Military Sexual Assault: The Current State of Policy, Screening, And Follow Up Care
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Introduction

Definition: Sexual Assault (SA) is the forceful act of sexual aggression or violence on the continuum of rape to include unwanted kissing, fondling, groping, touching, or penetration of oral, anal, vaginal or penile, against a person, male or female, without prior consent.

- 1 million SA per year in the U.S.
- 28-33% prevalence for women
- 11-18% prevalence for men
- 1.5% military members experience SA per year
- 20,000 individuals in 2014
- 4.5% female and 1% male
- 6-53% AD females experience SA while in service
- USAF
- 10 female victims for every male service member

Military Sexual Assaults
- Under Estimated
- Under Reported
- 0-5% report SA
- Under Screened
- 0-25% screen in primary care
- Follow-up care lacking
- In 2006, 312 women in a small Seattle hospital, only 35% sought new medical care
- In 2015, 67 of 214 AD females deployed, only 25% received new care and 16% sought new medical care

Arm 1: Accession Policies

Literature Review, Design, & Results

- Female SA: 78.9% occur before age 25
- 42.2% before age 18
- 35% re-assaulted as adults
- Females entering military service: 30% indicated SA prior to entering the military
- 2-6 fold risk of re-victimization during military service
- Male SA:
- 27.8% before age 10
- 6% indicated prior to entering the military
- Male history of sexual or physical abuse:
- One type alone, a 2 fold risk of perpetration in military
- Both types, a 8-10 fold risk of perpetration in the military

Recommendations

- Further Research Needed
- Create programs that address knowledge, awareness, and prevention
- Screen for SA History

Organizational Impact (All Arms)

Adverse consequences of SA include psychological, physical, and spiritual dysfunction. No Department of Defense or Air Force policy mandates SA screening during the accession period, despite a strong association in the literature between prior victimization and adverse outcomes in individuals with a history of SA. Military SA training can be improved to target specific reporting and screening barriers in effort to remove stigma, bias of reporting, and confidentiality concerns (among others). Many avenues for improving follow up care can be taken, such as efforts to perform appropriate lab work up of time frames and consideration for mental health consultation.

Arm 2: SA Screening & Reporting

Screening:
- 1/25 of PCPs routinely screen
- 11% screen annually
- 30% believe patients should be routinely screened
- Some do not view SA as a significant diagnosis

Screening tools:
- DHE: Unconsent SA
- DHE: Consent SA
- DHE: High risk

Significance of the Problem

Sexual assault is associated with a number of sequelae that may affect the physical and mental health of victims. Many active duty military members are victims of sexual assault before or during their military service. Sexual assault screening policies, screening practices and sexual assault follow up care may impact the health of our military members.

Purpose and Project Design

To explore the current state of DoD screening policy for prior sexual assault history, barriers to reporting and screening of sexual abuse in primary care clinics, and sexual assault follow up care of the active duty member in a large ambulatory military treatment facility.

Arm 3: Follow Up Care

Literature Review and Design

- Retrospective Chart Review
- Clinical Flow Sheet Post Sexual Assault
- MHS Management Analysis & Reporting (M2)
- MHS care for 6 months

Results & Recommendations

- Gender:
  - Male: 1 male
  - Female: 23 females
- Race:
  - 12 white
  - 3 black
- Ethnicity:
  - 6 Hispanic
- Age:
  - 18 and less than age 17-24
  - 5 age 25-34
  - 15 Teens/23 Permanent

Analysis of Results:
- No statistical difference in follow up care was revealed by training and permanent party members
- Follow up care policy
- Further research is needed to determine the impact of follow up care on the health of military members.

The views expressed in this paper are those of the authors and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States government.
The views expressed in the power point do not necessarily reflect the policy of the Uniformed Services University, the Department of Defense, or the United States Government.
INTRODUCTION

Sexual Assault (SA) is the forceful act of sexual aggression or violence on the continuum of rape to include unwanted kissing, fondling, groping, touching, or penetration of oral, anal, vaginal or penile, against a person, male or female, without prior consent.

