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BEFORE THE
SUBCOMMITTEE ON PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES SENATE**

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Good morning, Madam Chairman, Ranking Member Graham, and members of the Subcommittee. Thank you for the opportunity to discuss VA's efforts regarding suicide and military sexual trauma (MST).

The Department is committed to assisting Veterans who have experienced MST with their recovery. It can take great courage for a Veteran to seek help after experiencing MST. However, there are caring and competent staff and effective programs at VA to assist male and female Veterans who have experienced MST.

VHA data show continually increasing rates of Veterans seeking care. In fiscal year (FY) 2013, 93,439 Veterans received MST-related care at VHA. This is an increase of 9.3 percent (from 85,474) from FY 2012. The amount of care provided by VHA is also increasing: these Veterans had a total of 1,027,810 MST-related visits in FY 2013, which represents an increase of 14.6 percent (from 896,947) from FY 2012.

Suicide prevention is a key priority for VHA, and these efforts are complemented by initiatives specific to Veterans who experienced MST. To provide context for these efforts, we first review the existing research on the health impact of MST, with a

particular focus on the relationship between MST and suicide. We then review VHA's specialized services to meet the range of difficulties that MST survivors might experience. VA also ensures that providers and key staff receive appropriate training on MST.

The Health Impact of Military Sexual Trauma

MST is an experience, not a diagnosis, and Veterans will vary in their reactions to MST. Our Veterans are remarkably resilient after experiencing trauma, but some do go on to experience long-term difficulties following MST. Specifically, research has found that both women and men are at increased risk for developing posttraumatic stress disorder (PTSD) after experiencing MST. In fact, MST is an equal or stronger predictor of PTSD than other military-related stressor (such as combat) or sexual assault during childhood or civilian life. FY 2012 VA medical record data indicate that PTSD and depressive disorders were the mental health diagnoses most frequently associated with MST among users of VA health care. Other common mental health diagnoses include other anxiety disorders, bipolar disorders, substance use disorders, and schizophrenia and psychotic disorders.

Research on MST and Suicide

Between both civilian and military populations, research has shown that experiences of trauma are associated with suicidal behavior. With regard to sexual trauma specifically, data from civilian samples have shown an association between sexual victimization and suicidal ideation, attempted suicide, and death by suicide. These relationships remain even after controlling for comorbid mental health conditions like depression and PTSD.

Studies of suicide among Veterans who experienced MST show similar findings. For example, among both Canadian and United States military forces, experiences of sexual trauma during military service are associated with suicide attempts and death by suicide. A study of Veterans of Operation Enduring Freedom and Operation Iraqi Freedom similarly showed that experiences of sexual harassment and assault are associated with suicidal ideation. Consistent with studies of civilians, the association

between sexual harassment/assault and suicidal ideation remained even after controlling for mental health symptomatology. VHA administrative data sources show a similar pattern of findings in that MST is significantly associated with risk for suicide for both women and men, and that this relationship remains even after controlling for age, medical and psychiatric conditions, and place of residence.

Military Sexual Trauma-Related Care in VHA

Fortunately, recovery is possible after experiences of MST, and VHA has services spanning the full continuum of care to assist Veterans in these efforts. Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, it is VA policy that all Veterans seen for health care are screened for experiences of MST. Veterans who screen positive are offered a referral for mental health services. In FY 2013, among the 77,681 female Veterans who screened positive for experiences of MST, 58.7 percent received outpatient MST-related mental health care. Among the 57,856 male Veterans who screened positive for experiences of MST, 44.3 percent received outpatient MST-related mental health care.

All VA health care for physical and mental health conditions related to MST is provided free of charge. Receipt of these free MST-related services is entirely separate from the disability compensation process through the Veterans Benefits Administration (VBA), and service connection (upon which VA disability compensation is based) is not required. Veterans are able to receive free MST-related care even if they are not eligible for other VA health care.

