

SEX & the military

The Other Invisible Wounds

A report on the conference held Feb. 13, 2015.

Prepared by:
USC Center for Innovation and Research on Veterans & Military Families

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SEX & THE MILITARY

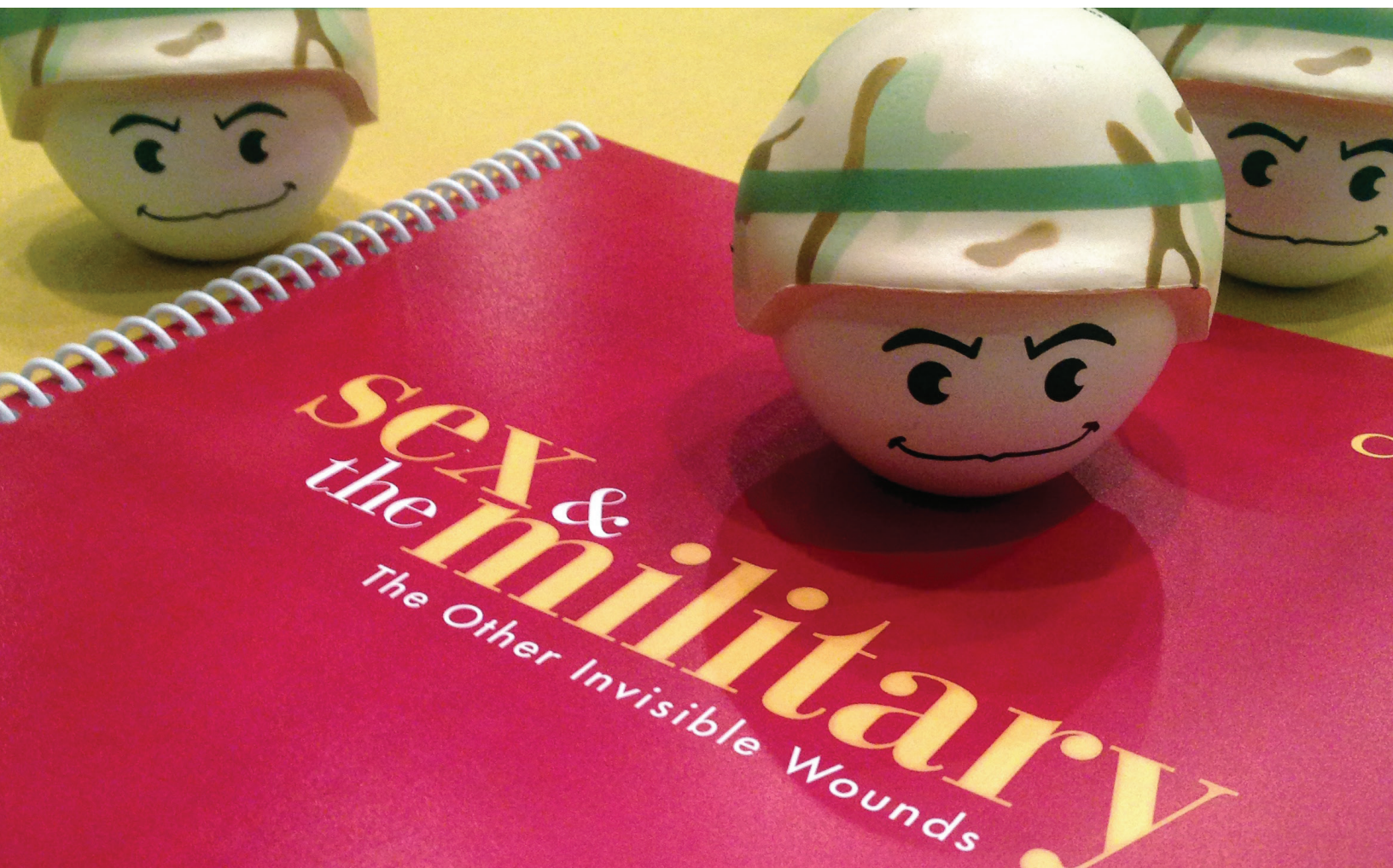
The Other Invisible Wounds

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USC CIR

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Learn more at cir.usc.edu/sexual-functioning



Preface

The *Sex & The Military: The Other Invisible Wounds* conference took place in Los Angeles, California, on Friday, Feb. 13, 2015. The conference was part of the *Sex & The Military* project funded by the Iraq Afghanistan Deployment Impact Fund of the California Community Foundation and was conducted by the USC School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR).

