



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



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Introduction

Definition: Sexual Assault (SA) is the forcible 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

- 1.3 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
 - 20,300 individuals in 2014
 - 4.9% female and 1% male while in service
 - USAF
 - 10 female victims for every male service member
- Military Sexual Assaults**
- Under Estimated
 - 6-25% report SA
 - Under Screened
 - 0-25% screen in primary care
 - Follow-up care lacking
 - In 2005, 812 women in a small Seattle hospital, only 35.5% sought fu medical care
 - In 2015, of 207 OEF/OIF AD Females deployed, only 25% received fu MH care and 16% sought fu medical care

Arm 1: Accession Policies

Literature Review, Design, & Results

- Female SA
 - 78.8% 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
- 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 4-6 fold risk of perpetration in the military

Recommendations

Further Research Needed

- To understand inherent risk of sexual violence and perpetration
- Education
- Create programs to increase victimization and perpetration
- Screen for SA History?

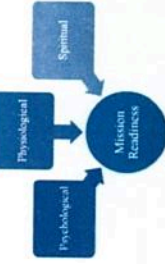
Organizational Impact (All Arms)

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, fears 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 at recognized timeframes and consideration for mental health consultation.

"The authors would like to acknowledge our DNP Project Mentors, Dr. Diane Seibert (Senior Mentor), Lt Col Brian Kitchison, Lt Col Lawrence, and Dr. Ann Burgess for their support, guidance, and assistance. Their time, effort, and dedication to this project is appreciable more than words can express."

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.



Arm 2: SA Screening & Reporting

Literature Review and Design

- 1%-25% of PCPs routinely screen
- 11% screen annually
- 30% believe patients should be routinely screened
- Some do not view SAs as significant diagnosis
- Other prevalent themes: fear of retaliation and confidentiality concerns
- Gender preference (most favor female providers)
- Dozens of reporting barriers identified
 - Stigma barriers appear to be of most concern: shame, guilt, or embarrassment
 - View of SA as an insignificant medical condition
 - Rape/Sexual Violence
 - Demographic barriers (age, gender, language, ethnicity)
 - Personal discomfort with the subject
 - Inefficiency
 - Systemic barrier
 - Protocol
 - Time
 - Training
 - Resources
 - Established patient-provider relationship
- Likert scale
 - Concern for barriers measured on 1-4 scale
 - 1 = no concern
 - 2 = low concern
 - 3 = some more concern
 - 4 = significant concern
- 5 systemic barriers surveyed
- Non-personal themes

Results & Recommendations

Analysis of Results

- Lack of time (O2) most concerning: Average response = 3.2
- Lack of resources (O4) least concerning: Avg response = 1.8
- 50% think lacking patient-provider relationship (O3) is of concern
- Less than 50% think lacking protocol or training is an issue

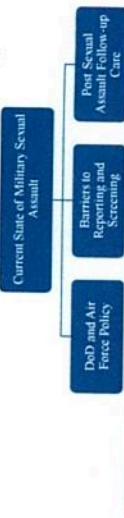
Recommendations

- Personal
- Behavioral
- Organizational
- Systemic
- Knowledge deficit
- Stigma
- Victimizing
- Stigma

"The views expressed in this poster 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."

Purpose and Project Design

Purpose: 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 (Kortosz, 2014)
- MHS Management Analysis & Reporting (M2)
 - SA related ICD 9 code
 - Active Duty
 - Clinic on JBSA
 - MHS care for 6 months
- Gender
 - 1 male
 - 22 female
- Race
 - 12 white
 - 3 black
 - 2 Hispanic
 - 6 other/unknown
- Age
 - 18 less than age 17-24
 - 5 age 25-34
 - 10 Trained/13 Permanent

Results & Recommendations

Screen/Tx	1 WEEK	2 WEEK	1-3 MONTH	2-4 MONTH
Pregnancy				
OC/Chlamydia			6 WK	3-6 MO
HIV/Syphilis				
MH Pharm Consideration				
Safety				
Sleeping				
Substance				
MH Support	73%	69%	62%	65%
PTSD	65%	61%	61%	65%
Depression	58%	54%	65%	65%
Anxiety			52%	

Legend: NA = NA, <50%, >50%

92% 3+ appointments
47% SARC contact

Analysis of Results:

- No statistical difference in follow up care received by in-house and permanent party members
- Findings compared to literature
- Follow up care policy
- Further investigation & comparison to large NM MTF