Every VA medical center provides MST-related care for both mental and physical health conditions. Outpatient MST-related mental health services include formal psychological assessment and evaluation, psychiatry, and individual and group psychotherapy. Specialty services are also available to target problems such as PTSD, substance use, depression, and homelessness. Many community-based Vet Centers also have specially-trained, sexual trauma counselors. Complementing these outpatient services, VA has mental health residential rehabilitation and treatment programs and inpatient mental health programs to assist Veterans who need more intense treatment

or support. Some of these programs focus specifically on MST or have specialized MST tracks.

MST Coordinators are available at every VA medical center to assist Veterans in accessing these services.

Education and Training for VA Staff on MST & Suicide Prevention

Ensuring staff have the training they need to work sensitively and effectively with Veterans who experienced MST is a priority for VA. All VA mental health and primary care providers are required to complete mandatory training on MST. VA's national MST Support Team hosts monthly teleconference training calls on topics related to MST. These calls are open to all staff and are available for later review on the VA intranet. Content on suicide and sexual trauma has been included in these and other MST-specific training efforts.

In addition, as part of its strong commitment to provide high quality mental health care, VHA has nationally disseminated and implemented specific, evidence-based psychotherapies for PTSD and other mental and behavioral health conditions. Because PTSD, depression, and anxiety are commonly associated with MST, these national initiatives are important means of expanding MST survivors' access to treatments. Furthermore, several of these treatments were originally developed to treat sexual assault survivors and have a particularly strong research base with this population.

Recognizing the strong link between sexual trauma and risk for suicide, VHA's national MST Support Team has an ongoing collaboration with VA's Veterans Crisis Line (VCL). Some current efforts include the development of specialized materials to further enhance VCL staff's understanding of issues specific to MST and facilitate sensitive and effective handling of calls from Veterans who experienced MST. The MST Support Team and the VCL are also working to train and identify staff on the VCL with particular expertise in sexual trauma who can provide consultation to other staff members on issues specific to MST.

Complementing these efforts, MST Coordinators, at VA facilities, have been encouraged to develop close working relationships with facility Suicide Prevention Coordinators. These relationships will allow MST Coordinators to ensure local suicide

prevention initiatives incorporate information about MST and target the unique needs of MST survivors. They also will facilitate close collaboration in addressing the treatment needs of specific Veterans who experienced MST.

VA Collaboration with the Department of Defense

Complementing VA collaborations with the Department of Defense (DoD), VHA's Office of Mental Health Services and its national MST Support Team have a longstanding relationship with DoD's overarching Sexual Assault Prevention and Response Office (SAPRO). SAPRO and the MST Support Team have provided trainings to staff in each Department to ensure that each are aware of the other's services and are able to pass this information along to Servicemembers with whom they work. SAPRO and the MST Support Team also communicate, as needed, to help connect individual Veterans and Servicemembers to services that match their treatment needs.

A top priority has been outreach to newly-discharged Veterans and Servicemembers transitioning off active duty to ensure they are aware of MST-related services available through VHA. Collaborations between DoD and other VA program offices have led to key accomplishments such as ensuring MST-specific content is part of mandatory outprocessing (i.e., Transition Assistance Program) completed by all Servicemembers. Sexual Assault Prevention and Response programs, in each of DoD's Services have been provided with information about VA's services for distribution to DoD Sexual Assault Response Coordinators, other staff, and Servicemembers, and information about VA's MST-related services and benefits has been included in DoD SafeHelpline, staff trainings, and on the SafeHelpline Web site.

VHA staff have also been pivotal members of a joint VA-DoD workgroup formed in relation to DoD/VA Integrated Mental Health Strategy Strategic Action #28, which focuses on VA and DoD research and mental health services for Servicemembers and Veterans who have experienced MST (both male and female).

Conclusion

Madam Chairman, VA is committed to providing the highest quality care our Veterans have earned and deserve. Our work to effectively treat Veterans who experienced MST and ensure eligible Veterans have access to the counseling and care they need to recover from MST continues to be a top priority.

We appreciate Congress' support and are prepared to respond to any questions you may have.