The educational and interdisciplinary conference aimed to raise awareness of the sexual and intimacy problems experienced by military populations and to provide basic tools to help behavioral health providers address these issues.

After attending the conference, participants were able to:

- Recognize salient issues related to intimacy and sexual functioning in military personnel, veterans, and their intimate partners as reported in current research.
- After watching a series of video vignettes and participating in subsequent discussions, recognize issues related to sexual functioning that service members, veterans, and their intimate partners present to behavioral health providers and strategies to address these issues.
- Recognize the need for policy change in the area of sexual functioning and the military, and identify strategies to champion this change.

Three hundred researchers, clinicians, behavioral health providers, students, faculty, and staff, as well as veterans and military family members, pre-registered for the conference. During the conference, seven key speakers discussed their clinical and personal experiences and research related to in vitro fertilization, medication use and erectile dysfunction, urotrauma and genital injuries, intimate relationships and communication, military sexual trauma in male service members, emotional restriction and intimacy, and clinical considerations when working with military populations experiencing sexual dysfunction. The conference showcased the newly released video vignettes that are part of the **Educational Toolkit** of the *Sex & The Military Project*.

While this conference is not an annual event, we hope that the momentum gained from the conference will continue. More and better research, practices and policies are needed to help close the gaps.

SEX & the military

The Other Invisible Wounds

Friday, February 13, 2015

8 - 9 am	Continental Breakfast
9 - 9:10 am	Introduction and Overview of CIR Sexual Functioning Study Sherrie L. Wilcox, PhD, CHES (USC School of Social Work, CIR)
9:15 - 9:45 am	Invisible Wounds Can Be a FAMILY Problem Denita Oyeka, PhD
9:50 - 10:20 am	Adverse Sexual Effects of Medication Prescribed for Mental Health Conditions among Military Personnel Kimberly Finney, PsyD, ABPP (USC School of Social Work)
10:25 - 10:55 am	Urotrauma on the Modern Battlefield: Epidemiology, Management and Long-Term Impact Maj. Steven Hudak, MD (San Antonio Military Medical Center)
11 - 11:15 am	Break
11:20 - 11:50 am	Sex is a 13-Letter Word! Jo Sornborger, PsyD (UCLA Operation Mend)
12 - 1 pm	Lunch Buffet
1:05 - 1:35 pm	Military Sexual Trauma in Veteran Men: Themes, Rates and Treatment Engagement Capt. Timothy Hoyt, PhD (Madigan Army Medical Center)
1:40 - 2:10 pm	The Impact of Emotional Restriction on Sexual and General Relational Intimacy: Relevancy to Military Problems Sarah Nunnink, PhD (VA San Diego Healthcare)
2:15 - 2:30 pm	Break
2:35 - 3:35 pm	Teaching Toolkit: Video Vignette Showcase & Discussion Doni Whitsett, PhD (USC School of Social Work)
3:40 - 3:45 pm	Closing Remarks Sherrie Wilcox, PhD (USC School of Social Work, CIR)

Opening Remarks



Sherrie L. Wilcox, PhD, CHES
USC School of Social Work

Sherrie L. Wilcox, PhD, CHES, is a Research Assistant Professor at CIR and Principal Investigator on the Sex & The Military project. She has been involved in military research for nearly a decade and is a certified health education specialist.