MILITARY SEXUAL ASSAULT: THE CURRENT STATE OF POLICY, SCREENING, AND FOLLOW-UP CARE



CAPT MICHEAL P. ALLEN
CAPT ALEXANDER KATS
MAJ JENNIFER PROSSER



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JONAS CENTER
FOR NURSING AND
VETERANS HEALTHCARE
Improving Healthcare Through Nursing



2016 DOCTORATE OF NURSING PRACTICE PROJECT

DISCLAIMER

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, Schrage, & 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)

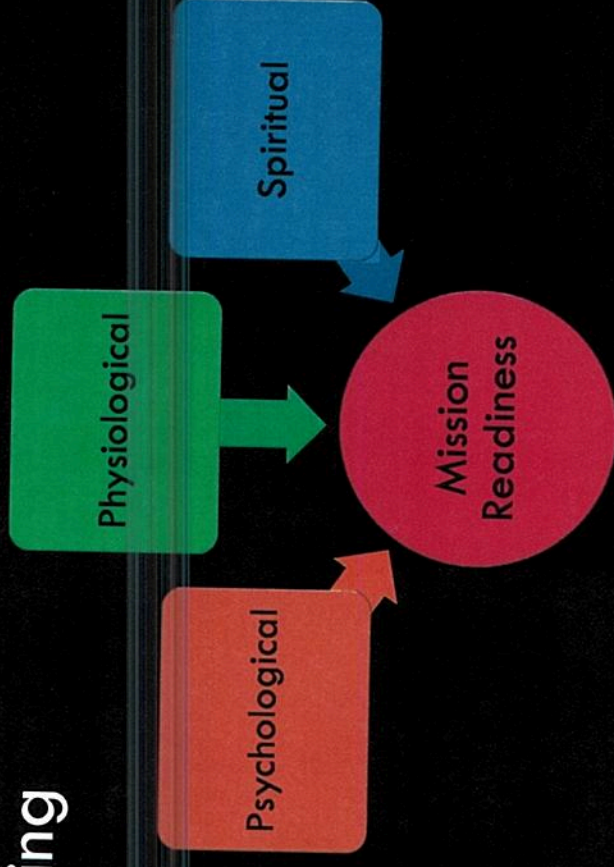
SIGNIFICANCE OF THE PROBLEM

- 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

- I. DoD screening policy for prior SA history
- II. Barriers to SA reporting/screening in primary care
- III. Follow-up care for SA in AD members in a large ambulatory MTF

ARM I

Screening Accession Policies for Prior SA History

CAPT MICHEAL P. ALLEN

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

1,073 DoD +
2,217 AF
Policies

9 Accession
Policies

2 – Screen for
Perpetration
Conviction

NONE SCREEN
FOR PRIOR SA
HISTORY

2 – No
Mention of SA

5 – Discussed
Mental Health
Comorbidities

RECOMMENDATIONS

Screen for
SA History?

Further
Research
Needed

Education

ARM 2

Barriers to SA Reporting / Screening in Primary Care

CAPT ALEXANDER KATS

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

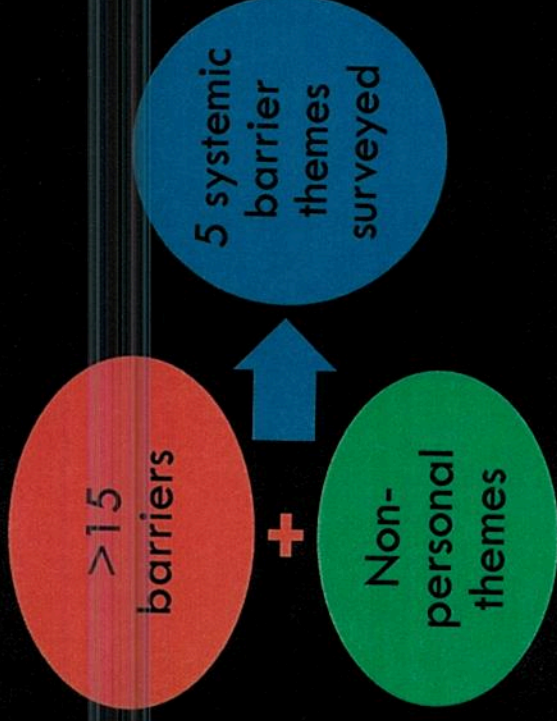
(Littleton et al., 2007; Rodriguez et al., 1999; Waalen et al., 2000; McGrath et al., 1997; Baig et al., 2012; & Sprague, Kaloty, et al., 2013)

