You're not alone in recovering from MILITARY SEXUAL TRAUMA
Military Sexual Trauma and Post-Deployment Health

MILITARY SEXUAL TRAUMA (MST) is a term used by Department of Veterans Affairs (VA) to refer to sexual assault or repeated, threatening sexual harassment that occurred during a Veteran’s military service. MST includes any sexual activity in which a Servicemember was involved against his or her will, was unable to consent, or was physically forced into sexual activities. Other actions that fall into the category of MST might include unwanted sexual touching or grabbing; threatening, offensive remarks about a person’s body or sexual activities; and threatening and unwelcome sexual advances. MST is not a diagnosis or a mental health condition; rather, it is an event or experience that can have physical and mental health consequences. Men or women may be survivors of MST but experience emotional symptoms. These might include shame and self-blame; painful memories; feelings of numbness; difficulty with attention, concentration and memory; problems with alcohol or drugs; and difficulty in relationships. Physical health problems such as headaches, stomach problems, and muscle or joint pain are also common. The most common diagnoses associated with MST are Post-Traumatic Stress Disorder (PTSD), mood disorders (e.g., episodes of depression), and substance use disorders. Although a link exists between MST and these mental health diagnoses, there are many Veterans without a history of MST who have similar problems. The fact that Veterans are more likely to have experienced other types of traumatic events in addition to sexual trauma means that effective treatment requires providers to be aware of the Veteran’s experience broadly. This will help providers to more effectively treat MST with appropriate evidence-based trauma therapies.

VA as a community is strongly committed to ensuring that Veterans have access to the help they need to recover from MST. Every VA health care facility has a designated MST Coordinator who serves as a contact person for MST-related issues. This person can help Veterans find and access VA services and programs. Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, VA health care providers ask every Veteran whether he or she experienced MST. This makes the connection. The most common episodes of depression), and substance use disorders. Although a link exists between MST and these mental health diagnoses, there are many veterans without a history of MST who have similar problems. The fact that veterans are more likely to have experienced other types of traumatic events in addition to sexual trauma means that effective treatment requires providers to be aware of the veteran’s experience broadly. This will help providers to more effectively treat MST with appropriate evidence-based trauma therapies.

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About one in five women and one in 100 men have told their VA health care provider that they experienced sexual trauma in the military, according to VA.

ARE YOU A VETERAN WHO EXPERIENCED MST AND SEeks HELP?

VETERANS SEEKING MORE INFORMATION can speak with their VA health care provider or MST Coordinator at their nearest VA Medical Center or local Vet Center. A list of VA and Vet Center facilities can be found at www.va.gov and www.vetcenter.va.gov. Veterans can also learn more about VA’s MST-related services online at www.mentalhealth.va.gov/msthome.asp and see video clips with the recovery stories of veterans who have experienced MST at make-the-connection.net/conditions/military-sexual-trauma.
NJ WRIISC Hosts “Scientific Advances in Respiratory Health and Military Deployments Symposium”

The WRIISC Airborne Hazards Center of Excellence in NJ continues to expand its leadership on exposure issues in the VA community. On June 30th, the WRIISC hosted an in-person symposium titled, “Scientific Advances in Respiratory Health and Military Deployments Symposium.” Over 40 researchers and providers from VA’s Office of Public Health, the U.S. Army Public Health Command, Brooke Army Medical Center, and Rutgers University met to learn about medical centers, and Rutgers Health Command, Brooke Army Medical, and Rutgers University met to learn about new research findings and how to address Veterans’ health concerns. Specific topics covered included respiratory health and VA’s Airborne Hazards and Open Burn Pit Registry, among others. Extremely positive feedback was received from attendees who noted that their learning expectations were met or exceeded, and that they felt other VA providers and their Veterans would benefit from what they had learned. Comments included, “It was wonderful to learn about ongoing research efforts, as well as efforts to increase sharing of research work in the Veteran community,” and “Outstanding program. Information from all presenters was extremely interesting and worthwhile.”