Wilcox provided a brief overview of the project and the scope of the problem, indicating that more than 30 percent of male military personnel report erectile dysfunction symptoms and another 10 percent of both male and female military personnel report more general symptoms of sexual dysfunction, including low sexual desire and difficulty with arousal. She described the need for policy changes for both the physical and psychological concomitants of sexual dysfunction and intimacy problems in military populations. She mentioned the need for improved assessment of sexual dysfunction, limitations associated with treatment, challenges that providers face in addressing these problems, and other gaps across the phases of prevention and treatment. In an effort to raise awareness of these problems and provide preliminary education to behavioral health providers, an educational toolkit was developed, which will be free and publicly available online.

Wilcox is a military spouse, former military child, military researcher, and educator, and recognizes that these are critical and often hidden issues that military populations experience. She encouraged researchers, clinicians, and policymakers to work together and share their ideas to move forward in a positive way to reduce and prevent these problems.

Invisible Wounds Can Be a FAMILY Problem



Denita Oyeka

Denita Oyeka is a veteran who served in the U.S. Army for 17 years before being medically discharged for her combat injuries. During her service, she completed multiple tours in support of Operations Iraqi Freedom and Enduring Freedom. She has a doctorate in public policy and a master's in criminal justice. Oyeka provided an overview of her personal blast injuries focusing on urinary tract and reproductive injuries, which she described "hidden injuries" or "invisible wounds."

Oyeka sustained her injuries in Iraq's "Ambush Alley" during a recovery mission to address vehicles that had been hit in an ambush. At the time of the incident, it seemed like there was something wrong, but like so many other military leaders, she did not want to let her team down. After letting her injury go untreated, she collapsed and had to be sent home for further care.

Over a nine-year period, she did everything she could to get back into action. She discussed how service members "don't have time to be sick" and will often say things are OK when they're not to continue serving. "We don't have the luxury to deal with the things that are going on with us," she said. There is also a fear of being discharged for injuries. Oyeka described her frustrations with the military for discharging her for injuries that were sustained during combat operations: "After 17 years, I felt like they owed me the time to recover. I felt like they should let me recover and let me go back."

Looking back, Oyeka recognized how ignoring her health problems was associated with long-term consequences, including physical, psychological, and fertility issues. She described various treatment options that were available and effective for her journey to recovery.

In 2011, she started fertility treatment. After a long journey over several years, she was able to have twins in 2014 by paying out-of-pocket expenses for her service-connected injury.

She described how losing the ability to reproduce challenged her identity. She encouraged veterans to talk about their challenges, health problems and to seek treatment.

Adverse Sexual Effects of Medication Prescribed for Mental Health Conditions among Military Personnel



Kimberly Finney, PsyD, ABPP
USC School of Social Work

Kimberly Finney, PsyD, ABPP, is a board-certified clinical psychologist and clinical associate professor at the USC School of Social Work. Finney is a retired U.S. Air Force officer and was the flight commander of the mental health clinic at Los Angeles Air Force Base. Her presentation focused on the adverse sexual side effects related to medications, specifically on selective serotonin reuptake inhibitors (SSRIs). It was based on her clinical experience serving in military mental health clinics and a review of the research and literature in this area.

Finney described how our culture is hesitant to discuss sexual activity and even less open when it comes to sexual functioning. Even in clinical practice, a certain level of discomfort exists between providers and patients regarding discussions of sexual functioning, which creates a barrier for diagnosis and treatment. Treatment adherence and outcomes are diminished when sexual dysfunction related to treatment exists. Often, patients stop taking medication after sexual functioning problems persist, which may relieve the sexual dysfunction, but creates a reoccurrence of the primary symptoms being treated.

Finney described the importance of understanding the etiology of the sexual functioning problems, including whether it is due to medical, psychological, relationship, or other factors. She then introduced “Jake,” a character from the Sex & the Military Educational Toolkit video vignette. Jake is 22 and has been seeing a social worker once every three months through the Department of Veterans Affairs (VA). He served in the Marine Corps for four years and completed two tours, one in Iraq and one in Afghanistan. While he does not suffer from physical injuries, he has posttraumatic stress disorder (PTSD) and is taking SSRIs and other medications prescribed by his medical doctor, which has led Jake to experience difficulty obtaining an erection. After quitting his medications, he is able to regain erectile functioning, but starts re-experiencing his PTSD symptoms, including violent nightmares.

