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RESEARCH BRIEF

Post-Sexual Assault Health Care Utilization Among OEF/OIF Servicewomen

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ABSTRACT

"*Background and Objective*: Few who experience sexual assault seek health care immediately. Yet many become heavy users of health care resources in the years postassault because sexual violence has been linked with both acute and chronic health consequences. Our objective was to investigate servicewomen's medical and mental health (MH) care utilization after sexual assault in-military (SAIM) and identify reasons for not seeking care. *Methods*: In a retrospective cross-sectional Midwestern community sample of OEF/OIF Active Component and Reserve/National Guard servicewomen, currently serving and veterans, computer-assisted telephone interviews were conducted with 207 servicewomen who experienced SAIM. *Results*: A quarter (25%) received post-SAIM MH care and 16% medical care. Utilization of medical care tended to be sooner (within the first month) and MH care later (6 mo to 1+ y). Most sought care on a military base, a third from civilian providers, and 10% sought MH from Veterans Health Administration. Servicewomen were more likely to have utilized medical care if they had experienced a completed SAIM and made a Department of Defense SAIM report and MH care if they were white, experienced on-duty SAIM, and made a Department of Defense SAIM report. The most common reason for not seeking medical care was due to belief that care was not needed. Reasons for not utilizing medical or MH care included embarrassment, confidentiality concerns, and fear of adverse career consequences. *Conclusions*: Few servicewomen utilized post-SAIM care, thus assault-specific health consequences were likely unaddressed. Given the severe and chronic consequences of sexual assault, our findings emphasize need for military, Veterans Health Administration, and civilian providers to query SAIM history to provide timely and optimal care."

RESEARCH HIGHLIGHTS

- Few who experience sexual assault seek health care immediately; yet many become heavy users of health care resources in the years post-assault for both acute and chronic health conditions. Data shows that 30-45% of women veterans have experienced military sexual trauma (MST) and 15% of OEF/OIF women veterans receiving care at the VHA have screened positive for MST. This study characterizes factors associated with receipt of post-assault health care (i.e., medical and mental health) and identifies reasons servicewomen did not seek care.
- 1,339 Reserve and National Guard and Active Component servicewomen, who had served during OEF/OIF or who were still serving were surveyed and among those 207 had experienced sexual assault during their military service (SAIM).
- Only a third of these servicewomen reported receiving post-SAIM specific heath care (25% mental health; 16% medical) although almost all (94%) had a routine physical exam in the past year.
- Servicewomen who received mental health care were more likely to be white, have had SAIM occur on-duty, have SAIM-associated vaginal tears, and have made an official DoD SAIM report.
- The most common reasons servicewomen endorsed for not seeking post-SAIM mental health care were embarrassment, concern about adverse career consequences, being seen as weak, and losing unit member confidence because they sought mental health care.
- Women who sought post-assault medical care were more likely to be serving in the Active Component, have experienced a completed SAIM (as opposed to an attempted SAIM), acknowledged alcohol or drugs before SAIM, have physical or vaginal injuries, and were more likely to have made a DoD SAIM report.
- The most frequently endorsed reason servicewomen did not seek post-SAIM medical care was because they did not think it was needed (87%). Among the 87% who did not find it necessary, almost half had experienced a completed SAIM (involving penetration) with many having physical injuries, including vaginal tears. This finding shows that more education and addressing of physical and emotional care needs of sexual violence is needed among the military associated population.

IMPLICATIONS

FOR PRACTICE

Prior studies have shown that health providers are often unaware that their patient has experienced a sexual assault and this study's findings confirm that even women with assault-related injuries might not disclose their assault. Clinicians must sensitively query assault history and servicewomen who have experienced sexual assault are encouraged to disclose the sexual assault with their practitioner to ensure they are receiving optimal care. Servicewomen who have experienced either an attempted or completed sexual assault should consider seeking medical and mental health care even if they might not perceive it to be necessary. Seeking timely medical care after an assault is essential to receiving the highest standard of care, which includes prophylactic treatment to reduce HIV infection risk and receiving emergency contraception to reduce pregnancy risk. Almost half of the sample said they did not seek post assault care because of embarrassment. Although most servicewomen who experienced SAIM did not get post-SAIM care, they do continue to access routine health care. Providers must recognize the importance of their role in patient education and addressing physical and emotional care needs of sexual violence. Routine screening is recommended to identify women with health care needs related to histories of sexual assault.

FOR POLICY

The DoD has adopted the DoJ's gold standard of care, which includes guidelines for prophylactic treatment options and assessment of pregnancy risk and options for emergency contraception. The current standard of care offered by the DoD ensures any necessary follow-up care and referrals for behavioral health services are made. The reasons for not seeking care such as embarrassment, adverse career consequences, and confidentiality concerns are similar to those identified for not reporting. Identifying ways to address and eliminate these concerns may promote post-assault health care utilization as well as reporting.

FOR FUTURE RESEARCH

This study has many strengths, including broad sample representation of OEF/OIF era Active Duty, Reserve and National Guard, including both Veterans and women currently serving, and those with and without deployment experience. Notably, few servicewomen who experienced SAIM sought post-assault health care, which may have limited the number of independent measures identified with post-assault care. A larger number of servicewomen utilizing care may allow identification of additional demographic, military, and/or assault characteristics. In addition, this study's sampling frame focused on Midwestern states. A nationally representative sample may identify additional independent measures associated with post-assault care. Individuals were interviewed using a computer assisted telephone interview, conducted by extensively trained female interviewers, and monitored with quality control protocols. Analysis of the data revealed an association between DoD reporting of SAIM and servicewomen's utilization of post-SAIM medical and mental health care. An avenue for future research lies in understanding whether DoD reporting facilitates post-SAIM medical care utilization or whether medical care utilization empowers DoD reporting.

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