

CBT as Treatment for Women Who Experience Military Sexual Trauma

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Introduction

What is Military Sexual Trauma?

- Sexual assault and threatening acts of sexual harassment occurring during military service

What is the scope?

- Based on VA's national screening program, 1 in 4 women veterans who chose to seek VA health care report experiencing MST (US Dept of VA)

Why is this significant?

- Deleterious effects, higher rates of PTSD than other military-related trauma & civilian sexual assault, comorbidity, increased severity of symptoms due to closed system of military (Suris, 2013)
- Male dominated military culture can exacerbate issue due to acceptance of violence, obedience to authority, reporting barriers (Carlson, 2013 and Voelkel, 2015)

Research Question

What is the most effective intervention to reduce trauma symptoms of women veterans who have experienced MST?

Methods

Databases

- Academic Search Complete, EBSCOhost, MEDLINE, PsychINFO, PubMed, SocINDEX

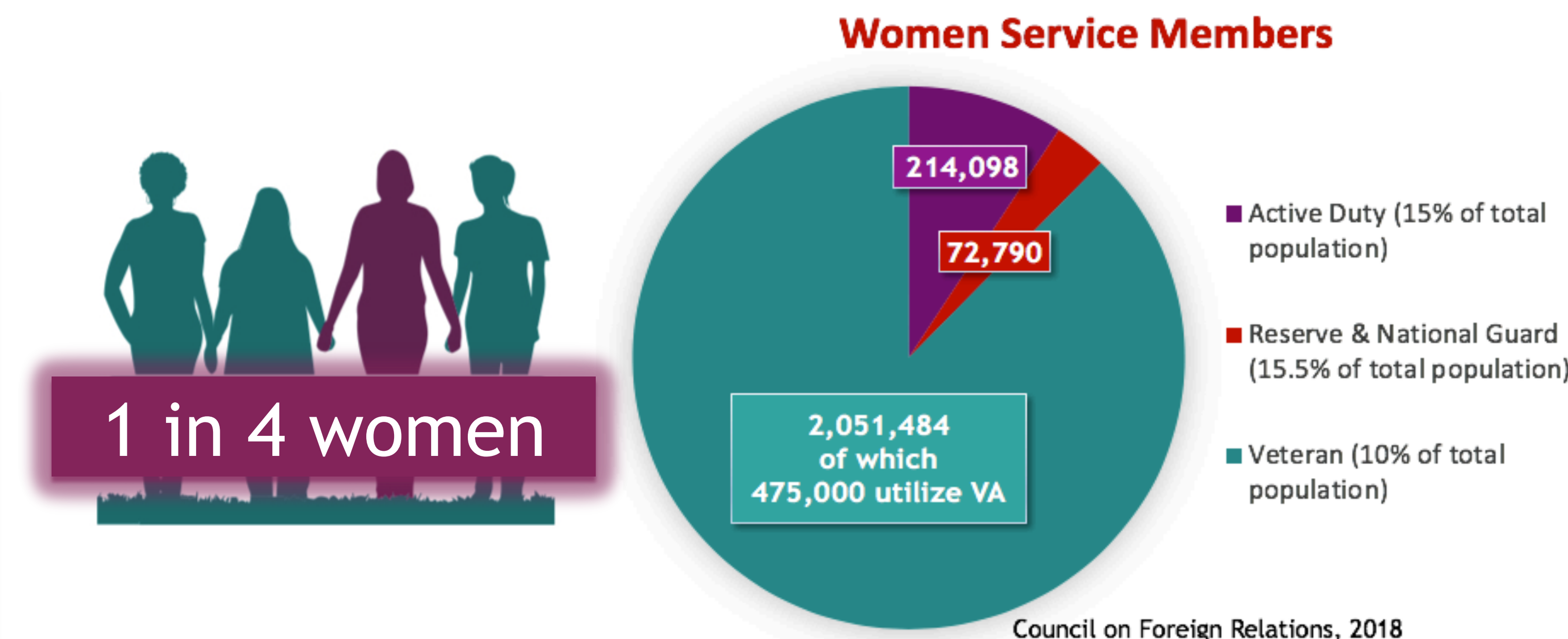
Search Terms

- Military sexual trauma OR military sexual assault OR military sexual abuse
- AND women OR woman OR female OR females
- AND treatment OR intervention OR therapy

Inclusion Criteria

- Peer reviewed academic journals
- Years 2000-2018
- English, conducted with US service members
- Intervention studies

75 results, 25 articles analyzed for this study



Recommended Treatment Description and Rational

Cognitive Behavioral Treatments - gold-standard first-line interventions for PTSD (Katz, 2015)

- ✓ Cognitive Processing Therapy (CPT) - manualized; developed in 1993 for treatment of rape-related PTSD (Suris, 2013); well suited for survivors of MST as addresses issues of personal safety, power differential, betrayal (Katz, 2015)
- ✓ Includes education, cognitive restructuring, and writing trauma narratives; modifies unhelpful beliefs about trauma experienced
- ✓ Brief; 7 sessions address education, examination of thought, skill building; 5 sessions challenge beliefs on themes of safety, trust, power, self-esteem, intimacy
- ✓ The first RCT of psychotherapy (CPT & PCT) for PTSD related to MST included 86 veterans; showed reduction in self-reported PTSD symptom severity with generalizability and moderate effect size pre-to posttreatment with CPT (Suris, 2013)
- ✓ Longitudinal archival data of 481 veterans; well-established clinician-assessed and self-report measures with strong psychometric properties assessed effectiveness of CPT; reported reduction in PTSD symptoms (Voelkel, 2015)

Limitations

- Limited RCTs specifically examining effectiveness of treatments for MST, question whether civilian-based treatment is equally effective
- Treatment seeking rate lower and drop out rate higher among military population when compared to civilians possibly due to military culture; trauma-focused treatment can be challenging and demanding (Loucks, 2018)

Other Treatments Considered

- Present Centered Therapy (PCT) - Alternative to trauma-focused treatments; provides general support and education focused on current issues; when compared with CPT, 3 separate studies (2 RCTs) found to be less effective in treating PTSD symptom severity, physical functioning, and negative cognitions (Suris, 2013, Holliday, 2014 & 2015)
- Skills Training in Affective and Interpersonal Regulation (STAIR) - Focus on emotional, social, interpersonal skills in 10 sessions; used with PTSD and comorbidity; first study to use STAIR as standalone treatment for MST; results showed improvement in PTSD symptoms; underpowered study, small sample size of 10 women veterans (Weiss, 2018)
- Warrior Renew (WR) - Emphasis on injustice and interpersonal factors with cognitive-experiential approach in group setting; first study to use as standalone treatment for MST; underpowered study results showed improvement in PTSD symptoms; author is also author of WR product (Katz, 2016)

Conclusion & Recommendations for practice and research

- Limited research available; most research on incidence, prevalence, effects of and completed or funded by VA/DoD
- No studies on Prolonged Exposure Therapy or Eye Movement Desensitization & Reprocessing specifically treating MST could be found despite these being VA recommended
- Women may not use VA for treatment because traditionally underserved by VA; feel out of place as minority sex; triggering environment; mental health stigma; confidentiality uncertainty (Carlson, 2013)
- Make available diverse forms of treatment to complement CPT, such as peer group therapy (in line with high unit cohesion), STAIR, Warrior Renew; treat in VA clinics specifically for vets who identify as women