Finney described the various biopsychosocial symptoms that Jake exhibited and the impact of SSRIs on both his PTSD symptoms and the side effects of sexual dysfunction. While SSRIs are effective in improving mental health symptoms, particularly when combined with psychotherapy, there are a number of side effects, including sexual functioning problems, anxiety, insomnia, suicidal thoughts, among others. She also discussed the importance of having set start and stop dates for the medication, of closely monitoring symptoms, and of educating clients on side effects and the potential harm of stopping medication suddenly (versus tapering off). Options for reducing symptoms without stopping medications include reducing dosage, taking a “drug holiday,” or switching medications.

Overall, an accurate diagnosis and psychoeducation are key – the more you know, the better able you are to make an informed and educated decision. Therapists have the role of presenting and understanding the common side effects of medication and knowing when to refer back to the prescribing physician.

Urotrauma on the Modern Battlefield: Epidemiology, Management, and Long-Term Impact



Maj. Steven Hudak, MD
*San Antonio Military Medical
Center*

Maj. Steven Hudak, MD, is a staff urologist at the San Antonio Military Medical Center and the San Antonio Uniformed Services Health Education Consortium. He also holds academic appointments at the Uniformed Services University of the Health Sciences and the University of Texas Health Sciences Center San Antonio. His clinical training, current research interests, and ongoing clinical practice are focused on urologic trauma, prosthetics, and reconstructive genitourinary surgery.

Hudak described how genitourinary (GU) injury was a relatively minor contributor to battlefield trauma during 20th century conflicts. Only 1 to 8 percent of all battlefield injuries were due to GU injury and renal injuries predominated. During Desert Storm, there were fewer renal injuries and an increasing number of genital injuries, likely due to an increase in protective body armor and greater exposure to improvised explosive devices (IEDs), respectively. By 2010, the rates of GU injuries were the highest they had ever been with over 12 percent of injured service members experiencing GU injuries. The majority of GU injuries were to the scrotum, penis, and testicles. Hudak noted that while injuries were more severe, fewer service members were dying due to improvements in battlefield care. However, this left injured service members to deal with burden of survival, recovery, and rehabilitation of catastrophic and disfiguring GU injuries that would have been unsurvivable in previous wars.

Despite the rise and severity of these injuries, little is known on the long-term outcomes following GU injuries. Using data from the Department of Defense Trauma Registry (DoDTR), Hudak's team found that 1,378 male U.S. service members experienced GU injury from 2001-2013. The majority of the injuries were encountered during battle (88.4%), by explosives (74.6%), and by penetrating trauma (66.6%). The overwhelming majority of injuries were experienced by men under 35 years old (M = 25 years old), which comprises the peak years of reproductive potential and sexual performance and development.

The presentation provided an overview of the management efforts of GU injury, including the initial (hours to weeks), delayed (weeks to years), and late (years+) phases of management. While the initial phase is focused on life-saving measures, damage control surgery to ensure survival, the delayed phase focuses on preserving tissue, healing wounds, and restoring function. He noted that once sperm production is lost, it cannot be replaced. Thus, the preservation component of the delayed phase is key for reproductive capabilities. However, Hudak also discussed creative options available to those who have lost sperm production, including pre-deployment sperm banking, which is neither mandatory nor covered in the U.S. The late phase is focused on sexual rehabilitation, fertility treatment, and revision surgery for recurrent functional or cosmetic problems. Regarding fertility treatment, Hudak reiterated the important point that once the service member leaves activity duty military and enters the VA, the support with the military doctor(s) is lost.

Prevention efforts are also key to helping reduce and prevent GU injuries. Hudak described current models of pelvic protection systems (PPS) that are being used by the U.S. military. The pelvic under garment (PUG) provides blast protection and reduces the penetration of dirt and debris. The pelvic over garment (POG) provides both blast and projectile protection and has the same level of protection as body armor for the trunk of the body. There are, however, challenges associated with PPS, including balancing wearability and comfort with protection; PPS is uncomfortable when it is bulky from added protection.