PROCEDURAL STEPS

Literature Review: Screening Barriers

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

Survey Design



PROVIDER SURVEY

Q1: Lack of protocol

Q2: Lack of time

Q3: Lack of training

Q4: Lack of resources

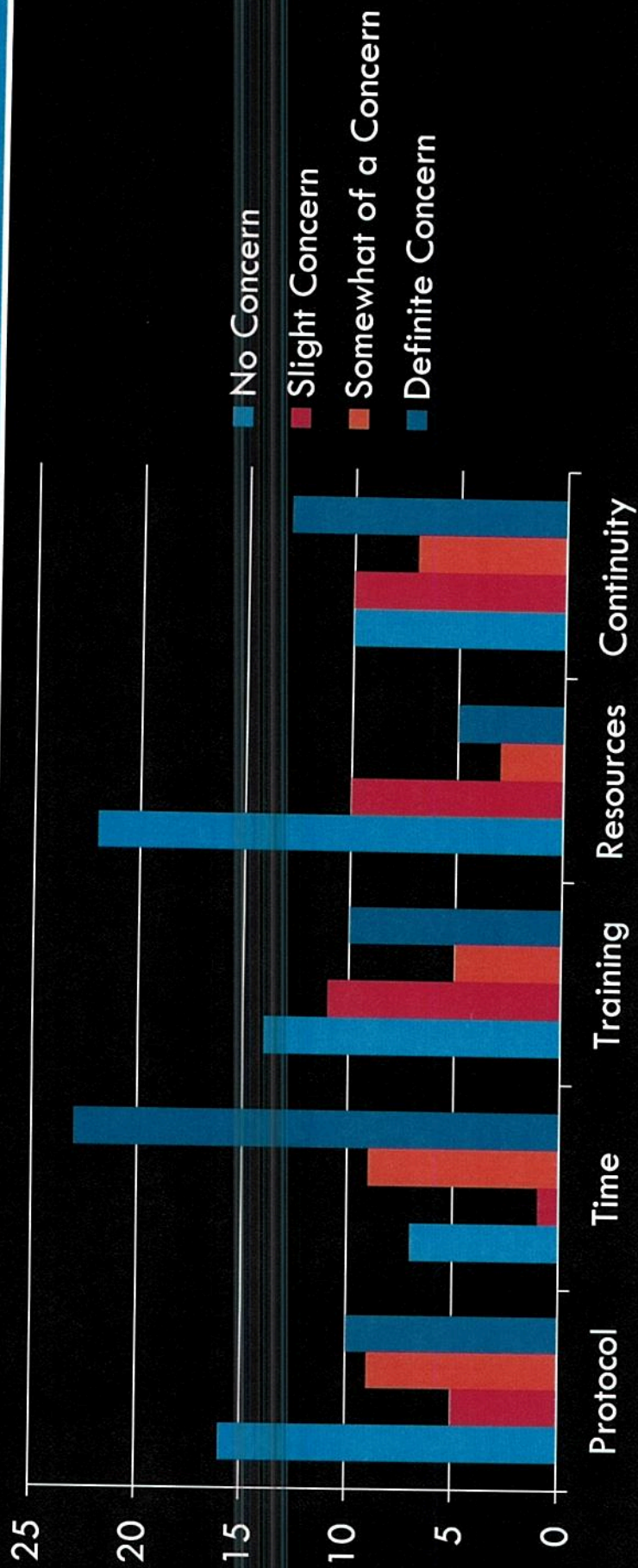
Q5: Lack of established
patient-provider relationship

Likert scale used

□ Concern for barriers
measured on 1-4 scale

- 1 = no concern
- 2 = low concern
- 3 = some more concern
- 4 = significant concern

PROVIDER SURVEY RESULTS



RECOMMENDATIONS

Encourage
Reporting

Personal
Reflections

Focus on
Patient
Encounters

ARM 3

Post SA Follow-up Care for Military Members

MAJ JENNIFER PROSSER

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

Clinical Flow Sheet Post-Sexual Assault
 Patient's name: _____ Date: _____
 Report time: _____
 Date of onset: _____
 Date of admission: _____
 DCH

History
 Presenting Complaint: _____
 Chief Complaint: _____
 History of Present Illness: _____
 Past Medical History: _____
 Allergies: _____
 Social History: _____
 Family History: _____
 Review of Systems: _____

