Newsletter of the National VA Chaplain Center **Community Clergy Training Program**

THE CLERGY CONNECTION

September 2016

Act as if what you do makes a difference. It does. ~ William James

"I just want to sleep. A coma would be nice. Or amnesia. Anything, just to get rid of this, these thoughts, whispers in my mind. Did he rape my head, too?" ~ Laurie Halse Anderson, *Speak*

Military sexual trauma (MST) happens when someone creates a threatening environment related to sexual or gender issues, or when there is an attempted or completed rape. MST can include sexual harassment, which repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character, by fellow military members of any rank.

MST includes any sexual activity where a Servicemember is involved against his or her will - he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities.

Other experiences that fall into the category of MST include:

- unwanted sexual touching or grabbing,
- threatening, offensive remarks about a person's body or sexual activities,
- threatening and unwelcome sexual advances.

MST can occur during active duty, active duty for training, or inactive duty training. The identity or characteristics of the perpetrator, whether the Servicemember was on or off duty at the time, and whether he or she was on or off base at the time, do not matter.

Research has estimated that about 1 out of every 4 women Veterans has been sexually assaulted while in the military. It may also be well under-reported. Men also experience military sexual trauma. MST is not as common for men as for women but it certainly happens. It's probably even more under-reported for men than for women. Military sexual trauma is extreme in its negative effects on the lives of our warriors. Our Community Clergy Training Program logo states, "Not all wounds are visible." The wounds of MST may be particularly invisible. ꕥ

The Clergy Connection is a publication of the Veterans Health Administration (VHA) Office of Rural Health (ORH) and National VA Chaplain Center Community Clergy Training Program (CCTP). For more information, contact: Jim Goalder, jim.goalder@gmail.com.

Veterans Crisis Line
1-800-273-8255 PRESS 1
Confidential help for Veterans and their Families.

Did You Know?

Military sexual trauma (MST) may bring about many changes in a warrior's life. What are these changes? More particularly, what would a pastor or chaplain hear or see in his or her office that might suggest MST?

Here are some common characteristics of warriors who have experienced MST.

- Eating disorders
- Sexual dysfunction
- Self-harm tendencies
- Headaches, migraines
- Stomach problems
- Dizziness

MST also shares a number of characteristics with PTSD. So a pastor or chaplain also might see these characteristics.

- Anxiety or anger
- Sadness or low mood
- Changes in sleep
- Problems with memory
- Feeling guilty or worthless
- Relationship problems.

Notice from these two lists the different kinds of things that can change. Eating, sleep and sex, physical problems, feelings, relationships, cognition, and behavior. These changes are profound and can have a powerful impact on quality of life.

You are sitting across from a young woman who has recently left military service. She begins her conversation with you by saying that things are different now. “I don't just seem to fit in anywhere anymore.” She goes on to describe frequent headaches, diarrhea and weight gain. She speaks of increased conflict with her husband and discloses that anger is a factor now. You notice slight cut marks on her left wrist. In compassion, you reach out to touch her hand and she quickly withdraws it, denying your touch.

Questions to consider

1. What are your suspicions about this woman's descriptions and behavior?
2. What will do or say next with this warrior?
3. What things do you need to take into account in help this warrior?
4. What would be your strategy in helping this woman?
5. If you determine that she has experienced military sexual trauma, where can you get competent, professional help for her?

A Community Success Story

This issue we will review an organization with national coverage. It began when an individual perceived injustice and decided to do something about it. It started small in a single community and evolved into an organization that provides help in several communities. This effort began when one woman understood the extreme needs of survivors of military sexual trauma, saw injustice and took concrete action to help.

The **Military Rape Crisis Center** was founded by Panayiota Bertzikis while she was on active duty with the United States Coast Guard. Bertzikis was not satisfied with the way her command at Coast Guard Base Boston handled rape cases, including her own, and started the organization to offer her shipmates peer support. The Military Rape Crisis Center is a survivor-run organization. All services are free for Active Duty, Reserve and National Guard members and Veterans of the United States Armed Forces who had been sexually harassed, sexually assaulted and/or raped. Support is also offered to parents, spouses and family members of military sexual trauma survivors to help their loved ones.

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Research: Patterns of Coping with Military Sexual Trauma

Qualitative research often involves a series of structured interviews with individuals who have similar characteristics or experiences. This quarter's research describes the results of nineteen in-depth semi-structured interviews with women who had served in Iraq or Afghanistan who had experienced one or more military sexual traumas. We will first look at two quotes from warriors in this study and consider implications.

