

SESSION 2

SURVIVING MILITARY SEXUAL TRAUMA

Session Goals

In this session, group members will:

- Recognize and honor what it took for them to survive MST
- Identify personal strengths that have or will help with healing from the impact of MST

Session Content

Setting the Agenda

- Ask a group member to read the quote on page 13 of the patient workbook** (“*With limited resources for taking care of yourself, you survived using whatever means were available*”).
- Ask for initial reactions.** Many survivors may minimize or neglect the fact that they survived MST. It may not feel like something that should be honored, and they may be focused on things they did to survive that they aren’t proud of. Moreover, they may be ashamed that they had the experience and blame themselves that it happened.
- Review session objectives. The goal of this session is to acknowledge the strength it took to continue moving forward after the experience of MST.**

Opening Exercise (optional) - “Fill in the (Blank)”

- Set up.** Write the following stems on a white board as follows:

Rest _____

Space _____

Heart _____

Under _____

Make _____

- Review instructions.** The objective of this exercise is for group members to write down (or say) the first word that comes to mind after you call out a word stem. Present each word stem one at a time, giving group members a minute or two to write down their answer. Next, ask for volunteers to share their responses. There are several possible answers to each stem. For example, “Rest _____” could be “restroom” or “restaurant”. **The**

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purpose of this exercise is to highlight the automaticity of our behavioral responses to environmental cues. The fight-flight-freeze response (described below) is a representation of an automatic, involuntary behavioral response to environmental cues of danger or threat. In the next session, you will discuss the role of this response in reactions to certain forms of MST.

Following Your Instincts

- A. **Explain the fight-flight-freeze stress response.** The fight-flight-freeze stress response is a survival mechanism that is out of our conscious control. We all have it. It allows us to react quickly to danger without much thought, which is very helpful. Imagine if we had to fully process that a bear was charging in our direction before we acted. The fight-flight-freeze stress response triggers a cascade of bodily changes that prepare us to run away, stay and fight, or freeze when we feel threatened.
- B. **Highlight that certain experiences of MST may automatically activate this system,** such as sexual assault, unwanted sexual touching, or threats of sexual contact against one's will. Group members will likely have a broad range of MST experiences. Therefore, it is important to acknowledge that not all experiences may lead to the fight-flight-freeze response. Another important point is that freezing may seem like a non-action; but it is a common automatic, involuntary reaction to inescapable situations.
- C. **Allow a few minutes for group members to ask questions or make comments. Remind them that no one is expected to share details about their personal MST experiences.**

Coping After MST

- A. **Acknowledge that there are different ways to cope with MST in the immediate aftermath.** This is represented by the number of methods listed on page 15 of the patient workbook.
- B. **Provide a brief explanation of each method** (descriptions below). When reviewing these methods, be careful not to label them as "good" or "bad." Instead, frame these methods as things we may do to function during times when we might, otherwise, fall apart.
 - **Denial:** Acting as if something didn't happen.
 - **Minimization:** Saying that the experience or impact of MST wasn't a big deal or that it doesn't bother you.
 - **Humor:** Using laughter or jokes to hide how you really feel about MST and its consequences.

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- **Forgetting:** Trying not to remember what happened; avoiding memories of MST.
- **Spacing out:** Not being present in the moment; being lost in your thoughts or feelings without any awareness of what is happening in your external environment.
- **Dissociation:** Disconnecting from your body to lessen pain. Dissociation can involve spacing out but is usually more intense. People have described it as feeling detached (or “not in”) one’s body or feeling like they are in a dream-like state. There is also a tendency to lose track of time and location, which may not occur when someone is spacing out.
- **Rationalization:** Coming up with reasons for the offender(s)’ behavior or why MST happened (e.g., “It happened because I was drinking,” or “I was ordered to”).
- **Suicidal thoughts:** Having thoughts of hurting yourself or wishing you could “disappear” to escape emotional pain. Be mindful of any group member expressing current suicidal ideation or intent that needs to be addressed immediately.
- **Other possible unlisted responses include (but are not limited to):** sleeping too much or too little; emotional eating, drinking or drug use; and isolating from others.

C. **Read instructions.** They are as follows: *“Think about strategies that you may have used at the time to cope with the impact of MST. Circle all that apply. Feel free to add anything else that isn’t listed in the box below.”* The point of this exercise is to have group members recognize and honor what it took for them to get through a difficult time in their lives.

D. **Allow time to complete the activity before discussing their responses.**

Protecting Yourself After MST

- A. **Discuss strategies that group members might have used at the time or immediately following MST to protect themselves.** Experiencing MST may make survivors feel vulnerable, which is scary. When we feel vulnerable, we will do whatever it takes to protect ourselves. Survivors may work hard to prevent MST from happening again.
- **Avoidance.** Staying away from people, places, and things that are directly associated with or reminiscent of MST (e.g., isolating, avoiding intimacy with significant others). Servicemembers who remain in the military after experiencing MST may avoid memories of the trauma for self-preservation. This is an adaptive response when survivors need to maintain a relationship with the offender or continue to perform their duties.
 - **Control.** Taking great efforts to regain a sense of control. Hypervigilance is a symptom of posttraumatic distress that may become a control strategy used to anticipate future danger. Survivors who use control might also play it safe to achieve greater control.

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- **Escape/numbing.** Using distraction, substances/alcohol, or other behaviors (e.g., excessive busyness, workaholism, overeating) to get rid of or “numb” strong feelings of pain, discomfort, shame, anger, etc.
- **Self-destruction.** Engaging in behaviors that put you or others’ health and safety at risk (e.g., self-injurious behaviors like cutting, high-risk driving or sexual behaviors, addiction).

B. Discuss the ways in which these strategies may and may not be helpful anymore. While these strategies may have worked well at the time, are they still helpful? Many coping behaviors have the potential to be both helpful and hurtful. Developing the awareness to recognize when a coping behavior is no longer working is a valuable skill.

Closing Exercise - Honoring Your Inner Strength

- A. Set up.** You will use page 17 of the patient workbook.
- B. Review instructions.** Give group members a few minutes to write down at least three personal strengths (“*I am ...*”) that have helped them cope with the impacts of MST. You may want to provide a few examples, such as “I am a survivor”; “I am a fighter”; or “I am successful, despite what I went through.”
- C. Allow everyone to share their responses.**
- D. Ask how these inner strengths can support efforts to heal from MST.**

Homework (Optional)

- Read the personal strengths statements from the “Honoring Your Inner Strength After MST” worksheet aloud once a day.