Military Sexual Trauma

**A. Review the information shown on the infographic on page 8 of the patient workbook:**

1. **What is MST?** The legal definition of MST is any unwanted sexual contact or attention, sexual assault, or repeated sexual harassment that occurs during active duty, active duty training, or inactive duty training (Title 38 US Code 1720D). It is not a clinical diagnosis.
  - **Examples.** MST refers to a wide range of experiences. It could be helpful to give examples to demonstrate the breadth of experiences that constitute MST. Examples include: inappropriate and sexualized comments; unwelcomed sexual advances; pressure for dates or sex, such as use of quid pro quo by higher-ranking servicemembers; sexual touching, grabbing, or other sexual activity done without one’s consent; and sexual assault.
  - **Prevalence.** Share that MST is a common experience that **can happen to anyone**. Veterans from all types of background have experienced MST. This includes Veterans of all **sexes** and ages, all ranks, branches and eras of service; all racial and ethnic backgrounds; all sexual orientations; all religious backgrounds; and all physical sizes and strengths. Similar to civilian sexual trauma, MST is often **underreported**. Per 2019 VHA MST screening data (Office of Mental Health and Suicide Prevention, 2019), about one in three women and one in 50 men Veterans who enroll in the VHA report MST. The Department of Defense Sexual Assault Prevention and Response Office (2018) *Annual Report on Sexual Assault* indicates that annual rates among active duty servicemembers are between 6-25% for women and 1-7% for men.

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2. **How MST might affect you?** One point to emphasize from the outset is that MST is an experience, not a diagnosis. The infographic describes outcomes that may follow exposure to MST. **Encourage Veterans to share what changes they have noticed**, including (but not limited to) changes in emotional reactions, physical health, suicidal feelings, sexual functioning, personal relationships, and military and work performance. **Table 1.1.** describes key research findings related to these functional domains. Be familiar with the information presented in **Table 1.1**, but do **not** read the information verbatim.

*Table 1.1. Key Findings on the Impact of MST on Areas of Functioning*

Functional Domain	Key Research Findings
Emotional Reactions	<ul style="list-style-type: none"><li>• Veterans who have experienced MST often struggle with many of the same problems as survivors of other forms of trauma, such as extreme emotions, re-experiencing and strong emotional reactions to reminders, hypervigilance, sleep disturbance and nightmares, suicidal thoughts or behavior, and drinking and drug use (Turchik &amp; Wilson, 2010).</li><li>• Among users of VHA healthcare, the mental health diagnoses most commonly associated with MST are PTSD, depression disorders, anxiety disorders, bipolar disorders, substance use and/or alcohol use disorders, eating disorders, dissociative disorders, and somatization disorders (Kimerling et al., 2007; Kimerling et al., 2010).</li></ul>
Physical Health	<ul style="list-style-type: none"><li>• Some physical difficulties that may follow MST include chronic pain (e.g., lower back pain, headaches), gastrointestinal problems (e.g., irritable bowel syndrome), gynecological problems (e.g., menstrual disorders, pelvic pain, urinary incontinence), liver disease, chronic pulmonary disease, and obesity and weight loss. Medical illnesses frequently co-occur with each other and with psychological disorders (Kimerling et al., 2007; Surís &amp; Lind, 2008).</li><li>• Declines in physical health following MST occur for various reasons, including injuries sustained during the trauma, the impact of living with chronic stress, discomfort with medical care, and less healthy behaviors used in attempts to cope (Hyun et al., 2009)</li></ul>
Suicidal Feelings	<ul style="list-style-type: none"><li>• Sexual assault and MST are associated with increased risk for suicide even after accounting for specific mental health conditions like PTSD or depression (Kimerling et al., 2016).</li><li>• <b>Note: It can be helpful to differentiate the use of suicidal thoughts as an escape from suffering and taking actions to complete suicide.</b></li></ul>

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*Table 1.1. (continued) Key Findings on the Impact of MST on Areas of Functioning*