(Castro et al., 2015; Do, Schrager, & Gilchrist, 2010; The American College of Obstetricians and Gynecologists, 2014; WHO, 2012)
INTRODUCTION

- 1.3 million SA per year in the U.S.
  - 28–33% prevalence for women
  - 11–18% prevalence for men

(ACOG, 2014; Black et al., 2011; Burgess, Slattery, & Herlihy, 2013; Castro et al., 2015; WHO, 2012)
SIGNIFICANCE OF THE PROBLEM

- 1.5% military members experience SA per year
  - 20,300 individuals in 2014
    - 4.9% female and 1% male

- 9.5-33% AD females experience SA while in service
- USAF
  - 10 female victims for every male service member

(Burgess, Slattery, & Herlihy, 2013; DoD SAPR, 2015; "National Defense Research Institute", 2014)
SIGNIFICANCE OF THE PROBLEM

- Under-estimated, under-reported, & under-screened
- Follow-up post SA lacking
- Sequelae
CLINICAL QUESTIONS / ARMS

The Current State of

1. DoD screening policy for prior SA history

2. Barriers to SA reporting/screening in primary care

3. Follow-up care for SA in AD members in a large ambulatory MTF
LITERATURE REVIEW

- Female SAs
  - 79.6% occur before age 25
  - 42.2% before age 18
  - 35% re-assaulted as adults

- Females entering military service
  - 30% indicated SA prior to entering the military
  - 2-5 fold risk of re-victimization during military service

(Black et al., 2011; Castro et al., 2015; Merrill, Thomsen, Gold, & Milner, 2001)
LITERATURE REVIEW

- Male SA
  - 27.8% before age 10
  - 6% indicated prior to entering the military

- History of sexual or physical abuse
  - One type alone, a 2 fold risk of perpetration in military
  - Both types, a 4-6 fold risk of perpetration in the military

(Black et al., 2011; Castro et al., 2015; Merrill, Thomsen, Gold, & Milner, 2001)
PROCEDURAL STEPS

1. 1,073 DoD + 2,217 AF Policies

2. No Mention of SA History

3. Screen for Perpetration

4. Accession Policies

5. Discussed Mental Health Comorbidities
RECOMMENDATIONS

- Further Research Needed
- Screen for SA History?
- Education
LITERATURE REVIEW

- 1%-25% of PCPs routinely screen
- 11% screen annually
- 30% believe patients should be routinely screened
- Some do not view SA as a significant diagnosis

(Stayton and Duncan, 2005; Waalen, Goodwin, Spitz, Peterson, & Saltzman, 2000; Friedman, Samet, Roberts, Hudlin, & Hans, 1992)
PATIENT BARRIERS

- Dozens of barriers identified
  - Stigma barriers appear to be of most concern
    - Shame, guilt, or embarrassment
- Other prevalent themes: fear of retaliation and confidentiality concerns
- Gender preference (most favor female providers)

(Sable, Danis, Mauzy, & Gallagher, 2006; Mengeling et al., 2014; Steiger et al., 2010; Turchik et al., 2013)
PROVIDER BARRIERS

- Many personal barriers
  - View SA as an insignificant medical condition
  - Rape/Sexual Violence myth acceptance
  - Demographic barriers (age, gender, language, ethnicity)
  - Personal discomfort with the subject
  - Inefficacy

- Systemic barrier themes
  - Lacking: time, training, protocol, resources, established patient-provider relationship

(Littleton et al., 2007; Rodriguez et al., 1999; Waalen et al., 2000; McGrath et al., 1997; Baig et al., 2012; & Sprague, Kaloty, et al., 2013)
PROCEDURAL STEPS

Literature Review: Screening Barriers

- Provider barriers: 11 articles (8 primary studies)
- Provider survey on systemic barriers

Survey Design

>15 barriers

Non-personal themes

5 systemic barrier themes surveyed
PROVIDER SURVEY

Q1: Lack of protocol
Q2: Lack of time
Q3: Lack of training
Q4: Lack of resources
Q5: Lack of established patient-provider relationship

Likert scale used
- Concern for barriers measured on 1-4 scale
  - 1 = no concern
  - 2 = low concern
  - 3 = some more concern
  - 4 = significant concern
RECOMMENDATIONS

Encourage Reporting

Personal Reflections

Focus on Patient Encounters
Post SA Follow-up Care for Military Members

MAJ JENNIFER PROSSER

ARM 3
PROCEDURAL STEPS: FOLLOW-UP CARE

- Retrospective Chart Review
- Clinical Flow Sheet Post Sexual Assault (Korkosz, 2014)
- MHS Management Analysis & Reporting (M2)
  - SA related ICD 9 code
  - Active Duty
  - Clinic on JBSA
  - MHS care for 6 months
RESULTS: LABORATORY SCREENINGS