Service members with GU injuries report clinically and statistically significant GU outcomes, sexual dysfunction, urinary symptoms, and infertility problems compared to those without GU injuries. Those with GU injuries are also more likely to report more psychiatric diagnoses, including PTSD and major depression, compared to those without GU injuries. Future research aims to evaluate long-term effects of GU injuries, including conducting in-person examinations of GU-injured service members and collecting outcomes related to sexual, urinary, and reproductive problems, among others.

Overall, many service members have encountered GU injuries during war in Iraq and Afghanistan. All of those with GU injuries are at risk for urinary, reproductive, and other adverse outcomes. Unfortunately, these injuries often occur during the male peak reproductive years and are highly likely to be associated with negative social and emotional outcomes. Surgical, medical, and psychological long-term care is often needed to help these individuals. Hudak said he hopes that innovative PPS will help prevent these injuries in the future and that longitudinal studies will provide critical information on the long-term outcomes of these injuries.

Sex is a 13-Letter Word



Jo Sornborger, PsyD
UCLA Operation Mend

Jo Sornborger, PsyD, is the director of the Operation Mend FOCUS Psychological Health Program, where she provides family-centered psychological health care and resilience trainings to wounded warriors and their families. Her presentation brought the patient and caregiver perspectives to the conversation.

Sornborger discussed caregiver burden and the importance of recognizing the variety in caregivers. More than 67 percent of caregivers for wounded warriors are not spouses—these individuals are siblings, friends, buddies, among others. She told the story of how one wounded warrior’s brother served as caregiver and that after going to the VA for help, the brother was placed in a couple’s therapy group, highlighting the lack of support available for the variety of caregivers. Caregivers, particularly those who are also a spouse/partner of the wounded warrior, have many different responsibilities, including balancing children, work, household responsibilities, and other duties.

Wounded warriors also face difficulties and challenges in their recovery. A concern expressed by wounded warriors is the uncertainty of knowing whether or not s/he is able to please the spouse/partner because s/he can’t feel what is happening due to a lack of feelings in the hands, which makes it difficult to become aroused. Other problems that get in the way of intimacy include embarrassment, stigma, equipment used to treat various problems, pain, medication side effects, and vulnerability, among others. Sornborger suggested that sexual dysfunction can occur for many reasons, including a malfunction of equipment, low desire, or the vulnerability of being unable to see or do something. Barriers to treatment that she discussed include accessibility to treatment, finding a provider that “gets it,” difficulty starting the conversation, and difficulty of the provider asking the questions, among others.

She also discussed what it’s like to be the clinician working with wounded warriors. It is essential for clinicians to be prepared to talk about intimacy when seeing wounded warriors and their spouse/partner and to recognize the challenges that are unique to men and women. She discussed the ability of the clinician to recognize their own biases and be able to talk about sex in a way that will be beneficial for the client. Sornborger suggested ‘SNAP’ as a useful acronym for tracking intimacy:

- S – State the problem (e.g., we haven’t been intimate, we haven’t had sex)
- N – Name the goal (e.g., orgasm, intimacy)
- A – All possible solutions (e.g., going on a date, going to the doctor)
- P – Pick the best option (e.g., deciding what to do together)

Overall, the key to sex – the 13-letter word – is communication. The connection between the wounded warrior and his/her spouse/partner is essential. The disconnect from the self or other can lead to sexual dysfunction. Not being able to feel the self or to connect with others leads to relationship and intimacy difficulties. And for clinicians, this means education—learn about sexual dysfunction and how to discuss sexual-functioning problems with clients.

Military Sexual Trauma in Veteran Men: Themes, Rates, and Treatment Engagement



Capt. Timothy Hoyt, PhD
Madigan Army Medical Center

Capt. Timothy Hoyt, PhD, was commissioned as an officer in the Medical Service Corps of the U.S. Army in 2007. He left active duty in 2014 to become a civilian supervisor and faculty member at Madigan Army Medical Center. He is currently the director of the Intensive Outpatient Program at Madigan Army Medical Center. Hoyt discussed military sexual trauma (MST) among male veterans, including information on rates, after-effects, themes and characteristics unique to men's MST, and treatment considerations.