> *"One of the problems in Iraq for female soldiers is that there is a lot of sexual harassment and rape is huge. And it does not matter if you're 18 or 58. It does not matter. Women serving over there don't have to worry about enemy fire. They have to be worried about the guy that's next to them, you know, that's supposed to be protecting and taking care of them and a lot of times he becomes public enemy number one for them."*

> *"Every time I got promoted, every single time, they would start by saying 'Oh it's only because you slept with so and so or you gave so and so a bl*w job or you did that or you did this and it's obviously completely not true.'"*

Questions to consider

1. *How might it change a person when they are unable to trust their safety to another person who works and lives beside them day and night? How might that experience be translated into thought, emotion and behavior upon return to your community?*
2. *Some effects of harassment are quite subtle but extremely powerful. How might one's self-concept be changed if their achievement through competence and moral uprightness was consistently attributed to absence of personal integrity by those who have such influence over their life day and night? How might the learning from that experience be translated into thought, emotion and behavior upon return to their community?*

Unfortunately, coping is often conducted through behaviors that allow a warrior to avoid the feelings associated with MST. With the sample of nineteen women warriors, patterns of avoidant coping fell into five categories: binging and purging, compulsive spending, over-exercising, prescription drug abuse, and avoidance of people.

> *"...it does not matter if ou're 18 or 58. It does not matter. Women serving over there don't have to worry about enemy fire. They have to be worried about the guy that's next to them...."*

- **Bingeing and purging**: "Since I've returned from Iraq, I started to control my food ... I know what I'm supposed to eat and on days when I just can't take it anymore because I'm so hungry, I'll vomit 3 or 4 times just to make sure it's all out and laxatives …"
- **Compulsive spending**: "I'm gonna order that pair of shoes because it makes me feel good. It's more impulsive now than it was (before Iraq)."
- **Over-exercising**: "You know they always taught us to exercise. So when I returned, I would exercise to excess and really to excess to the point where I would be sick."

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A Story for Reflection: A Veteran's Experiences

"You hear story after story of experiences in the military of military sexual trauma or PTSD. Sometimes they go hand in hand; the PTSD is from the sexual trauma. Even if it's not a rape - which quite often it is - so when it's not, it's just a constant barrage of inappropriate jokes or inappropriate comments or touching or bumping against.

It's something where you become even more isolated and it becomes your secret. It's really scary and you feel really isolated and you don't talk about it.

I continue to work with other women Vets and we meet on a regular basis and talk and can share our experiences and that has helped immensely. For me, my mental health has been restored and, you know, it's a multiphased thing. It comes with my faith. It comes with, you know, seeing a therapist and really addressing the issues head on and it comes in my actions with how I'm doing and living my life. And that I can use my life, use my experience to not only make me a better person but to serve my community."

Questions to consider

1. *"...it becomes your secret." What could you, your house of worship or your community do to make disclosure of this secret more likely and, through that, start the healing process for Veterans?*
2. *"...it's a multiphased thing." The phases mentioned by this Veteran are the use of a peer support group, reliance and engagement with one's faith, working with a competent therapist and taking action to enhance personal and community health. How could you support a warrior in the phase related to faith?*
3. *Suppose a woman warrior discloses to you that she can no longer trust God for her safety due to her military sexual trauma and that that distrust has had the effect of greatly weakening her faith. How might you approach helping this Veteran? What values inherent in your faith tradition could encourage her toward "doing and living (her) life" in a way that promotes health and well-being? What are the ways you could use to encourage this Veteran toward the healing characteristic of altruism, given her sense of isolation?*
4. *"...you become even more isolated." Isolation and the belief that no one can understand what one has been through and its implications can be a powerful contributor to declining mental health care, and suicide. A part of your own life experience is within the body of a faith community. How could your faith community be a part in reducing the sense of isolation so common with those who have undergone sexual trauma?* ☙

Coaching into Care

Coaching Into Care is a telephone-based program developed by VA that provides a "coaching" service for family and friends of Veterans who see that a Veteran in their life needs help. Coaching involves helping a caller figure out how to motivate the Veteran to seek services. Coaching Into Care is a free service provided by licensed clinical social workers and psychologists. The goal of the service is to help the Veteran and family members find the appropriate services in their community.

Toll-Free Phone #: 1-888-823-7458 ***Website:*** http://www.mirecc.va.gov/coaching/index.asp

A Community Success Story (continued from page 2)

One mechanism for help are peer support groups for survivors of military sexual trauma. Groups meet on a monthly basis at various confidential locations throughout New England, New York and Phoenix. Services have grown to include yoga for survivors, a speaker's bureau to better inform the public about the effects of military sexual trauma, and training programs designed to meet the individual needs of communities.

