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Preferences for Gender-Targeted Health Information: A Study of Male Veterans Who Have Experienced Military Sexual Trauma

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RESEARCH HIGHLIGHTS:

- Previous researchers have found that gender targeted information on smoking cessation and weight loss successfully encourages knowledge enhancement and utilization of services more effectively than gender-neutral materials. This study explores whether gender-targeted information on military sexual trauma (MST) is more effective than gender-neutral information in encouraging knowledge enhancement and utilization of services for male veterans who have experienced military sexual trauma.
- 85 percent of male veterans surveyed rated a gender-targeted MST brochure as more informative than a gender-neutral MST brochure. 90 percent reported the gender-targeted information was more likely to encourage a male to seek mental health treatment for MST than a gender-neutral brochure.
- Six months after the initial survey, researchers assessed if usage of MST services had significantly changed after patients had access to gender-specific MST brochures. No significant differences were found; thus, further research is needed to assess what type of initiatives would successfully encourage long-term use of MST medical and mental treatment.

ABSTRACT:

“No prior research has examined men’s opinions or preferences regarding receiving health education materials related to sexual violence. The objective of the current study was to investigate whether male veteran patients who have experienced military sexual trauma (MST) prefer gender-targeted versus gender-neutral printed health information and whether receipt of this information increased utilization of outpatient mental health services in the following 6-month period. In-person 45-minute interviews were conducted with 20 male veterans receiving health care services at a large Veterans Health Administration facility to evaluate opinions on a gender-targeted and a gender-neutral brochure about MST. An additional 153 veterans received psychoeducational materials through the mail and participated in the completion of a survey as part of a psychoeducational intervention. Our results demonstrate that male veterans prefer gender-targeted information about sexual trauma compared to gender-neutral information. Whereas veterans in the study had clear preferences for gender-targeted materials, receipt of information about MST (whether gender-targeted or gender-neutral) did not increase utilization of mental health care in the 6 months following receipt of these materials. These results demonstrated that materials about sexual trauma are acceptable to men and should be gender-targeted. Further research is needed to examine strategies to increase access to mental health care among male Veterans who have experienced MST.”

Implications

FOR PRACTICE

In addition to seeking necessary medical treatment, veterans who have experienced sexual assault during their military service should consider speaking with mental health professionals, spiritual leaders, family doctors, or a Sexual Assault Response Counselor to further address any trauma. Veterans who have experienced MST should consider taking advantage of free and confidential MST-related care at VA hospitals. Treatment options available to individuals who have experienced MST should include counseling and address any active concerns veterans might have in order to maintain a high quality of life for the veteran. When possible, treatment should be confidential to help ease any fear of the experience being exposed to family and friends. Health practitioners providing sexual assault treatment should address any immediate threats to safety in addition to mental and physical health concerns. Health practitioners and mental health experts should educate themselves on the indicators of military sexual assault experience in order to better approach the topic of sexual assault with service members. Health administrators should develop and distribute gender-targeted materials to increase awareness and access of MST services particularly among men.

FOR POLICY

This study shows that gender-targeted information is an effective way to educate male veterans on MST. The VHA might create more gender-targeted educational resources for male veterans. This study suggests that of the greatest barriers to MST-related health care is stigma and gender. Thus, in the gender-targeted MST educational resources, the VA could offer statistics on MST and discussions on masculinity, gender roles and preferences and sexual orientation concerns to reduce the stigma associated with MST. VA officials might continue to assess how to remove healthcare barriers associated with access to MST-related services, including logistical and provider factors, social stigma, veteran perceptions of the VA and their need for MST-related treatment. To create more consistency between educational enhancements and interventions, the VA might modify MST-related care interventions to be reflective of gender-targeted educational resources. Based on the positive response to gender-targeted educational resources, policymakers might implement policies encouraging gender-targeted educational resources on sexual trauma for non-veterans.

FOR FUTURE RESEARCH

Prior findings from other researchers have shown that follow-up contact after a survey is dispersed allows veterans to ask questions that may ease their hesitations toward asking for help. Future researchers interested in continuing this study should add a follow-up phone interview for veterans who participated in the mailed survey. In addition to studying gender-targeted versus gender-neutral information, future researchers should examine the effectiveness of certain methods of communication, such as DVD materials, VA waiting room literature, educational websites, and newsletter emails. A limitation of this study was that the sample size was relatively small and might not be generalizable. To improve generalizability, future researchers should sample a larger number of veterans and include veterans from all military service branches. Another limitation of this study was that all participants were from the same geographic location. Future researchers should sample more geographic locations across the United States to improve generalizability. To further understand the long-term effects of gender-targeted information on MST, future researchers should schedule follow up observations beyond six months after the initial surveys.

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