He began by giving the definition of MST, as stated under Public Law 102-585. Male victims of MST, in particular, comprise a unique population that has not yet been fully addressed in terms of treatment needs. Rates of MST among men are said to be approximately 1 to 2 percent; while this number may not appear very high, when considering all men who have ever served in the military it represents a substantial burden. Within VA clinics, there are equivalent numbers of male and female veterans receiving MST-related treatment. Many male MST cases go unreported and factors which contribute to this include stigma and the impact of military culture (e.g., "this is just not something we report"). Hoyt also discussed the context in which universal MST screening occurs within the VA (e.g., MST screening by medical support staff at the front desk vs. in a private room by a trained clinician).

He reviewed themes unique to MST among men. Particularly within forensic settings, many victims describe having multiple assailants. The sexual trauma may also occur within the context of initiation or bonding rituals. Male MST victims often try to escape the situation, which can result in Uniform Code of Military Justice charges or being reported as away without leave, and also further compound the difficulty of discussing or reporting the event. While not entirely unique to male victims, many report assault by persons of authority, such as drill sergeants and recruiters, as well as continued service with their assailant. The nature of men's sexual trauma in particular is such that victims may not feel like they can ever discuss the event, or that they will be believed. Additionally, sexual trauma often calls men's gender and masculine identity into question, as victims may question their sexuality or believe that something about themselves draws in sexual predators.

Hoyt described various after-effects of MST among men. These include the impact on work productivity, as well as various psychological diagnoses (i.e., anxiety, bipolar, and personality disorders), which may not be appropriate or adequate. Additionally, male MST victims are less likely to enroll in care, even when MST-specific services are available, and thus are often seen in an emergency rather than a routine clinical setting. Hoyt stressed the importance of confronting internalized myths about male rape, such as "it is only a problem among gay men" or "men are too strong to be overpowered," in order to provide effective care for victims.

Hoyt also described the overall lack of empirical research and treatment guidelines for male victims of MST, although there is some evidence that Cognitive Processing Therapy (CPT) may be effective. He discussed the treatment model developed by his team at the Albuquerque, New Mexico, VA, based on that theoretical framework. This group-based treatment program begins with establishing safety through psycho-education and bonding exercises, and then progresses to two 12-module sessions. The first 12 modules include teaching relaxation techniques and mindfulness exercises, as well as other activities to promote emotional expression and stress tolerance. The latter 12 sessions are based on the CPT framework, facilitated largely by the group, in order to promote cognitive restructuring of the trauma.

The Impact of Emotional Restriction on Sexual and General Relational Intimacy: Relevancy to Military Populations



Sarah Nunnink, PhD
VA San Diego Healthcare

Sarah Nunnink, PhD, was hired as a staff psychologist at the VA San Diego in 2008 and is clinical faculty with the University of California, San Diego, Department of Psychiatry School of Medicine. Her clinical work has focused on the areas of military sexual trauma, sexual health, reproductive medicine, couples therapy, and interpersonal trauma. Nunnink's presentation focused on emotional restriction in military populations and the impact on intimacy and relationships.

Nunnink began by discussing how sex research has historically been problem-focused, behaviorally defining sex in terms of performance and mechanics. Recently, the field has paid more attention to contextual and relational factors that can impact sexuality. She stressed the importance of emotional presence during sexual interactions, in order to further the emotional bond and increase sexual satisfaction. Within a military context, emotional expression is sometimes invalidated as the emphasis lies on stoicism and emotional restriction, particularly in theater or during deployment. Emotions are often seen as getting in the way of rationality, and mental toughness is considered essential for getting the job done. However, the military is also aware that problems with relational adjustment can occur if military service members return and are not taught or encouraged to reconnect with the emotional part of themselves. These "battlemind" injuries can occur when combat skills are not adapted to home life, and couples can experience feelings of distance and disconnect, sometimes leading to thoughts of separation or divorce.