HIV/Syphilis (Month 3-6)

80% 76%

HIV/Syphilis (Week 6)

55%

GC/Chlamydia (Week 2)

50%

Pregnancy (Week 2)

Completed
Not Completed
RESULTS: ANXIETY SCREENING

Month 1-2
52%

Month 2-4
35%

Week 2
30%

Week 1
22%

Completed
Not Completed
Not Applicable
RESULTS: PTSD SCREENING

Week 1
22%
Completed
Not Completed
Not Applicable

Week 2
28%
Completed
Not Completed
Not Applicable

Month 1-2
26%
Completed
Not Completed
Not Applicable

Month 2-4
26%
Completed
Not Completed
Not Applicable
ANALYSIS: FOLLOW-UP CARE

- No statistical difference in follow up care received by trainees and permanent party members
- Findings compared to literature
- Follow up care policy
- Further investigation & comparison to large NW MTF
BARRENRS / LIMITATIONS

Road-Blocks

* Determining total SAs within specific military community

Inconsistencies

* ALTHA Documentation CPGs

Red-Tape

* Limits ability to survey AD members
  * Pentagon Approval
CONCLUSION

- Military SA is a complex issue that needs attention
- No screening for victimization during accessions
- SA screening not established in primary care
- Improve post SA follow-up care
THANK YOU

Dr. Diane Seibert – USU
Lt. Col Brian Kittelson – USU
Lt. Col Laura Lewis – USU
JBSA Lackland Leadership
Col. Brenda Morgan – JBSA Lackland
Methods and Analytics – JBSA Lackland
Dr. Victor Sylvia and Dr. Roy Haas – Biostatisticians JBSA Lackland
Maj. Cubby Gardner
Dr. Nathan Galbreath – SAPR Office
Dr. Ann Burgess – Boston University
REFERENCES


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KATS, ALEKSANDR Capt USAF AETC 59 TRS/SGVT

From: MORGAN, BRENDA J Col USAF AETC 59 MDW/SGN
Sent: Tuesday, November 24, 2015 5:04 PM
To: KATS, ALEKSANDR Capt USAF AETC 59 TRS/SGVT
Cc: KITTELSON, AMOS B SSgt USAF ANG 114 MAINTENANCE SQ/MXMFM
Subject: RE: Updated provider survey for the DNP group

I spoke to the survey office regarding student status but as long as the survey is “fact based” it does not change the determination--please move forward with your survey as planned.

Col Morgan

Brenda J. Morgan, Col, USAF, NC, PhD
Director, 59 MDW Nursing Research Division JBSA-Lackland TX
210-292-5931

-----Original Message-----
From: MORGAN, BRENDA J Col USAF AETC 59 MDW/SGN
Sent: Thursday, November 19, 2015 3:24 PM
To: KATS, ALEKSANDR Capt USAF AETC 59 TRS/SGVT
Cc: KITTELSON, AMOS B SSgt USAF ANG 114 MAINTENANCE SQ/MXMFM
Subject: FW: Updated provider survey for the DNP group

Capt Kats,

We can discuss when you have time or as needed. Bottom line, no survey number is going to be required.

**Keep this email for documentation should anyone ask later if it was reviewed.

I do suggest you consider their recommendations as the survey will read much better and your findings will be more valid and actionable.

Let me know if you want to offer the providers an electronic option--we could do a survey monkey survey for you...

Good Luck!

Col Morgan

From: TEALER, RENEE J CIV USAF AFPC AFPC/DSYS
Sent: Thursday, November 19, 2015 3:05 PM
To: MORGAN, BRENDA J Col USAF AETC 59 MDW/SGN
Cc: RABAGO, JESSICA CIV USAF AFPC AFPC/DSYS; AFPC/DSYS-Workflow Air Force Survey Office
Subject: RE: Updated provider survey for the DNP group
Good Afternoon Col Morgan,

Although the survey does not require an SCN, I did request a review by one of our OPS analyst as I had concerns with the questions. Ms. Rabago, one of our OPS Analyst reviewed and had recommendations and comments; I've attached her review.