Physical Examination
 General: _____
 HEENT: _____
 Chest: _____
 Abdomen: _____
 Extremities: _____
 Genitourinary: _____
 Rectal: _____
 Neurological: _____
 Psychiatric: _____
 Skin: _____
 Lungs: _____
 Heart: _____
 Abdomen: _____
 Extremities: _____
 Genitourinary: _____
 Rectal: _____
 Neurological: _____
 Psychiatric: _____
 Skin: _____

Diagnosis
 Primary: _____
 Secondary: _____
 Tertiary: _____

Plan
 Medications: _____
 Procedures: _____
 Referrals: _____
 Discharge Instructions: _____
 Follow-up: _____

Disposition
 Discharge: _____
 Admit: _____
 Transfer: _____

Signature

PROCEDURAL STEPS: FOLLOW-UP CARE

- Gender
 - 1 male
 - 22 female
- Race
 - 12 white
 - 3 black
 - 2 Hispanic
 - 6 other/unknown
- Age
 - 18 less than age 17-24
 - 5 age 25-34
- 10 Trainees/13 Permanent

Exclusion Criteria

- > 6mo (17)
- No Documentation
- Childhood
- Physical Assault
- Majority of Care at Other MTFs
- Perpetrator

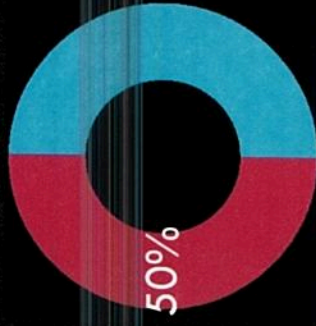
58

23

81 EHRs

RESULTS: LABORATORY SCREENINGS

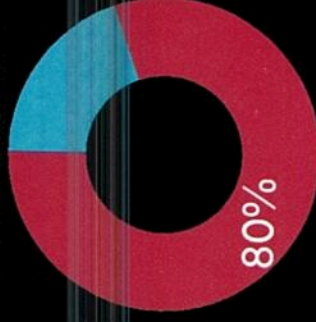
Pregnancy
(Week 2)



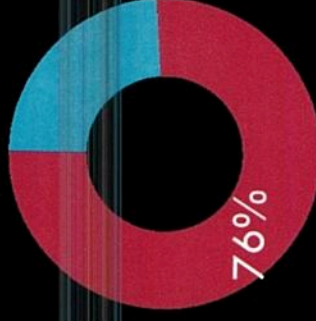
GC/Chlamydia
(Week 2)



HIV/Syphilis
(Week 6)



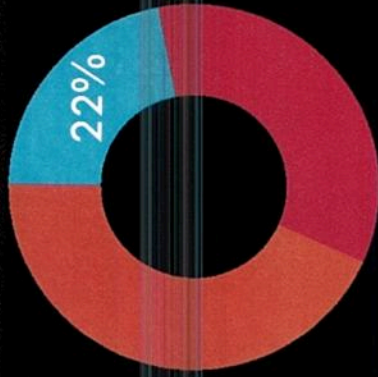
HIV/Syphilis
(Month 3-6)



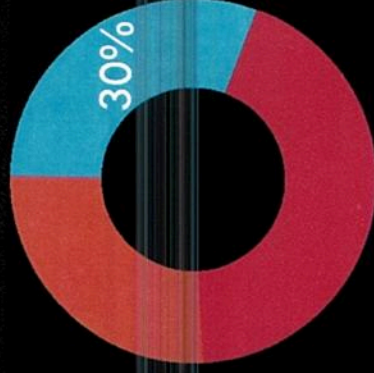
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■ Not Completed

