

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Perceived Barriers to Care and Provider Gender Preferences Among Veteran Men Who Have Experienced Military Sexual Trauma: A Qualitative Analysis

Turchik, J. A., McLean, C., Rafie, S., Hoyt, T., Rosen, C. S., & Kimerling, R. (2013). Perceived barriers to care and provider gender preferences among veteran men who have experienced military sexual trauma: A qualitative analysis. *Psychological Services, 10*(2), 213-222. doi:10.1037/a0029959

SUMMARY: Twenty male Veterans who received care from the Veterans Health Administration (VHA) and reported a military sexual trauma (but had not received VHA care for it) participated in semi-structured interviews to identify potential barriers to accessing military-sexual trauma care. Veterans reported a number of barriers, including lack of knowledge about available services and worries about stigma.

KEY FINDINGS:

- A number of perceived barriers were identified in three broad categories (stigma-related, gender-related, knowledge) as reasons why males with a history of military sexual assault who were experiencing trauma-related difficulties may not seek VHA care.
- Most (95%) did not know that specific military sexual assault-related mental health services were offered in the VA or that such services would not involve a copay.
- Regarding the stigma-related barriers, most Veterans endorsed not wanting to talk about problems (65%) or embarrassment/shame (60%) as preventing them from seeking care.
- Of the gender-related barriers, most Veterans endorsed that their preference for a specific gender of practitioner (75%), concerns about detracting from their masculinity (55%), and questions about their sexuality/sexual orientation (45%) prevented them from seeking care.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Educate families and Service members about the prevalence and impact of military sexual assault
- Provide information on military and civilian services available for military sexual assault, as well as information about how to access those services.
- Offer workshops to professionals who work with military families on the impact of military sexual assault on general functioning and readiness

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs that expand outreach and education efforts about the military sexual assault-related services available for Service members
- Encourage collaboration among DoD programs and community-based organizations to better coordinate access to mental health resources for Service members
- Recommend professional education including information on military culture, trauma, and resilience for professionals who work with Service members and their families

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METHODS

- Administrative data from the VHA were used to identify male Veterans who screened positive for military sexual trauma, were not receiving any military sexual assault-related care from the VA Palo Alto Health Care System since the 2006 fiscal year, but had received at least one outpatient encounter at that facility in fiscal year 2009-2010.
- Men within 25 miles of the facility were sent mailings inviting them to participate.
- Approximately 45 minute semi-structured interviews were conducted that assessed general demographic and military background, knowledge of services available for military sexual assault, and opinions on two military sexual assault brochures.

PARTICIPANTS

- Twenty male Veterans participated in the study. The average age of the sample was 62.2 years (SD = 12.85).
- Among the participants, 80% were White, 10% were Latino/Latina, 5% were Black, and 5% were Asian-American. The sample was 45% married, 35% divorced/separated/widowed, and 20% never married.
- Sixty percent of the sample represented the Army, 20% represented the Marines, 10% represented the Air Force, and 10% represented the Navy. Participants served in the Vietnam era (55%), Korean War era (25%), Post Vietnam (10%), and Persian Gulf/OIF/OEF (10%); approximately 45% served in combat theater.

LIMITATIONS

- The sample size was small and from only one geographic location, so results may not generalize.
- Only men who had not received military sexual assault -related care were interviewed; it is unknown how those who had accessed services would respond.
- No data were provided regarding if participants also experienced non-military related sexual assault, which may have impacted their decision to seek services or where they sought services.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Replicate the study with current Service members who are survivors of military-related sexual assaults
- Collect data on identifying factors that facilitate access to care for Service members who report military sexual assault, including an examination of personality characteristics that may increase the likelihood of seeking out services
- Develop and assess the effectiveness of treatments for Service members who are survivors of military-related sexual assault

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