Questions to consider

1. *Are you aware of military sexual trauma in your community?*
2. *Do you, a friend or a member of your house of worship have experiences that would help as a peer in assisting survivors of military sexual trauma?*
3. *What might be the most effective approach in your community for helping survivors of military sexual trauma? A peer-led support group? A yoga class for survivors? A speaker's bureau? Training classes to educate community leaders about military sexual trauma? Addressing military sexual trauma from the pulpit? Something else?*

Would you like more information? Visit the website at http://www.militaryrapecrisiscenter.org. ☙

Learn about the nuts and bolts of starting and running a peer support group for Veterans. View the Community Clergy Training Program Webinar at:

https://chapvaco.adobeconnect.com/p6oqcegxwqa

Practical Pastoral Tips

Military sexual trauma is very powerful and may lead to maladaptive behavior and barriers to quality of life. But it can be the last thing disclosed by warriors due to a sense of vulnerability and the personalness of the experience. The willingness to disclose military sexual trauma is reliant almost wholly on the ability to trust the recipient of the disclosure. Getting started well in ways that evolve trust is essential.

1. **Your own gender and that of your warrior should be considered first**. If you are of a different gender than your warrior, your gender could be a handicap in your attempt to assist. Or your attempt to help could produce further injury to the warrior. In such a case, a referral to a member of the clergy with the same gender as the warrior can be important. (It would be useful for you to find a member of the clergy of different gender than yourself in your community who would be willing to serve in this role before he/she is needed). That is not always the case. A minority of warriors who have experienced MST prefer a helper who is of the same gender as the perpetrator. *It is important early in your conversation with a warrior to ask about their preference for gender in their helpers and to meet their stated desire*.

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Research: Coping with MST (continued from page 3)

- **Prescription drug abuse**: "I think I can definitely overdo it with my medication and I find myself looking forward to the time when I can take my medication at night because it puts me in that, just that almost, you know, vegetative state where I'm just like, you know, almost drooling on myself and it just feels so good to just...it's almost like being drunk."

- **Avoidance of people**: "My thing is I like to go to the casino by myself and I can be there for eight hours by myself and I don't hear anyone, I'm anonymous, no one knows who I am. I am just another person playing a slot machine." "...okay, I don't want to be around people. I don't want to hear the stupid stuff they're talking about, you know?"

Questions to consider

1. *Beyond avoidance of feelings following MST, common ground for these coping patterns is the fact that five healthy behaviors are practiced to such an extreme that they become unhealthy. How might you gently and in love confront a woman warrior with the excessiveness of her unhealthy behaviors?*

2. *Compulsive excessiveness in human behavior is addiction-like. It seeks peace and calmness in unhealthy ways. What are the resources in your community for assisting with compulsive behaviors? If you don't know of any, how might you find out about them? If your community does not have any such resources, what would be the first steps in getting such resources for your community?*

There are also healthy ways of coping noted in this research.

"I purposely stretch. I have a yoga mat in my car... If I do nothing else for myself over the course of the day, that little bit of love is for me, and only me."

"My therapist at the Vet Center told me how to use breathing to cope with stress...one hand on your belly and you breathe deeply and sense yourself on just the way your hand is going up and down when you're breathing. It puts me to sleep every time."

Healthy coping is concerned with purposefully taking care of oneself. There are many ways. Physical coping can be enhanced when such things as breathing exercises and yoga are taught. Social coping involves the sharing of common experiences and ideas and the support that develops.

Questions to consider

1. *Who in your congregation could teach physical skills such as breathing or yoga? Who in your community could teach such skills?*

2. *Who in your congregation could start and run a peer support group for women warriors?* ꕥ

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Practical Pastoral Tips (continued from page 5)

2. **Very few warriors will start their narrative by describing their military sexual trauma.** MST is very personal and often discloses the most painful secrets of a man or woman. To disclose a warrior's most secret pain requires great trust. Sit and wait with a warrior until he or she is ready to tell their story of military sexual trauma. The wait may be long.

3. **Let the warrior control the narrative.** It is natural to be curious in the details of a warrior's narrative and want to ask questions. Don't. Show interest and compassion with minimal encouragers, the things that show you others are interested in you when you speak: appropriate eye contact, mirroring of the emotional expressions of the warrior, gestures and body language that show attentiveness.