She introduced emotion-focused therapy (EFT), which suggests that the emotional bond is what defines a relationship and is essential to attachment or deep connection with a partner. The goal of EFT is to create a secure emotional bond, with which the couple can experience more openness and responsiveness, leading to more integrated and synchronous sex in which each act is an exploration of one's own and another's body and mind.

Western culture often separates reason and emotion, favoring rational thinking. EFT and other experiential therapies stress that emotions are valuable and at the center of thinking and reason—we can make better and more rational decisions if we are in touch with our emotional selves. In her experience at the VA, Nunnink has seen many military members come to therapy as overly cognitive and trying to control their emotions both externally (i.e., by avoiding emotional triggers) and internally (i.e., denial, dissociation and emotional numbing).

Nunnink introduced a short video clip of Dr. Sue Johnson performing EFT with a male veteran and his wife, who are experiencing relationship problems following his return home. In this clip, the wife expresses how she feels disconnected from her husband and that she needs reassurance that he still loves her. The veteran appears withdrawn, rigid and wrapped up in his own anxiety and frustration, making him inaccessible to her. After the video, Nunnink described the cues of the veteran's emotional disconnect, as well as his wife's reaction to them, and the ways in which Johnson tried to help the couple identify and illicit their emotions.

Nunnink also discussed how emotional detachment can impact romantic relationships, explaining how emotionally disconnected couples experience less openness and sharing, as well as more fighting, withdrawal, and sexual difficulties. Sometimes the threat of divorce is what brings them to therapy. From an attachment perspective, sexual functioning is seen as a means of connection and emotional attachment. The problems that couples experience with emotional withdrawal and the need for reassurance can translate into the bedroom, and put even more pressure on the relationship. Insecurely attached couples may experience distress and find that sex becomes restricted and unidimensional, as one partner is anxiously attached and seeking reassurance, and the other is withdrawn and focused on performance.

Nunnink concluded by discussing how our culture is one that amputates emotion from reason, privileging the rational and cognitive over the emotional and passionate. EFT and other experiential therapies may be particularly suited for military couples who are looking for help addressing issues of emotional attachment.

Educational Toolkit: Video Vignette Showcase & Discussion



Doni Whitsett, PhD

USC School of Social Work

Doni Whitsett, PhD, is a licensed clinical social worker and AASECT-certified sex therapist. At the USC School of Social Work for over 20 years, Whitsett teaches a human sexuality elective course, in addition to other graduate-level courses. Her specialties include neurobiology, human sexuality, personality disorders, trauma, and posttraumatic stress disorder with expertise in cult-related issues. Whitsett introduced the Sex & the Military toolkit, to be used individually or in an educational context.

She began by stressing the importance of cultural context, describing how all characters in the toolkits' video vignettes display characteristics common to military culture. These include the warrior mentality – one of strength, invulnerability, and readiness – and emotional stoicism, which can be hard to put aside after returning home. Another dynamic is the “lock and load” mentality, which demands that a man be tough, ready at all times, and perform well. Invisible wounds can occur as consequences of not living up to military culture and can have a negative impact on one's self-esteem and self-worth. Sexual functioning, in relation to oneself and one's partner, is a significant component of self-esteem and thus sexual difficulties can result in wounds to the self.

The toolkit includes various components for providers to review. First, one should begin by reviewing the overall dynamics, which are applicable to all three video vignettes. For each video vignette, there are specific dynamics which can be viewed after watching the video, as well as thought questions and answers to elicit discussion. Finally, intervention and communication strategies are provided to further assist in thinking about how to work with military members and couples who experience sexual difficulties.

The first video vignette introduced Grace and Claire. Grace is an active duty Air Force officer who has been home for three weeks on block leave, following injury in an IED blast that left scars on her legs. She has been with her partner, Claire, for nine years and the two have previously seen a couple's therapist. In the video, we see the couple getting ready for a vacation, though Grace sometimes appears withdrawn from Claire and grows angry when she suggests that Grace bring her bikini, as her scars would be visible. When they have sex, Grace appears preoccupied and isn't able to orgasm or experience pleasure. After an argument and deciding to cancel their vacation, they return to the therapist's office.