RESULTS: ANXIETY SCREENING

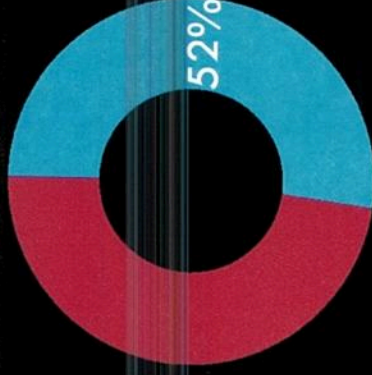
Week 1



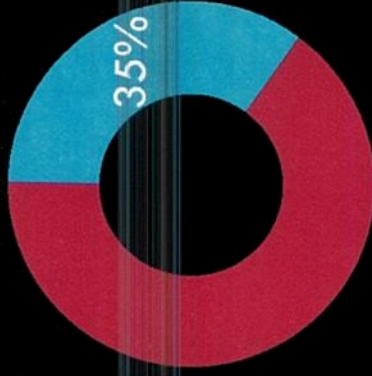
Week 2



Month 1-2



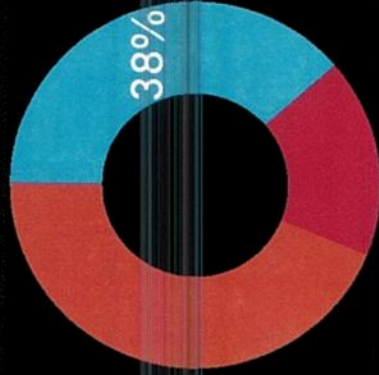
Month 2-4



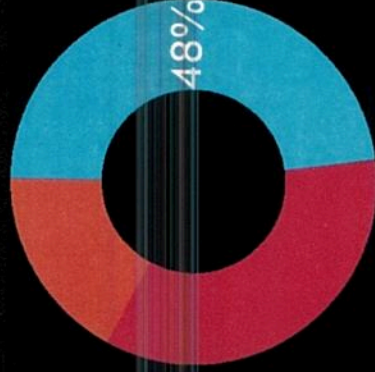
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- Not Applicable

