

**STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON PERSONNEL
SENATE ARMED SERVICES COMMITTEE
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Good afternoon, Chairman Graham, Ranking Member Gillibrand, and Members of the Subcommittee. Thank you for the opportunity to speak about the VA current state of research related to military sexual trauma (MST), and the diagnosis and treatment of mental health disorders associated with MST, with a particular focus on posttraumatic stress disorder (PTSD).

VA uses the term "Military Sexual Trauma" to refer to psychological trauma, which in the judgment of a mental health professional employed by the Department, results from a physical assault of a sexual nature; battery of a sexual nature; or sexual harassment, which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training. For purposes of this program, sexual harassment

means repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character. MST is an experience – not a diagnosis – and Servicemembers' and Veterans' will vary in their reactions to MST. Our men and women in uniform are remarkably resilient after being exposed to traumatic events; but, sadly, many will go on to experience long-term difficulties with mental health after experiencing MST.

We know that experiences of sexual harassment and sexual assault during military service are far too common. Data from the 2014 RAND Military Workplace Study, using questionnaires that assessed incidents consistent with sex crimes under the Uniform Code of Military Justice, Article 120, indicated that 1 percent of Servicemen and 5 percent of Servicewomen were sexually assaulted in the past year, impacting an estimated 20,300 active component Servicemembers. The majority of these assaults occurred in military settings or were perpetrated by military personnel. Experiences that constitute sexual harassment are even more common. Using questionnaires that assessed incidents consistent with sex-based military equal opportunity (MEO) definitions of these offenses, seven percent of Servicemen and 22 percent of Servicewomen experienced sexual harassment in the past year. My own research demonstrates that experiences of sexual harassment and sexual assault are common among troops deployed in support of military operations in Afghanistan and Iraq, raising the possibility that Servicemembers may have been exposed to multiple types of severe traumatic stress during military operations in these countries.

Experiences of MST are strongly associated with a range of mental health conditions. These mental health disorders can include depression and substance use disorders, but experiences of MST have a particularly strong association with PTSD. In fact, research data from civilian samples demonstrates that rape is the traumatic experience with the strongest predictive probability of PTSD. Research data from Veteran samples indicates that experiences of MST are an equal or stronger predictor of PTSD as compared to other military-related stressors, including exposure to combat. In addition, experiences of MST may be a stronger predictor of PTSD than experiences of sexual assault that occurred during childhood or occur during adult civilian life. In my clinical experience, Veterans who have experienced MST often struggle with feelings of betrayal, either by perpetrators whom they believed to be “comrades in arms” or by the military system that they believe should have protected them. MST survivors may also struggle to integrate a “victim identity” with the value they place on their own strength and self-sufficiency as a former or current Servicemember. Others who felt that they had to leave military service prematurely (for instance, because of actual or perceived health or safety issues related to their MST experience) may experience grief or anger at losing a military career due to the tangible and intangible injuries caused them by their alleged perpetrators or, in their view, inadequate action taken by their leadership to protect them from such harm.

Many still think that only Servicewomen experience MST, but Servicemen do, too. Although the rates (percentages) of sexual assault are lower among military men than among military women, more Servicemen in absolute numbers than Servicewomen

experienced sexual assaulted in the past year. Further, men who are sexually assaulted are more likely than women to have been physically injured or to have been threatened with physical injury during the assault, and men's experiences are more likely to involve multiple assailants. Research on the mental health consequences of sexual trauma among men has lagged behind similar research among women. However, the data increasingly suggest that the associations between experiences of MST and mental health disorders, while substantial for female Veterans, appear to be even stronger for male Veterans.ⁱ

Military Sexual Trauma-Related Care in VHA

Fortunately, recovery is possible after experiences of MST, and VHA has services spanning the full continuum of counseling, care, and services to assist eligible 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 receiving healthcare be screened for experiences of MST. Veterans who disclose MST experiences are offered a referral for mental health services. All VA counseling, care, and services determined to be necessary to overcome the psychological trauma of MST, including the clinical manifestation of related PTSD, is provided free of charge. A Veteran's eligibility for MST-related counseling, care, and services is entirely separate from the Veteran's entitlement to VA disability compensation for the same mental health disorder(s). That is, a Veteran's eligibility for MST-related counseling and care is not conditioned on the Veterans Benefits Administration having adjudicated the MST-related mental health disorder to be service-connected. In addition, Veterans who meet

the eligibility criteria of 38 U.S.C. section 1720D(a)(1) are able to receive MST-related counseling, care, and services, even if they are not eligible to be enrolled in VA's health care system or receive other VA health care. Every VA medical center provides MST-related counseling, care, and services; MST Coordinators are available at every VA medical center to assist Veterans in accessing these services. Many community-based Vet Centers also have specially-trained MST counselors.

Effective Treatment of PTSD

VA is strongly committed to delivering quality care to all Veterans with PTSD, including those whose PTSD results from MST. Advances in research have led to a range of effective treatments for PTSD that reduce symptoms and increase functioning and well-being. The VA/DoD Clinical Practice Guidelines, titled *Management of Post-Traumatic Stress Disorder and Acute Stress Reaction (2010)*, recommend trauma-focused cognitive behavioral therapy [such as Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT)], Eye Movement Desensitization and Reprocessing, stress inoculation, selective serotonin reuptake inhibitors, and venlafaxine, a serotonin norepinephrine reuptake inhibitor, as primary treatments for PTSD. PE and CPT are among the most widely studied types of trauma-focused cognitive behavioral therapy. Evidence demonstrating their effectiveness is particularly strong. These treatments have great relevance for MST survivors as much of the early work developing and testing both PE and CPT occurred among sexual assault survivors in the civilian population.

VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, requires that all VA medical centers provide access to either PE or CPT. VA has supported this requirement by training upwards of 7,000 therapists in these treatments as part of a broader initiative to disseminate evidence-based psychotherapy for mental health disorders. Uptake of PE and CPT across the VA health care system was rapid; by 2009, 96 percent of VA facilities were providing PE or CPT and 72 percent were providing both. VA also offers a range of treatment options to treat PTSD and associated symptoms and is using telehealth technologies to increase the availability of treatment for PTSD. VA remains open to new and innovative treatments for PTSD and supports research on these treatments as part of its portfolio on PTSD and related mental health disorders.

Conclusion

Mr. Chairman, I appreciate the opportunity to appear before you today. I am prepared to answer any questions you or other Members of the Committee may have.

ⁱ Gender differences in experiences of sexual harassment: data from a male-dominated environment. AE Street, JL Gradus, J Stafford, K Kelly - *Journal of consulting and clinical psychology*, 2007
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