After the video, Whitsett reviewed the thought questions and answers with the audience, and discussed some dynamics specific to Grace and Claire. These include the body image issues that Grace experiences due to her injuries, and the scarring of her self-image as an invulnerable woman.

The second video vignette depicted Manny and Angela. Manny is a former Army staff sergeant, who was deployed four times and sustained genital injury from an IED blast, requiring the removal of one testicle. The couple has been married for eight years and are in their second session with a couple's therapist since his return. In the



Still from video vignette of Manny, a former U.S. Army staff sergeant who sustained GU injuries during his last deployment to Afghanistan, and his wife, Angela.

video, we see Manny acting withdrawn as Angela reaches out to him sexually. The sex they do have is more perfunctory than passionate. After they have sex, Manny goes into the garage and masturbates to pornography, which is discovered by Angela the next day. In the therapist's office, Manny eventually reveals that he still experiences pain from his injury, which makes it difficult for him to be fully present or sexually engaged with his wife.

Following the vignettes, Whitsett discussed communication with clients about sex and stressed the importance of providers desensitizing themselves and becoming comfortable with the topic. Sexuality is often the most private area of a person's life and thus must be approached with sensitivity and respect. She recommended asking the client if it is ok to talk about sex, as this shows respect and emotionally prepares them to talk about the subject. Establishing a safe, trusting, and empathic therapeutic environment is essential for helping clients with sexual issues. She also discussed the importance of cultural considerations when discussing sex and recommending sexual interventions. The therapist should ask the client about which topics or practices are permitted or prohibited by the client's culture in terms of sexuality. It is also important to understand gender dynamics, as many traditional cultures may view men as dominant and women as subservient, which should be considered when recommending practices or interventions.

Whitsett concluded by reviewing the intervention strategies list included in the toolkit, many of which are empirically based though not all have been subjected to randomized clinical trials. These interventions are categorized as non-sexual (e.g., communication exercises), sexual or quasi-sexual (e.g., sensate focus exercises), and adjunctive (e.g., psycho-education, medication). She also encouraged clinicians to be creative in designing interventions and treatment strategies with clients experiencing sexual difficulties.

Summary and Next Steps

The *Sex & The Military: The Other Invisible Wounds* conference was among the first conferences to focus on addressing sexual functioning and intimacy problems in military populations. With increasing rates of sexual dysfunction and intimacy problems that are closely tied to physical, psychological, social, and emotional factors, among others, it is clear that these are complex and multifaceted injuries that impact military populations.

There are needs for (a) improved treatment and benefits for military populations experiencing these problems and (b) comprehensive education and training on sexual health and intimacy for behavioral health providers. In order to make these changes happen, it will be key to continue to raise awareness of these problems; to create training for behavioral health providers; and to push for policy changes so that positive changes can be implemented.

This conference was one step toward positive change. As part of our efforts to provide preliminary training to behavioral health providers, we have created an educational toolkit that can be accessed online using the CIRlearn platform at cirlearn.trivantis.com. Additionally, we have developed two policy briefs addressing (a) physical and (b) psychological factors associated with sexual and intimacy problems, including related prevention, assessment, treatment, and benefit options. The policy briefs can be accessed at cir.usc.edu/publications/. We hope that those who attended the conference, and others interested in this area, will continue to work toward making a positive difference in the lives of our military personnel, veterans and military families.

Video Vignettes

Short video vignettes depict examples of sexual functioning issues for three different military clients of varying age, gender, sexual orientation, relationship status and ethnicity. These videos aim to raise awareness of issues of sexual functioning and indicate how military service may impact sexual functioning. All videos can be accessed at vimeo.com/usccir.



Jake served four years with the U.S. Marine Corps. He has no physical injuries, but suffers from severe PTSD for which he is on medications prescribed by his doctor.



Grace is an active duty Air Force officer, who is home on block leave. Last year, during her deployment, she was injured by an improvised explosive device (IED). Grace and her partner of nine years, Claire, have been seeing a couples' therapist



Manny is a former U.S. Army staff sergeant who sustained GU injuries during his last deployment to Afghanistan. Manny and Angela have been married for eight years.

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