WRIISC Remains Dedicated to GULF WAR RESEARCH

OUR TEAM of WRIISC researchers and clinicians continues working together to improve clinical care for Gulf War Veterans (GWVs) through our research. Current WRIISC studies focus on all aspects of Gulf War Illness; from physiological and behavioral studies to neuroimaging studies and how best to deliver health care to GWVs. Findings from these studies provide insight into the health of GWVs, add to the foundation for future research studies, and bring effective treatments closer to reality. Sharing our research results with clinicians and Veterans and their family members is an essential part of offering higher quality care for Veterans. At the WRIISC, enhancing health status and life quality for Veterans is at the forefront of our mission. GWV-related research remains a priority! To learn more about our current research studies visit: www.WarRelatedIllness.va.gov/research.

New WRIISC Referral Process

Veterans and VA providers should be aware of changes in the WRIISC referral process. Referrals to the WRIISC program may only be made by the Veteran’s:

- Primary Care Provider (PCP),
- Patient Aligned Care Team (PACT),
- Post-Deployment Health Champion, or
- Environmental Health Provider.

Referrals are completed using the Inter-Facility Consult (IFC) process in VA’s Computerized Patient Record System (CPRS).

Each Veteran referred to the WRIISC receives an E-consult which consists of:

- A thorough medical record review addressing a provider’s questions and Veteran’s top concerns. Our team supports the referring healthcare team by providing an integrated E-consult response report that summarizes the Veteran’s medical concerns, diagnostic tests and treatment to date, detailed recommendations for further assessment, and resources for additional information.

- Suggestions on next management steps for the provider and Veteran to follow. Our findings, assessment, and recommendations are written in a response attached to the Inter-Facility WRIISC consult in CPRS. The recommendations to a provider may include further clinical services offered by the WRIISC including our comprehensive multidisciplinary evaluation or an exposure assessment.

For more information about the referral process or questions about our services visit the WRIISC website: www.WarRelatedIllness.va.gov/referral.

THE VETERANS CHOICE PROGRAM

PROVIDERS FACE A CHALLENGING TASK in caring for our Nation’s Veterans due to the wide variety of unique physical, mental, emotional, and social health concerns they endure. The Veterans Health Administration (VHA) participates in a number of special programs that benefit Veterans by maximizing their health care quality and meeting their special needs. The Veterans Choice Program was established by Congress through the Veterans Access, Choice, and Accountability Act (VACAA) of 2014. This law requires VHA to offer an authorization to receive non-VA care to any Veteran who is enrolled in the VHA system as of August 1, 2014, or who is a newly discharged combat Veteran and unable to secure an appointment at a VA medical facility within 30 days (or a future published goal established by VA), or resides more than 40 miles from the nearest VA medical facility. This law thus expands the number of options a Veteran has for receiving care to ensure timely access to high-quality care. More specifically, the program provides care to Veterans when their local VA medical center cannot due to lack of available specialists, long wait times, and extraordinary distance from the Veteran’s home, which have all been barriers to VA care in the past. The WRIISC supports the Veterans Choice Program by sharing expertise and knowledge within VA and non-VA provider communities about Veterans and their unique health care issues. For WRIISC educational materials for providers focused on understanding, responding to, and managing post-deployment health and exposure concerns visit: www.WarRelatedIllness.va.gov/education.