RESULTS: DEPRESSION SCREENING

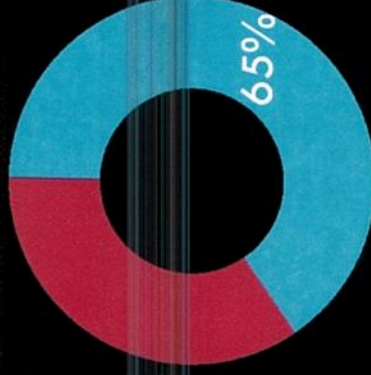
Week 1



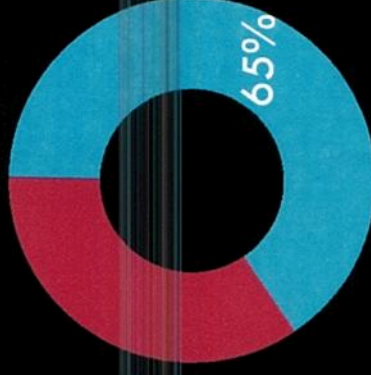
Week 2



Month 1-2



Month 2-4



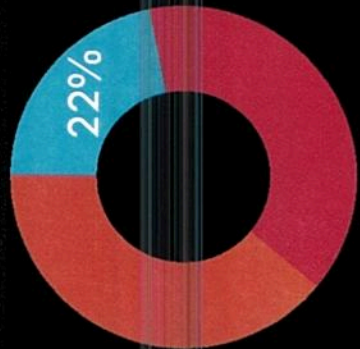
Completed

Not Completed

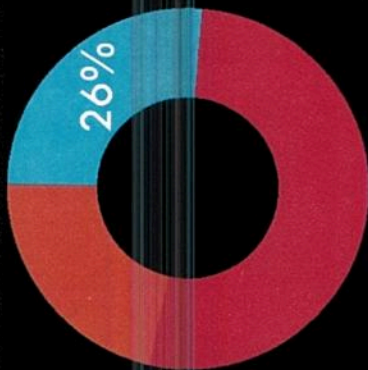
Not Applicable

RESULTS: PTSD SCREENING

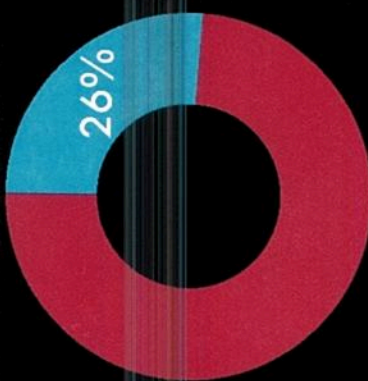
Week 1



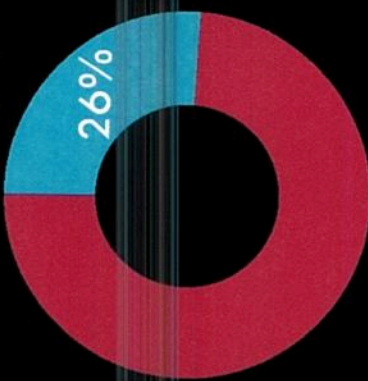
Week 2



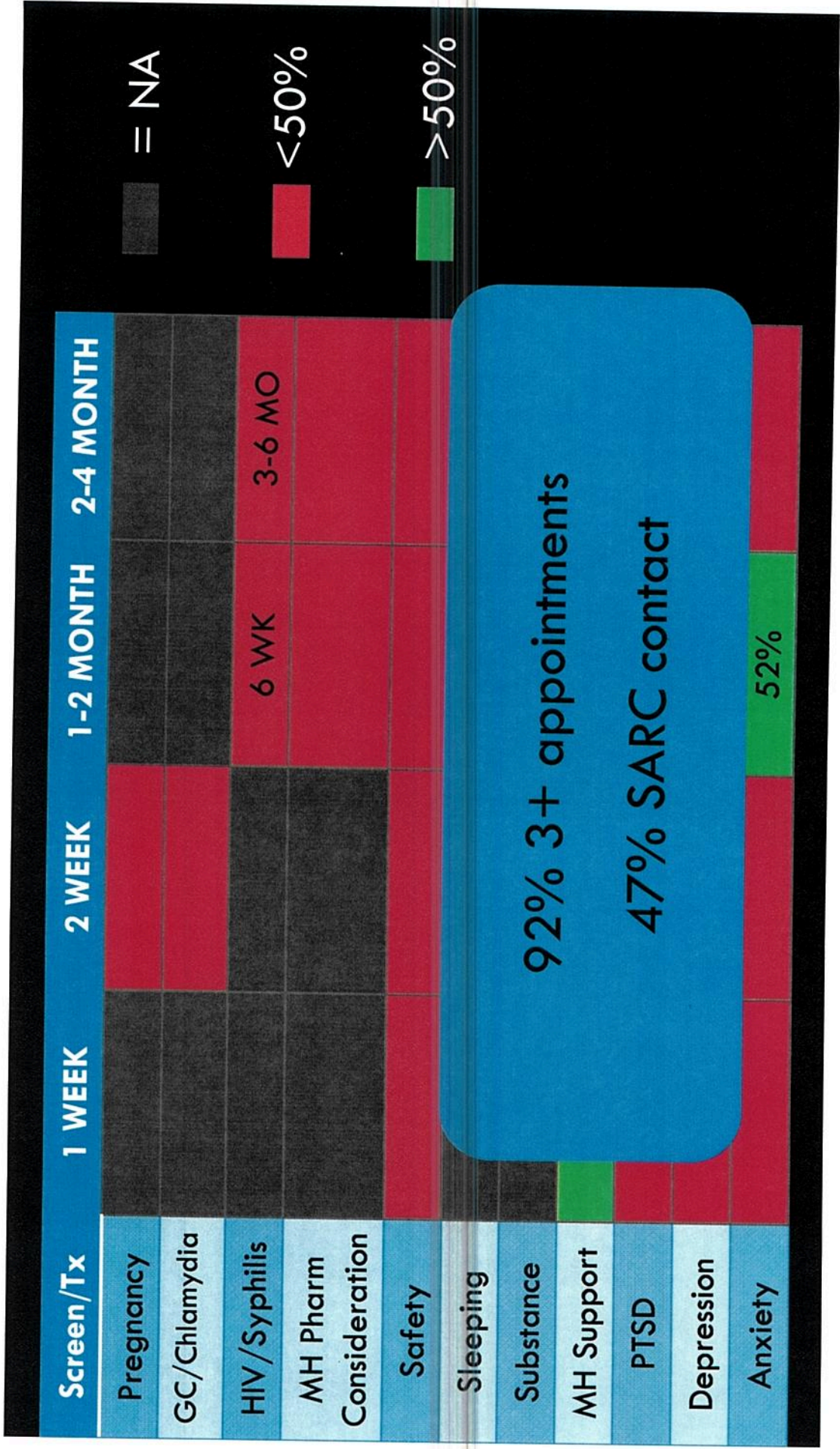
Month 1-2



Month 2-4



- 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 ATF

CONCLUDING THOUGHTS

BARRIERS / LIMITATIONS

- Limits ability to survey AD members
- Pentagon Approval

Red-Tape

Inconsistencies

- ALTHA Documentation
- CPGs

- Determining total SAs within specific military community

Road-Blocks



CONCLUSION

- Military SA is a complex issue that needs attention

No screening for victimization during accessions

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graph TD; A[No screening for victimization during accessions] --> B[SA screening not established in primary care]; B --> C[Improve post SA follow-up care];
```

SA screening not established in primary care

Improve post SA follow-up care

QUESTIONS

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

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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, BRENDA J 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, BRENDA J 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

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
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