

Testimony of
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Department of Veterans Affairs
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Mr. Chairman and Members of the Subcommittee, I am pleased to be here today to report on the programs in the Veterans Health Administration (VHA) addressing military sexual trauma (MST).

The Veterans Health Administration (VHA) has been aware of the issue for women since at least 1991 when there were reports of sexual abuse among women who served in the Gulf War. Jessica Wolfe, who was then working at VA's Center for Post Traumatic Stress Disorder (PTSD), reported that 8 percent of the female Gulf War veterans that she surveyed reported attempted or completed sexual assault during their deployments. In July 1992, one woman veteran testified at a Senate Veterans Affairs Committee (SVAC) hearing about her experiences in the Gulf War and other women told of sexual abuse from earlier eras. Even prior to these hearings, VA staff at the Vet Centers and in treatment programs for PTSD were receiving reports from women patients of rape and other sexual abuse while serving in the military. Following these hearings, the U. S. Army released statistics indicating that 26 women had reported rape or other sexual abuse during service in the Gulf War. It is important to note that the National Victim Center has estimated that only 16 percent of rape cases are ever reported, and it is generally agreed that the crime is underreported in military, as well as civilian life.

In 1992, Congress passed Public Law 102-585, which authorizes VA to provide counseling services to women veterans to "overcome psychological trauma which, in the judgment of mental health professionals employed by the

VA resulted from physical assault or sexual harassment that occurred while the veteran was serving on active duty.” In 1994, Congress amended that treatment authority to include men as well as women, to include appropriate care and services for an injury, illness, or other psychological condition that resulted from the sexual trauma, and to require the coordination of care and services furnished to the veteran under this authority. These provisions made screening of patients for sexual trauma extremely important because survivors of sexual trauma often do not seek mental health services but present to primary care or other providers with a variety of physical, emotional and behavioral symptoms such as gynecologic complaints, headaches, eating disorders, anxiety, depression or poor self care.

VA has developed an extensive program to address military sexual trauma. The key components are awareness, education, outreach, sensitivity training, screening and treatment. An educational program to train primary care and other practitioners about the prevalence, screening, referral and treatment for military sexual trauma is ongoing. Video teleconferences have been aired, written material is available, and most recently, a Veterans Health Initiative module is available as a web-based training program and in print media. I am particularly proud of the Quick Reference Guide, a brief synopsis in a pocket manual format to help clinicians better serve their patients who have experienced MST, which is part of that module. VA has published brochures to alert veterans and staff to the programs available for counseling and treatment, and information is available on a variety of web sites including the Women Veterans Health site, the National Center for PTSD’s site, and a number of VHA network web sites. Women can access services through the Women Veterans Program Manager at each VA facility. These program managers seek to make VA facilities comfortable and welcoming for this special cohort of veterans.

Also, veterans who receive treatment under VA’s sexual trauma treatment authority receive free outpatient pharmacy services. In addition, neither enrollment nor copayments is required for the care furnished under this authority.

In 1997, in its efforts to reach those who may have experienced military sexual trauma and advise them about VA's services, VA sent letters to approximately 400,000 women veterans that advised:

"...We know that a number of women veterans experienced sexual trauma while serving on active military duty. While some of them have sought counseling and treatment, many have never discussed it with anyone. They are very uncomfortable talking about it or even wonder if they can, or if it would matter. Unfortunately, this is a common reaction to sexual trauma."

The letter also explained that counseling and treatment are available and provided VA's toll free number so that veterans could contact a Veterans Benefits Women Veterans' Coordinator to access care.

In 1998, the U.S. General Accounting Office (GAO) testified before the Subcommittee on Health of the House Committee on Veterans Affairs (HVAC) about VA's efforts to respond to the challenge of providing sexual trauma counseling. GAO testified that it found that the total number of women receiving sexual trauma counseling at VA medical centers and Vet Centers increased by 230 percent between 1993 and 1997. GAO also found patient satisfaction to be high. They recommended that VA continue to evaluate the effectiveness of the program.

Since 1999, VA initiated an automated system to track when MST services are provided, and in the year 2000 MST coordinators were appointed to assure proper usage of the software and proper input of data. The Veterans Benefits Administration (VBA) also has a program to assist those who experienced MST to apply for compensation.

VHA fully implemented the reporting system to monitor screening for MST in March 2002. Between March and October 2002, 1,761,591 veterans were screened for MST; 90,075 of these veterans were women. One and one-third percent of the men and 21.6 percent of the women reported they had experienced MST. The statistics for FY 2003 show 0.93 percent of men and 19.03 percent of women reported they had experienced MST. FY 2004 data indicate 1.18 percent of male veterans and 20.69 percent of females report

experience with MST. This shows that a large percentage of women veterans who seek care in VA bear a heavy burden of sexual trauma. Also, while one in five women and only one in 100 men screened report that they have experienced MST, almost half of the numbers of those reporting MST are men because of the heavy preponderance of males in the veteran-population. These statistics show that MST is not only a women's problem in VA's patient population.

VA plans to do additional detailed tracking of MST care and treatment, but it has not been implemented across the system. This is a challenging project because veterans do not always report the sexual trauma early in their mental health encounters, and the treatment is often coded as treatment for the resulting symptoms or disability such as depression or PTSD. Focused studies, such as the evaluation of the four Women Veterans Stress Disorders Treatment Teams (WSDTTs) conducted in FY 2002, have indicated that women veterans treated in the WSDTTs showed significant improvement, specifically for PTSD, violence, medical condition, overall adjustment, quality of life and perceived impact of their illnesses on social functioning. These results are comparable to those of male veterans treated for PTSD in PTSD Clinical Teams, and, like their male counterparts, most female veterans improve by the fourth month of care.

Caring for the men and women who have experienced sexual trauma while serving their country in the military is a serious mission for the Veterans Health Administration. We are committed to screening all patients and getting the message out that those who are suffering the consequences are not alone and more importantly that help and treatment are available.

Thank you again for inviting me and allowing me to share what VA is doing to treat veterans who have experienced MST.