



National Resource Center on Domestic Violence

Veterans & Domestic Violence: The Traumatic Impact on Women

WEBINAR QUESTIONS & ANSWERS

On March 1, 2011, Helga Luest, CEO, Witness Justice and Trina Parker, Survivor and Community Case Manager, VA CT Healthcare System presented the webinar session "Veterans & Domestic Violence: The Traumatic Impact on Women." The following information outlines the questions that were posed by participants during the webinar session and the presenter's responses. This webinar focused on the nature and impact of trauma and how men and women respond differently. Taking a gender-specific look at the experiences of female military Veterans after combat stress and trauma, the presenters examined how this trauma impacts personal, family and professional lives. Presenters also discussed the need for greater gender-specific responses and advocacy to improve the overall health and wellness of female vets. To access the PowerPoint presentation accompanying this webinar visit:

http://www.vawnet.org/Assoc_Files_VAWnet/NRCWebinar_TraumaticImpact.pdf

Q: What is MST?

Helga Luest: MST stands for military sexual trauma. It is generally unwanted sexual attention, uninvited sexual advances, or forced sex while in the military. Below is the definition used by the VA:

MST is "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character." For more information about MST go here: <http://www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp>

Q: What is the estimated % of women who experience MST?

Helga Luest: Data from VA's universal screening program give us an idea of how common MST is. Under this program, all Veterans seen at Veterans Health Administration (VHA) facilities are asked whether they went through sexual trauma during their military service. About 1 in 5 women and 1 in 100 men seen in VHA respond "yes" when screened for MST.

(Please note that the rates obtained from VA screening cannot be used to estimate the rate of MST among all those serving in the U.S. military. The screening data are drawn only from

Veterans who have chosen to seek VA health care. Also, keep in mind that a positive response does not mean that the person who committed the sexual trauma was a member of the military.) For more information go here: <http://www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp>

Also see the **Military Sexual Trauma (MST) Fact Sheet** by Brittany L. Stallsburg for the Service Women Action Network (SWAN) at: http://www.vawnet.org/summary.php?doc_id=2581&find_type=web_desc_GC

Q: For vets that are disclosing that they have MST, are they service connected or are they being referred to a service officer?

Trina Parker: Because it's not specific "WHO" these Veterans are disclosing to, I'll assume you mean, to me (Trina Parker, peer specialist). I've had both. To work with me in Vocational Services a Veteran has to be working with a primary mental health provider; that's how they are referred to me. Therefore, if they disclose it to me first, I suggest that they discuss it with their provider. Also though, because I have used the services of a Veterans Service Officer for assistance with service connection myself, I have passed on contact information or called with the Veteran to set up an appointment.

Q: You mentioned the media pushing (i.e. sensationalizing) sexual assault in the military. Would you say it is misrepresented? Or is it as serious as the media emphasizes?

Helga Luest: I believe that military sexual violence is a serious problem and that reports probably under-represent the number of women (and men) impacted. While I feel it is helpful for the news media to highlight this serious issue, I feel it would be more effective to also highlight accountability of the abuser and military leaders, and then to report potential changes that would have a positive impact. The large majority of stories focus on the problem and violence itself – and that's just the tragic part of the story. There's more the news media could impact if reports considered the bigger picture of what is going on and what needs to happen.

Q: Can you explain what you mean by "dissociation"?

Helga Luest: The Sidran Institute offers one of the best definitions I've come across: "Dissociation is the disconnection between a person's thoughts, memories, feelings, actions, or sense of who he or she is. This is a normal process that everyone has experienced. Examples of mild, common dissociation include daydreaming, highway hypnosis, or "getting lost" in a book or movie, all of which involve "losing touch" with awareness of one's immediate surroundings." It's a survival skill for those experiencing prolonged and repeated exposure to abuse and violence.

Q: What are beneficial activities/exercises that we can use during therapy to address flashbacks, triggers, or nightmares to help the individual work through them?

Helga Luest: I'm not a therapist, so I can't comment on what would be helpful to use in a therapeutic context. It is helpful, however, to use trauma-informed approaches and to make conscious effort to create a safe environment (understanding that safety is a personal thing, so what feels safe to one client may not for another) that is free of potential triggers.

Q: Besides referring the trauma person to counseling, what are some other things that we can suggest for them to do to help them move forward from a trauma situation to that of being a trauma survivor?

Helga Luest: I believe a fundamental shift happens for a person when they can re-contextualize the trauma from something that happened to them into something positive. For veterans, offering peer support or doing something positive to help a buddy, can be a great place for this part of the healing process to begin.

Q: What was most helpful to you in your recovery process from your own trauma experience?

