

## Veterans and Sexual Health

### Issue Brief

In April of 2015, Men's Health Network (MHN) hosted the Veterans and Sexual Health Dialogue, which brought together a diverse group of organizations and individuals<sup>i</sup> interested in developing a better understanding of sexual health issues and how they affect servicemembers and veterans. Since the meeting, MHN has solicited input from its Advisors and other key stakeholders with knowledge of veteran health.

Two important themes have emerged from the Dialogue meeting and subsequent discussions:

- Sexual health and sexual functioning as they affect military men and women are important components of overall mental and physical health and wellness.
- Despite their importance, these issues are not getting the attention they deserve from the military healthcare system (including the VA) or from the many organizations that serve and advocate for veterans.

Sexual dysfunction among active duty servicemembers, Reserve/Guard personnel, and veterans is more frequent and has a greater number of causes and consequences than in the civilian population<sup>ii</sup>. For example, unique causes include frequent deployment that separate military personnel from family and community for extended periods, the hyper-masculine culture of the military, pressure throughout the chain of command to deny one's sexuality, reluctance to discuss private and/or embarrassing information with a healthcare provider, and the fear many servicemembers have that any discussion of sexuality or sexual dysfunction could enter their medical records where it might negatively affect promotions and/or assignments. This creates a barrier to communication between the servicemember/veteran and his or her provider, which often results in the problem being buried or ignored, which in turn makes the consequences even worse.

Unfortunately, when it comes to addressing sexual dysfunction, current and former servicemembers have limited resources. Part of the problem is a lack of awareness

among medical and mental health professionals of the scope, frequency, seriousness, and consequences of the problem. This is aggravated by the fact that medical resources (within both the military and the VA) are generally focused on what many perceive as more-mission-related health issues, such as disease prevention and trauma management.

The consequences of sexual health issues among military personnel are significant, and include reduced quality of life, chronic depression, impaired personal relationships in a setting where they are already compromised by the many challenges of military life, and impaired family stability. This affects not only the individual servicemembers involved, but also their immediate and extended family, their community, the morale and operational activities of their unit, and the ability of the military to retain personnel. Tackling these issues head on is important because sexual health and dysfunction, along with the widespread issues of Military Sexual Trauma (MST) and PTSD, are frequently associated with other psychiatric issues, including suicide.

Dialogue meeting participants acknowledged that communication on matters related to sexuality is inherently difficult because of the private nature of the subject matter and the understandable reluctance of servicemembers to discuss it, and the military's appropriate focus on mission-related issues. Nevertheless, the consensus was that education and improved communication (between the servicemembers and partners as well as between servicemembers and providers) are essential to effectively addressing the issue. That requires a multi-pronged approach:

If servicemembers and veterans learn about the high frequency—and consequences—of sexual dysfunction among military personnel, they will likely feel less isolated by or guilty about their personal experience. In addition, the military must remove the stigma surrounding sexual dysfunction and make it clear that discussing sexuality and sexual health with a provider will have no effect on the servicemember's assignments, promotions, security clearances, or overall career trajectory. At the same time, providers (including nurses, nurse practitioners, and physician's assistants) should receive education on the causes and consequences of sexual dysfunction.

Ideally, that education would be incorporated into CME, medical curriculum, and medical student "off curriculum" activities and focus groups. The military medical school, Uniformed Services University of the Health Sciences (USUHS), should be encouraged to study servicemembers' and veterans' sexual health and dysfunction and implement curricular changes and programs that will address those issues.

The education process about the unique sexual health concerns facing servicemembers and veterans must also include the many Veterans Service Organizations, non- government organizations (such as NAMI—the National Association on Mental Health, Healthy Women, Men's Health Network, and ASHA—the National Sexual Assault Association), and relevant corporate partners.

Building on the Veterans and Sexual Health Dialogue, as well as ongoing discussions and research over the past year, Men's Health Network, will publish a white paper to further explore the challenges faced by veterans and service members in sexual health, as well as ideas to address them.

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<sup>i</sup> Along with Men's Health Network, participants included The American Legion, Disabled American Veterans, National Association of Black Veterans (NABVETS)/The Vets Group, Paralyzed Veterans of America (PVA), Veterans of Foreign Wars (VFW), and Vietnam Veterans of America (VVA), in addition to the U.S. Department of Veteran Affairs (VA) – Center for Minority Veterans. Other participating partner organizations included the American Sexual Health Association (ASHA), HealthyWomen, Pfizer, National Association on Mental Illness (NAMI), and Mental Health America (MHA)

<sup>ii</sup> Several recent studies on sexual health and sexual functioning in military personnel