Functional Domain	Key Research Findings
<b>Sexual Functioning</b>	<ul style="list-style-type: none"> <li>• Changes in sexual activity and/or sex drive may occur, which may range from decreases in sexual activity due to avoidance of intimacy or fear of revictimization to increases in sexual activity as a way to reassert control or reclaim a sense of sexual power or periods of both (Maltz &amp; Katz, 2016).</li> <li>• Other possible changes may include low sexual desire, decreased sexual satisfaction and arousal, and increased pain, anxiety, or re-experiencing symptoms during sexual activity (Pulverman et al., 2019).</li> <li>• Erectile dysfunction may occur in men, while genital and pelvic pain issues may occur in women (Cichowski et al., 2017; Turchik et al., 2012).</li> </ul>
<b>Personal Relationships</b>	<ul style="list-style-type: none"> <li>• Survivors often struggle with trust of others after experiencing MST (Lofgreen et al., 2017). Distrust of others may lead to social withdrawal and isolation.</li> <li>• Another potential roadblock to relationships is whether the other person(s) knows about the MST. Survivors who choose to keep their experience of MST a secret may yearn for others to know and understand. On the other hand, those who share their experience may regret it (Katz, 2015).</li> <li>• Negative reactions to disclosures about MST may exacerbate the impact on emotional and physical functioning (Campbell &amp; Raja, 2005; Dardis et al., 2018). Many people (including loved ones) do not know how to respond and their attempts at comforting the survivor may come across as insensitive, dismissive, or inaccurate.</li> </ul>
<b>Military and Work Performance</b>	<ul style="list-style-type: none"> <li>• Decreases in work performance are not uncommon. Military recruits are less likely to complete basic training. Active-duty servicemembers are more likely to separate from the military earlier than anticipated (Millegan et al., 2016).</li> <li>• Occupational stress can persist during and after military service (Rosellini et al., 2017). Chronic illness, emotional distress, and relationship problems can impact occupational functioning (Sienkiewicz et al., 2020).</li> </ul>

- 3. Normalize that survivors are not alone in their experiences and that what happened was not their fault.** You will cover these topics in more detail in later sessions but present these ideas at the first session.
- 4. Mention the VA National MST Website resource.** A link is provided (<https://www.mentalhealth.va.gov/mentalhealth/msthome/index.asp>). This website includes additional education materials about MST and other resources that are available to Veterans.

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### Healing from the Impacts of MST

- A. Review the components of the recovery from the Campbell et al. (2009) model. The patient workbook presents simplified information regarding this model. Refer to **Table 1** on page 11 of this manual for a full description of the model. The main points to discuss are:
1. **Healing from the emotional, physical, and social impacts of MST varies and is unique for every survivor.**
  2. **Healing is impacted by multiple factors, such as:** (1) premilitary personal characteristics, beliefs, biology/genetics, mental health functioning, and coping skills; (2) the sexual trauma experience including military context, (3) interactions with informal social support systems (e.g., family, friends, peers) within and outside the military; (4) access to post-MST medical, mental health, and legal services within and outside the military; (5) cultural views of sexual trauma, including military values; (6) changes at any of these levels across time; and (7) self-blame.
- B. Have someone read the quote on page 10 of the patient workbook (*“People say that time heals all wound, and, to a certain extent, that’s true. Time will dull some of the pain, but deep healing doesn’t happen unless you consciously choose it.”*).
- C. Ask for initial reactions and interpretations. The purpose of this quote is twofold:
1. **First, to normalize that avoidance is a common response to trauma exposure and a symptom of posttraumatic distress that prolongs distress.** It can be painful to address the impact of MST. Engaging in avoidant behaviors such as distraction, pushing away uncomfortable memories or thoughts, or staying away from trauma reminders may provide temporary relief. However, avoidance delays the recovery process.
  2. Second, to highlight the **importance of being an active participant in the healing process.** You may present the following metaphor or something similar: “It’s like when you’re hungry. You could wait for your hunger to go away on its own, or you could get food and eat. Which one best meets your needs in this moment?”

### Finding the Courage to Heal

- A. Present the rationale for MST Courage Group. Main points to highlight are:
1. **MST Courage Group is based on cognitive-behavioral therapy (CBT) principles.** Although this educational group has not been tested in research, it is based on the well-supported theory and principles of CBT. The skills included in this treatment have been shown to improve mental health and overall quality of life.

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- 2. Group therapy is powerful.** This treatment mode offers many benefits that individual therapy cannot provide. For example, group therapy provides a sense of belonging where members feel like they are not alone. Members also don't feel "crazy" because others share their feelings and thoughts. Even if they don't discuss their own issues, members can benefit and learn by listening to others' alternative ways to cope and to address situations.

### Closing Exercise - "Planning Your First Steps"

- A. Discuss treatment planning as a group.** The first session ends with treatment planning to help you and patients determine the best course of treatment.
- B. Give group members a few minutes to answer the questions.**
- C. Discuss group members' responses to the questions.** The questions ask about how the experience of MST has affected group members and how they believe attending this group might help them with healing.

**Note:** If you would like, you could also have group members complete printed copies of the "Session Selection" form in **Appendix B**.

### Homework (Optional)

- Review the "Military Sexual Trauma" infographic once.
- Read once through the "Planning Your First Steps" worksheet and revise as needed.