Trina Parker:

1. This may sound too simply put, but Sobriety was what helped the most... I may never have dealt with the grief I felt if I had continued to dull the pain with alcohol.
2. Stumbling across the information that I was eligible for healthcare through the VA. That was in 2003 and I have been sober and recovering from my life since.
3. Learning that there were legitimate reasons for my behavior. Up to that point I had been treated like the fallout of my actions (alcoholism) were my fault, something I could or should have done differently. Learning about PTSD from childhood and MST, and Anxiety Disorder felt like a huge weight was lifted off of me. Everything started to make sense for me when I could get out from under the guilt I felt.
4. Because of abandonment issues, getting and keeping a therapist was enormously important for me. My VA is a teaching hospital and Yale doctors rotate through here annually. I used to spend the first 4 months telling my story and trying to feel comfortable, and the next 4 months preparing for "Termination". A horrible term by the way, but that's what they call it. I finally found one that I liked, got insurance and followed her to private practice when she left. That was 3 years ago.

Q: Were there support groups for women during your time as a marine? (Question for Trina Parker)

Trina Parker: Not that I was aware of... I'm sure that if you find someone that worked on the base when I was there, they'll find a way to argue that but, I didn't feel that I was in a position to potentially draw attention to myself so I didn't ask.

Q: How are men and women different in their resiliency?

Helga Luest: Men and women cope differently and heal differently. While we see men engage in thrill seeking, aggression and other physical forms of release, we see that women tend to isolate, use substances or sometimes find solace while connecting with other women survivors. The gender differences in how we cope and what we need to heal should also be considered with other cultural and social factors. It is part of the trauma-informed approach of meeting a survivor where they are – and not presuming that we know where that place is or what every survivor needs.

Q: Do you believe that the Military And Family Life Consultants (MFLCs) really do not report on the services they offer?

Trina Parker: The MFLC program is contracted through the Office of the Secretary of Defense. MFLCs work at military installations both stateside and overseas, assisting Service members and their families with a variety of issues, through the cycles of deployment and reintegration back to their families and communities. The program was designed to deliver short term, situational, problem-solving non-medical counseling services. MFLC support addresses issues that occur specifically within the military lifestyle and helps Service members and their families cope with normal reactions to the stressful/adverse situations created by deployments and reintegration. The services of MFLCs are intended to augment existing military counseling services.

I am not familiar with the guidelines and/or regulations the MFLC must follow but you can access this link for more information:

https://www.mhngs.com/app/resourcesfor/MFLC_Brochure.pdf

And site link: <https://www.mhngs.com/app/home.content>

Q: Does the VA screen for Domestic Violence?

NRCDV webinar moderator (Heidi Notario-Smull): No. Currently the VA does not have a uniform system or tool to screen for domestic violence.

Q: How do I help a Veteran or a wife that feels that if she talks about the abuse, the only way to get her husband help is to go to his CO, and then she is nervous about what will happen to her safety when he finds out she spoke to someone?

Helga Luest: A local domestic violence shelter should be available to discuss options, offer information on creating a safety plan and to provide confidential support. This could be a great resource for individuals in this situation.

For additional information regarding how to establish successful collaborations among civilian domestic violence and military programs please review the handbook “**Collaborating for Safety**” by the Battered Women’s Justice Project (BWJP) <http://www.bwjp.org/articles/article-list.aspx?id=30>

Q: The PPT reads that 39% would be reluctant to use military or veteran specific services so they choose to seek help with outside agencies not contracted with the military for fear of losing their benefits. How does an outside agency approach the military about their services to help those who are reluctant to choose the military?

Trina Parker/Helga Luest: Being where veterans or military service members are can be really helpful. For instance, some local stores or department stores have community days. Offering a table with veteran or military specific information will help to make those connections.

Q: Any other thoughts about how to get vets to reach out for help?

Trina Parker: The best way to connect with veterans is to have veterans make the connection. Peer support is effective and works very well with veterans. Veterans typically would have to contact the behavioral health department of the closest VA facility and explain that they are interested in receiving mental health services at the VA, especially peer support. They would then have to be screened and referred to the appropriate services.

Q: In the case of a woman who participates in sexual exploitation for money to take care of herself and her extended family, and who has a history of extensive trauma and violence in her background, can you share some tips aimed at helping her find a new path?

Helga Luest: Human trafficking is a serious problem in the United States and around the country. What brings a person to a situation where they are trafficked is just as important to consider as how to assist them out of that situation. Many human trafficking victims fall into a situation of “learned dependency” where they return to the trafficker even after finding a way out of the exploitation and violence. This issue is really too complex to respond to in brief. I would recommend visiting www.polarisproject.org for more information on this issue.