As always our goal is to insure surveys conducted throughout the AF provide reliable, valid and actionable data. With this in mind, please feel free to contact her should you or your POC have any questions about the feedback.

V/r,
Renee

-----Original Message-----
From: MORGAN, BRENDA J Col USAF AETC 59 MDW/SGN
Sent: Wednesday, November 18, 2015 2:26 PM
To: TEALER, RENEE J CIV USAF AFPC AFPC/DSYS
Subject: FW: Updated provider survey for the DNP group

Ms Tealer--
Attached is an updated version of the survey--the wording was changed to request a ranking of the topics...

Col Morgan

From: KATS, ALEKSANDR Capt USAF AETC 59 TRS/SGVT
Sent: Tuesday, November 17, 2015 11:12 AM
To: MORGAN, BRENDA J Col USAF AETC 59 MDW/SGN
Subject: RE: Updated prover survey for the DNP group

Col Morgan,

I have made several more updates to the survey, the 5 questions are essentially the same, attached to this email. Has anything come back from the survey office?

Thank you,

V/r
Aleksandr Kats, Capt, USAF, NC
DNP, FNP Student
Daniel K. Inouye Graduate School of Nursing Uniformed Services University of the Health Sciences
Office: 2200 Bergquist Dr. Rm 7B20
Mobile: (301)675-9409

-----Original Message-----
From: MORGAN, BRENDA J Col USAF AETC 59 MDW/SGN
Sent: Friday, November 13, 2015 5:31 PM
To: KATS, ALEKSANDR Capt USAF AETC 59 TRS/SGVT
Cc: KITTELSON, BRIAN D Lt Col USAF AETC 59 MDSG/SGVT; PROSSER, JENNIFER L Maj USAF AETC 59 TRS/SGVT; ALLEN, MICHAEL P Capt USAF AETC SG050
Subject: RE: Updated prover survey for the DNP group
Capt Kats--

I sent the below request to m stealer at the AF Survey office. We should have a response by Monday.

You will notice on the attached I made a note to suggest you revise the instructions to ask the providers to "rank" the following barriers 1-5 with 1 being the lowest (or something similar).

It is just a suggestion.

I will keep you posted....

Col Morgan

Brenda J. Morgan, Col, USAF, NC, PhD
Director, 59 MDW Nursing Research Division JBSA-Lackland TX
210-292-5931

-----Original Message-----
From: MORGAN, BREND A Col USAF AETC 59 MDW/SGN
Sent: Friday, November 13, 2015 5:27 PM
To: TEALER, RENEE J CIV USAF AFPC AFPC/DSYS
Subject: Survey Question

As part of an evidence based practice project at the 59MDW, one of the resident practitioners is evaluating adherence to the guidelines/protocols for sexual assault screening and wants to assess for barriers to appropriate screening by family health providers in the WHASC/Lackland clinic, Reid Clinic, and Randolph clinic using the attached 5 questions. The information will be used by the 59 MDW leadership to improve training/revise guidelines.

Will this require an SCN?

As always, thanks for your advice.

Col Morgan

Brenda J. Morgan, Col, USAF, NC, PhD
Director, 59 MDW Nursing Research Division JBSA-Lackland TX
210-292-5931

-----Original Message-----
From: KATS, ALEKSANDR Capt USAF AETC 59 TRS/SGVT
Sent: Friday, November 13, 2015 11:24 AM
To: MORGAN, BREND A Col USAF AETC 59 MDW/SGN
Cc: KITTELSON, BRIAN D Lt Col USAF AETC 59 MDSG/SGVT; PROSSER, JENNIFER L Maj USAF AETC 59 TRS/SGVT; ALLEN, MICHAEL P Capt USAF AETC SG05O
Subject: Updated prover survey for the DNP group
Col Morgan,

Attached is the updated provider survey I would like authorization for. The 5 questions focus on the core issues we are looking at with sexual assault screening in military institutions. If the survey office needs to know where I intend to ask these questions: Lackland FHC, Reid Clinic, and Randolph FHC.

Thank you so much for your continued assistance, please let me know if there are any issues or concerns regarding this survey,

V/r

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DNP, FNP Student
Daniel K. Inouye Graduate School of Nursing Uniformed Services University of the Health Sciences
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