4. **At first, be the fly on the wall**. A fly on the wall is wholly present but in no way intrusive. It observes everything but takes no action of its own. So with your warrior, allow him or her to teach you. Don't give advice or platitudes or be quick to quote scripture. Simply observe, learn and file away details in memory for future use.

5. **Show respect for the enormity of the event.** MST results in change that is enormous and frightening for the warrior. Almost every aspect of life can change with MST. As the narrative develops, show respect and compassion for both the event and for the enormity of its effect on the warrior.

6. **Earn the right to speak.** Paradoxically, it is through listening with interest and compassion that clergy will be invited to speak. Wait until you are clear that the narrative has ended for now and the warrior wishes a conversation rather than a monologue. Then ask how you can help.

7. **Refuse any expectation of removing the warrior's pain through your insights.** Refrain from the temptation to say something profound. Do not expect to eliminate emotional pain; you share it, and then by sharing it, you lighten the load of the warrior. Remember your ministry of presence.

Let the warrior control the narrative. Allow him or her to teach you. It is through listening with interest and compassion that clergy will be invited to speak.

<u>*Questions to consider:*</u>

"A while ago?" Anaxantis asked. "Yes, he raped me a while ago. Exactly nine months and two days ago. What's that? Nine months or nine minutes. It's the same. And it is in the past, you say? Then why is it still happening, every day, every time I close my eyes? Every time I hear someone behind me, and I don't know who it is? How is it that I get an almost irresistible urge to kill anyone who happens to touch me unexpectedly? Tell me, Hemarchidas, how do I forgive, let alone forget, something that is still happening, that keeps happening over and over? How? How do I do that?" (from *Bonds of Hate* by Andrew Ashling)

1. *There are several ways in which rape has affected this person's life: fear of the stranger, the potential of aggressive response, re-experiencing the trauma, wondering how to forgive a profound, life-changing event. What might you address first with this person? How would you say to start?* ꕥ

Your Story Matters

In 2015, the Rural Clergy Training Program asked the following question on their surveys of those attending its training: "Do you feel prepared to minister to Military/Veterans* (*Military/Veterans includes Reserve and National Guard Members) with Military Sexual Trauma?" The question was one of nine asking about preparedness in dealing with issues common to returning Veterans. Our community clergy felt more prepared to deal with all other issues than military sexual trauma (except for traumatic brain injury). This finding suggests the importance of additional awareness and training related to factors and issues associated with MST to better prepare clergy.

As with other conditions stemming directly from military service (e.g., PTSD, traumatic brain injury), military sexual trauma often influences non-military issues related to quality of life. Issues like anger, guilt and relationship problems as well as substance abuse are common among those who have experienced MST and are also commonly seen by clergy. The implication of these findings is that it is possible that effective assistance with underlying military sexual trauma may have an important positive impact on many problematic issues that reduce Veterans quality of life and that are commonly seen by clergy.

Questions to consider

1. *If you feel ill-equipped to work with Veterans who has experienced MST, specifically what might you do to become better prepared?*
2. *What professional resources in your community could competently help a warrior who has experienced MST? If you don't know, how could you learn about such resources?*
3. *VA Medical Centers have specialists who help warriors who have experienced MST. If your community is without such a resource, consider contacting the nearest VA Medical Center and learning about TeleMental Health.*

   Learn more about TeleMental Health, visit: http://www.usmedicine.com/agencies/department-of-veterans-affairs/telemental-health-in-va-a-new-source-of-support-for-veterans.

Upcoming CCTP Webinar

The Influence of PTSD on Quality of Life

October 19, 2016 • 1:00pm Eastern Time

Presenter: *Tara Galovski, PhD , Director, Women's Health Sciences Division, VA National Center for PTSD*

Learn about the processes that lead to the development of PTSD, the influence of PTSD on quality of life, and the influence of trauma and PTSD on survivors' views of the world, others, and themselves.

For more information, visit: http://www.patientcare.va.gov/chaplain/clergytraining/webinars

Blog Series: "David, a Warrior after God's Own Heart"

Chaplain Steve Sullivan, CCTP Team member and lead of the VA/Clergy Partnership for Rural Veterans, discusses the struggles shared by David and Veterans in the 5-part blog series, "David, a Warrior after God's Own Heart." Through the ancient warrior's prayer in Psalm 69, Chaplain Sullivan examines moral injury, guilt, depression, and PTSD within a Christian-based faith framework.

Read the blog posts here:
http://www.nextsunday.com/coracle*

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