If you are a non-VA provider participating in the Veterans Choice Program and wish to refer your Veteran patient to the WRIISC, please contact your nearest WRIISC location (see sidebar, page 7) for more information.
Veterans with cardiopulmonary symptoms and exposure
Veterans. Dr. Osinubi also co-developed and provided
OMOWUNMI ("WUNMI") OSINUBI,
with deployment-related health and
was appointed as Medical Director
which are part of the New Jersey Right to Know program
Excellence within the WRIISC to comprehensively examine
Dr. Osinubi began working with the WRIISC in 2008 as an
approximately 1,400 hazardous substances fact sheets,
Dr. DeMocker believes that Integrative Medicine gives us
My experience at the WRIISC
enhances my leadership role and
allows our team to develop innovative services to help improve clinical care
of Veterans with deployment-related health and exposure concerns.
Dr. Osinubi began working with the WRIISC in 2008 as an
Occupational Medicine Physician and established herself
as a national expert in exposure concerns of deployed Veterans. Dr. Osinubi also co-developed and provided
clinical leadership to the Airborne Hazards Center of Excellence within the WRIISC, to comprehensively examine
Veterans with cardiopulmonary symptoms and exposure
concerns related to poor air quality and potentially
Toxic respiratory contaminants during their military
deployments.
Weil at the University of Arizona. This was
Dr. DeMocker is leading the WRIISC clinical team in
expanding access to post-deployment health evaluation services for our Veterans with deployment-related health
and exposure concerns, and developing and expanding
resources to assist VA providers in bringing the highest
quality, patient-centered care to our Nation’s Veterans.

NC for over a decade, which she founded
following her training with Dr. Andrew
Weil at the University of Arizona. This was
the first postdoctoral Integrative Medicine training center in
the country. She completed her residency in Family Medicine
through the University of Virginia with a focus on healthy
lifestyle choices to prevent disease, which included her first
clinical training with Dr. Weil. During medical school at the
Medical University of South Carolina, she was involved in
research on the physical and psychological aftermath of trauma.
Dr. DeMocker believes that Integrative Medicine gives us
a lot more tools to treat chronic conditions, in addition
to conventional medications. By focusing on a person’s lifestyle
and using complementary treatments, we can
often get at the root of the problem causing the symptoms,
instead of just band-aiding the symptoms.
Dr. DeMocker is leading the WRIISC clinical team in

Current research efforts at the CA WRIISC are
focused on creating better ways to diagnose commonly
reported health conditions in the Veteran population such as
Chronic Multisymptom Illness (CMI) (including chronic
pain), Post-Traumatic Stress Disorder (PTSD), and Traumatic
Brain Injury (TBI). The following research was conducted by post-doctoral fellows under the supervision of Dr. Maheen
Adamson, with coordinated efforts and contributions from all CA WRIISC staff.

Dr. Keith Main, a former WRIISC fellow, measured
the integrity of brain white matter fibers utilizing advanced neuroimaging techniques. Measurements
were done to assess the capability of these techniques to
detect mild and moderate TBI in WRIISC patients
when compared to TBI diagnosis provided by a
neurologist. This research (under peer review) proposes
an approach to incorporate advanced neuroimaging as a
complement to neurological examination, providing additional information for diagnostic use.

Dr. Nathan Hantke, a WRIISC post-doctoral fellow,
analyzed the standard neuropsychological battery
used at the CA WRIISC during screening for cognitive
problems related to TBI and PTSD. It was found that
this screening battery was more sensitive for a PTSD
diagnosis than it was for a history of TBI. This work
highlights the difficulty associated with diagnosing TBI which currently relies heavily on self-report.

Dr. Tong Sheng, a WRIISC post-doctoral fellow,
characterized the extent to which multiple medical
conditions are associated with functional health in a
sample of Veteran patients with complex medical
histories (under peer review). Among the medical
factors investigated, PTSD symptom severity accounted
for the biggest difference in all aspects of daily
functioning, and particularly those related to emotional
(or mentally based) processes. These results emphasize
the need for effective treatment for PTSD and the
negative impact PTSD can have on daily functioning.

Stay tuned for future research on Veterans’ top health
concerns conducted by the CA WRIISC!  

"It’s exciting that VA is at the
forefront of research and clinical
use of the latest, evidence-based
Integrative therapies. This focus on
the whole patient instead of just the
disease is moving VA to a leading
position in 21st century medicine,"
VA has free services for Veterans who experienced Military Sexual Trauma.

The WRIISC strives to address all deployment health concerns.

Visit our websites for more information: