

# DMA Military Sexual Trauma and the Disability Process

## Introduction

### Welcome

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The issue of sexual assault or sexual harassment (sexual trauma) in the military is of vast importance to the Department of Veterans Affairs (VA) and the Department of Defense (DoD). DoD has programs to provide safe and confidential methods for active duty Servicemembers to report sexual assault or sexual harassment experiences. While VA does not have direct influence on DoD related programs, VA is in communication with DoD about their programs and is committed to ensuring that Veterans who experienced military sexual trauma (MST) have access to healthcare services and benefits that can facilitate recovery.

Men and women who experience sexual trauma while in the military can be affected by their experiences in a variety of ways. While many Servicemembers or Veterans who experience sexual trauma are quite resilient, others may experience long-lasting physical and mental health conditions. In fact, some of the men and women with whom you conduct disability examinations, including Separation Health Assessments (SHAs), will have experienced sexual trauma while in the service.

You can assist Servicemembers and Veterans who may have experienced MST by conducting trauma-sensitive disability examinations with careful documentation, and by providing MST-related and other resource information to the Servicemember and Veteran at the close of each SHA or at the close of each disability examination.

The focus of this training is on the roles and responsibilities of VA disability examiners when interacting with Servicemembers and Veterans who have experienced MST. Some information in this course may not apply directly to your specific duties, but it will give you helpful background information to support your role as a disability examiner.

### IMPORTANT NOTE

The term MST will be used throughout this course to refer to experiences of sexual assault and/or sexual harassment that occurred when an individual was on active duty. While the term MST is used in this course since the audience will be VA and VA contract examiners, this is not a term used by DoD and it may not be familiar to active-duty Servicemembers. DoD uses the terms sexual assault or sexual harassment.

## About This Course

### Course Purposes

- This training module has four purposes:
1. Provide information about potential effects on Servicemembers and Veterans of experiencing MST
  2. Provide information on policies and processes for documenting MST disclosures or evidence during a disability examination
  3. Inform you of procedures specific to the Separation Health Assessment (SHA) for providing MST-related and other resource information to Servicemembers transitioning from active duty to Veteran status
  4. Address issues specific to conducting Posttraumatic Stress Disorder (PTSD) disability examinations that are related to MST

## Course Audience

This course is required for all VA and VA contract examiners who conduct disability examinations.

## Course Length

This course will take you approximately 90 minutes to complete.

## Assessments

When you complete the entire course, you will have access to the Final Assessment. A score of 80 percent or higher on the Final Assessment is required for accreditation purposes.

## TACK NOTE

Servicemembers and Veterans portrayed in the presentations in this course are fictitious and are not intended to resemble any Servicemember or Veteran, living or deceased.

## Course Objectives

### Terminal Learning Objective

The examiner who completes this course should be able to describe issues related to obtaining benefits for physical and mental health conditions that may be secondary to MST.

### Enabling Learning Objectives

To help you accomplish this objective, there are five enabling learning objectives:

1. PTSD disability examinations.
2. Describe policies and programs implemented by DoD and VA to address the experiences of sexual assault and sexual harassment in Servicemembers and Veterans.
3. Describe considerations for MST-related disability claims.
4. Recognize implications, requirements, and best practices for sharing information about MST-related resources with a Servicemember during a Separation Health Assessment.  
Identify considerations and procedures for mental health examiners conducting MST-related
5. Recognize the potential effects that experiencing sexual trauma or sexual harassment in the military may have on a Servicemember's or Veteran's physical, mental, and emotional health.

## Military Sexual Trauma (MST)

### Lesson Objective

Some of the Servicemembers or Veterans that you examine experienced sexual trauma in the military. This lesson defines military sexual trauma (MST), discusses the scope of MST, and explains how MST affects Servicemembers and Veterans. When you finish this lesson, you should be able to recognize potential effects of experiencing sexual trauma or sexual harassment in the military on a Servicemember's or Veteran's physical, mental, and emotional health.

## MST Defined

**MST is an experience, not a diagnosis.** Just like combat, MST experiences can result in a variety of medical and mental health concerns. VA's definition of MST comes from federal law, based on 38 U.S.C. 1720D.

38 U.S.C. 1720D(a)(1) refers to "psychological trauma, which in the judgment of a mental health professional employed by the Department [VA], resulted 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 or active duty for training."

MST refers to sexual assault or repeated, threatening sexual harassment experienced by a Servicemember during military service, regardless of the geographic location, the gender of the Servicemember, or the relationship to the perpetrator. Both men and women can experience MST. Perpetrators may or may not be Servicemembers. Veterans from all eras of service have reported experiencing MST.

Here are additional clarifications:

- DoD uses different terminology to refer to these experiences, as DoD policies do not address sexual harassment and sexual assault under the same umbrella.
- MST can occur on or off base, while a Servicemember is on or off duty.
- Perpetrators can be men or women, military personnel or civilians, superiors or subordinates in the chain of command, strangers, friends, or intimate partners.

Statistics on the following pages will demonstrate that both men and women may experience sexual harassment and sexual assault in the military. Please keep in mind that statistics regarding the occurrences of MST may vary depending on the specific population screened, the time frame in question, and even the terminology used.

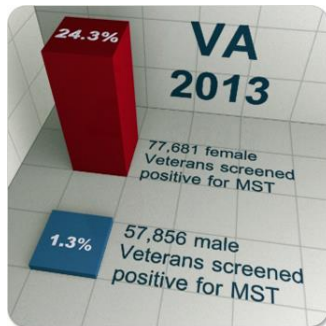
## Department of Defense Study



DoD conducts a large annual study of unwanted sexual incidents among active-duty populations, the *Workplace and Gender Relations Survey of Active Duty Members (WGRA)*.

The 2012 WGRA study found that in the preceding twelve months, 23 percent of women and 4 percent of men reported experiencing unwanted sexual attention, 8 percent of women and 2 percent of men reported experiencing sexually coercive behavior, and 6.1 percent of women and 1.2 percent of men reported experiencing unwanted sexual contact (sexual assault).

## Frequency among Users of VA Healthcare



Data from VA's universal MST screening program provides additional information about rates of MST.

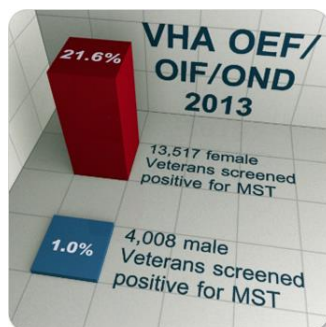
Recognizing that many individuals that have experienced sexual trauma do not disclose their experiences unless asked directly, it is VA policy that all Veterans seen for healthcare are screened for MST. Screening is conducted in a private setting, by qualified health care providers trained to screen and respond sensitively to disclosures. Data from Mental Health Services (2014) indicate that among Veterans receiving VA outpatient healthcare services in Fiscal Year (FY) 2013:

77,681 or 24.3 percent of female Veterans screened positive for MST  
57,856 or 1.3 percent of male Veterans screened positive for MST

### IMPORTANT NOTE

MST includes both sexual assault and sexual harassment experiences. In addition, remember that not all MST experiences have an associated diagnosis, and even those that do have a diagnosis may not have a compensable disability based on Veterans Benefits Administration (VBA) regulations.

## Statistics for Veterans of Recent Deployments



VA also produces annual reports on MST screening and treatment among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans. Among VHA OEF/OIF/OND outpatients in FY 2013: 13,517 (21.6 percent) of women and 4,008 (1.0 percent) of men reported MST when screened by a VA healthcare provider.

If you are interested in finding out more information about statistics regarding potential MST, a study by Street, Gradus, Giasson, Vogt, and Resick (2013) sampled Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans to gather data on sexual harassment. The complete reference citation for this study can be accessed in the course Resources area.

Studies about physical and psychological conditions diagnosed more frequently in Veterans who reported MST experiences are covered next.

## Data from VA about Conditions Associated with MST

The physical and mental conditions most commonly found among VHA patients who report MST to their providers are summarized below:

Physical Health	Mental Health
Liver disease	Posttraumatic Stress Disorder
Chronic pulmonary disease	Depression and other mood disorders
Women: Obesity, weight loss, hypothyroidism	Substance use disorders
Men: HIV/AIDS	

Source: Kimerling, Gima, Smith, Street, and Frayne (2007)

### IMPORTANT NOTE

Having these conditions does not mean that an individual has experienced MST.

## Physical Conditions Associated with Sexual Trauma

More information about the physical and mental health conditions that may be associated with sexual trauma is detailed on the next pages. Given the associations between these conditions with MST, it is critical for you to carefully assess and document them when conducting examinations. You will often be the first clinician in VA to see a Veteran with an MST history and you may be the first person to whom they are able to safely disclose having had an MST experience.

Research studies such as Frayne, et al., (1999) have found an association between the experience of sexual trauma and these types of conditions:

- Gastrointestinal problems, e.g., irritable bowel syndrome
- Chronic pain, e.g., lower back pain, headaches
- Gynecological problems, e.g., menstrual disorders, pelvic pain

Select Additional Medical Conditions to view more physical conditions associated with MST. It's important to remember, however, that even conditions that do not in general have a strong association with sexual trauma or MST may still be MST-related for a given Servicemember or Veteran.

## More Physical Conditions

A variety of studies indicate that medical conditions more likely to be diagnosed in Veterans who experienced MST include these:

Arthritis	Chronic lung disease
Obesity	Thyroid disease (older men)
Diabetes	Endometriosis
Breast cancer (older women)	Miscarriage
Hypertension	Infertility
Hyperlipidemia	

**Sources:** Frayne, et al. (1999); Frayne, Skinner, Sullivan, and Freund (2009); Kimerling, Gima, Smith, Street, and Frayne (2007); Suris and Lind (2008)

## MST and Psychological Health

A history of sexual assault has been shown to be associated with an increased risk for a number of psychological disorders, including these:

- Posttraumatic stress disorder (PTSD)\*
- Depression
- Substance use disorders
- Panic disorder
- Generalized anxiety disorder

**Sources:** Kimerling, Gima, Smith, Street, and Frayne (2007), and Suris and Lind (2007)

\*A 2005 study of Gulf War Veterans indicated that Veterans who experienced MST had a higher probability of developing PTSD than those who experienced combat but not MST, when compared to the Gulf War Veteran population that did not experience MST or combat (Kang, et al., 2005).

Sexual trauma survivors frequently report problems including self-blame and shame, difficulty trusting others, and low self-esteem. Select Self-Reported Problems to view additional self-reported problems.

### Self-Reported Problems

Individuals who have experienced sexual trauma also frequently report these problems:

- Issues with body image
- Anger management issues
- Impulsivity
- Confusion about gender identity or sexual orientation
- Intimacy and sexuality
- Difficulties at work
- Difficulties in relationships
- Legal difficulties
- Self-sabotage
- Difficulties with medical and dental procedures (i.e., a rectal or vaginal exam, or any other procedure that could feel invasive)

# MST Experiences: Gender-Specific Issues for Women and Men

## Issues for Women

Studies have documented some specific consequences for women who have experienced MST:

- Women who experienced MST report more negative health consequences than women who experienced childhood or civilian sexual assault.
- MST has been shown to be more strongly associated with PTSD than pre- or post-military sexual trauma.

**Sources:** Suris, et al. (2007); and Himmelfarb, Yaeger, and Mintz, (2006)

## Issues for Men

MST presents a significant conflict with masculinity for many men. Sexual Trauma typically evokes everything that masculinity rejects, such as:

- Fear, shame, and other intense emotions
- Vulnerability or helplessness

This can be associated with specific consequences for men who experienced MST, including:

- Extreme homophobia
- Attempts to “prove” heterosexuality to self and others
- Impulsively getting married, or having increased unsafe or casual sex
- Confusion or worries about sexual identity or sexual orientation
- Difficulties with intimacy, or avoidance of sexual activity

## Additional Difficult Aspects Related to Experiencing MST

The following list describes aspects of MST that need to be considered, as they contribute to the negative impact of the MST experience. Select each topic on this page to learn more. You may be asked questions about this content.

### Interpersonal Trauma

***MST is an interpersonal trauma:***

- The perpetrator is often a friend, intimate partner, or other trusted individual.
- MST may be particularly difficult in the military context, where the Servicemember relies on others to be “Servicemembers in arms.”
- MST may have significant implications on an individual's subsequent relationships and on their understanding of themselves.
- Those who experience MST may continue to have interactions with their perpetrator(s):
  - Eating, working, relaxing in the same areas as the perpetrator(s)
  - No safe haven: sleeping quarters may be with the perpetrator(s) in situations of same-gender assaults
  - Ongoing potential for repeat victimization may exist
- MST can increase feelings of helplessness and of being trapped.

## **Social Support**

Social support may be limited after an experience of MST, which is problematic given research that identifies social support as the most consistent and best predictor of recovery after trauma (Charuvastra & Cloitre, 2008). The man or woman who experiences MST may:

- Be far from friends and family which may limit supports
- Not tell anyone due to shame or fear of retaliation, thus limiting his or her access to friends or peers
- Fear that his or her experiences aren't as legitimate as combat trauma so decides to stay quiet

## **Military Socialization and Values**

The importance of strength and self-sufficiency are emphasized as part of the culture and training for active-duty Servicemembers. These values can influence perceptions about MST for the man or woman who experiences MST in the following ways:

- He or she may have strong feelings of self-blame and feel “weak.”
- He or she may try to “keep it together” and “be strong” to stay true to warrior values.
- He or she may be reluctant to acknowledge the impact of MST experience(s) and pretend everything is okay.

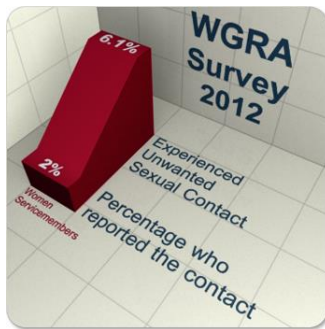
## **Other Complicating Factors**

Many factors, including prior life experiences and/or current life circumstances can complicate an individual's response to and recovery from MST:

- The individual may be young and/or lack a fully developed tool kit of coping strategies; he or she may rely on substance abuse, behavioral acting out, or and cutting or other self-harm behaviors to manage symptoms and reactions.
- The individual may also be impacted by other traumatic experiences (e.g. exposure to combat or prior experiences of abuse or assault).
- Response and recovery can be negatively impacted by the number and severity of traumas experienced by the individual.
- Some individuals may struggle because the MST was committed by the perpetrator(s) to punish or victimize them due to their perceived sexual orientation or gender identity. Alternatively, MST can also cause individuals to worry about what MST means for their own sexual orientation or gender identity.



## Why Women May Not Report Unwanted Sexual Contact



Statistics for unreported rape and sexual assault are similar for military and civilian populations. According to the Bureau of Justice Statistics report, *Victimizations Not Reported to the Police, 2006-2010*, 65 percent of rapes and sexual assaults in the United States went unreported.

Similarly, 2012 WGRA survey results showed that of the 6.1 percent of active-duty women who indicated they experienced unwanted sexual contact in the preceding 12 months, only 33 percent reported it to a military authority.

Of the 67 percent of active duty women who indicated they experienced unwanted sexual contact and not reporting to a military authority, these were the top four reasons cited by respondents:

- Discomfort that anyone would know
- Discomfort around making a report
- Fear that their report would not be kept confidential
- Fear that nothing would be done

Other reasons provided by respondents for not reporting unwanted sexual contact included thoughts that the unwanted contact was not important enough to report, thoughts that he/she would be labeled a troublemaker, fears of retaliation or reprisals from the perpetrator or the perpetrator's friends, and fears related to reports from others who had experienced negative consequences for reporting unwanted sexual contact.

## Why Men May Not Report Unwanted Sexual Contact



Active duty men may report unwanted sexual experiences even less often than women. 2012 WGRA survey responses indicated that only 19 percent of the 1.3 percent who experienced unwanted sexual contact in the preceding 12 months reported it to a military authority.

The top four reasons given by male respondents who did not report unwanted sexual contact to military authority were:

- Concerns about being reprimanded or punished for infractions related to underage drinking or other offenses
- Concerns that others would not believe the report
- Fear that performance evaluations and/or opportunities for promotion would suffer or be negatively impacted
- Fear of losing security clearance or personnel reliability certification

Other reasons given were hearing about negative experiences from others who reported or not knowing how to report.

## **A Spectrum of MST Experiences: Marie**

The four scenarios that follow will give you an idea of the spectrum of MST experiences, and how repetition over time can impact the Servicemember who experiences MST.

### **Marie**

Marie entered the service while in her early twenties. Marie was sexually harassed by a group of male Servicemen on an ongoing basis. They made sexual comments, grabbed her buttocks on several occasions, and asked Marie if she'd "ever been with a real man."

Feeling uncomfortable and unsafe, Marie made efforts to avoid walking alone. However, on one occasion she was cornered by one of the men. He stated that his friends were nearby and he forced her to perform oral sex on him. Afterwards, Marie became increasingly distressed and isolated from others and lived in constant fear of being assaulted again. She kept to herself at work, but for the most part her job performance was fine.

Later in her service, Marie was returning home, having just parted with a close friend after a night out. Alone, Marie was groped and digitally penetrated by the same man who forced her to perform oral sex. The next day, this man interacted with Marie and he "acted like nothing had happened." Marie never talked to him again. Also, she felt numb most of the time and avoided social contact as much as possible.

## **A Spectrum of MST Experiences: Tom**

### **Tom**

Tom is an African-American man who served between 1970 and 1972, when he was in his late twenties. To begin with, Tom was surprised to encounter prejudiced and racist views about African-Americans on the base.

One night, Tom went out to a bar with a friend from his barracks. Eventually, his friend met a woman and left the bar with her. Later, Tom left the bar alone to return to the barracks. Just outside the bar, Tom was attacked by three men. Tom tried to get away, but one of the attackers punched him in the face. Another of his attackers had a bat or a stick that he threatened Tom with if Tom did not stay quiet. Two of the men took turns holding Tom down while the other penetrated him anally. Tom was told repeatedly during the attack that if he told anyone, his attackers would come back and kill him.

Tom did not report to duty the following day. When Tom was asked about his swollen eye, he stated that he had been in a fight at the bar. As a result of this attack, Tom also developed painful hemorrhoids that he never discussed with anyone.

## **A Spectrum of MST Experiences: Juan**

### **Juan**

Juan, a 25-year-old Latino man, was involved in heavy combat in Afghanistan. In one firefight, Juan became disoriented. As a result, he was slow to keep up with other members of his unit as they moved into some of the most dangerous fighting. Afterwards, some unit members made comments about being unsure that they could trust him anymore.

The next night, Juan was grabbed by someone as he went to the latrine, and held down as another man anally raped him. During the assault, his assailants said, "This should teach you to pull your weight around here." As a result of this assault, daily life and subsequent combat missions became even more stressful and frightening for Juan. In addition, Juan contracted a sexually transmitted infection (STI) from the assault in the form of human papillomavirus (HPV). Juan's HPV has just manifested, although the attack was three years ago.

Even today, Juan feels that others do not, in his own words, "have his back." He fears that even the slightest misstep on his part could be dangerous.

## **A Spectrum of MST Experiences: Amanda**

### **Amanda**

Amanda, now twenty-eight years old, is African-American and the single mother of a nine-year-old daughter. Amanda was a truck driver in Iraq, where she was trained that she must not stop the truck even if a civilian is in the road. Amanda was terrified at the thought that she might someday have to run over a child, and talked to her colleagues about her fears.

While on active duty, Amanda was approached by a higher-ranking Servicemember, a man, who was responsible for job assignments. He stated that he would change her assignment to staffing the truck depot on the condition that Amanda would have sex with him. Although Amanda had no romantic or sexual interest in him, she feared career consequences from refusing; and this concern, in combination with her great fear of having to run over a child, led her to have sex with the Servicemember on several occasions. Amanda felt numb throughout the encounters. When she became pregnant from the encounters, other Servicemembers found out and made comments about her being, in their words, "easy." In fact, Amanda was ostracized by her peers.

# Common Myths about MST

## *COMMON MYTHS ABOUT MST*

Man: Someone has to have been convicted of assault for a crime to have occurred.

Woman: Someone does not have to be convicted for a crime to have occurred. In fact, the majority of perpetrators are never caught or convicted.

Man: MST doesn't happen to men.

Woman: MST can and does happen to both men and women

Man: Officers cannot experience MST

Woman: Sexual assault and chronic sexual harassment occur across all ranks

Man: If a person does not fight or refuse his or her perpetrator, he or she must have consented.

Woman: Compliance (or being unable to refuse, such as when intoxicated or asleep) does not equal consent.

Man: A person cannot have experienced MST if he or she was sexually active.

Woman: An individual's prior behavior and relationships cannot be used to blame him or her for an MST experience or to discount the experience as MST. A Servicemember may have been sexually active, or may even have even had a friendly relationship with a perpetrator prior to being assaulted or harassed, but that doesn't mean that he or she wanted the MST to happen. Think instead about why the perpetrator made a choice to assault or harass a Servicemember.

## Lesson Summary

The content in this lesson was designed to help you gain a basic understanding of MST and its potential effects for Servicemembers and Veterans. Now that you've completed this lesson, you should be able to recognize the potential effects that experiencing sexual trauma or sexual harassment in the military may have on a Servicemember's or Veteran's physical, mental, and emotional health.

The next lesson is an overview of VA and DoD Policies and Programs related to MST. It is intended to give all disability examiners a general understanding of interagency collaboration and VA and DoD programs to address MST-related issues.

# VA and DoD Policies and Programs

## Lesson Objective

A lot of coordination goes into addressing MST-related concerns that may be present in the men and women you examine. This lesson will cover VA and Department of Defense (DoD) coordination and programs to address MST-related issues.

After completing this lesson, you should be able to describe policies and programs implemented by DoD and VA to address the experiences of sexual assault and sexual harassment in Servicemembers and Veterans.

## Partnership between VA and DoD

Due to their commitment to effecting positive change in addressing MST related concerns in Servicemembers and Veterans, leaders from the VA and DoD have regularly met to discuss MST-related issues. Changes that have resulted from this collaboration include discussion of MST with Servicemembers who are transitioning from active duty to Veteran status during the Transition Assistance Program (TAP) as well as during the Separation Health Assessment (SHA). It is the hope of VA and DoD leadership that by incorporating information about MST into the TAP and the SHA, active duty Servicemembers will gain the information necessary for filing a claim for a condition secondary to MST.

## DoD Programs

Three DoD programs assist Servicemembers who experience MST: The Safe Helpline, the Sexual Assault Prevention and Response Office (SAPRO), and the Military Equal Opportunity (MEO) program. DoD addresses sexual assault and harassment with separate reporting channels: SAPRO processes sexual assault reports, while the MEO Program processes sexual harassment reports. Select each program to view more information.



## The Safe Helpline

DoD has contracted with The Rape, Abuse & Incest National Network (RAINN) to provide confidential, secure, and anonymous services for the DoD community via the DoD Safe Helpline. The Helpline is available worldwide, 24/7 by click, call or text—providing help anytime, anywhere, using multiple options:

- Online Helpline
- Telephone Helpline
- Text for Info
- Safe HelpRoom (Online chat room)
- Safe helpline App

The Telephone Helpline staff can even transfer callers to local Sexual Assault Response Coordinators (SARCs), if a Servicemember chooses. A complete description of services is found at the following secure Safe Helpline website: <https://www.safehelpline.org/>



## The Sexual Assault Prevention and Response Office

DoD created the Sexual Assault Prevention and Response Office (SAPRO) in 2005 as part of a comprehensive policy to address sexual assault in the military. SAPRO provides oversight of the Department's sexual assault policy. SAPRO works hand-in-hand with all branches of service and the civilian community to develop and implement innovative prevention and response programs. Sexual assault is reported through SAPRO.

The Department of Defense Sexual Assault Prevention and Response Office (SAPRO) serves as the single point of authority for program accountability and oversight, in order to enable military readiness and reduce—with a goal to eliminate—sexual assault from the military. (SAPRO Mission Statement)

— *SAPRO Mission Statement*

More details about SAPRO can be found on SAPRO's website: <http://www.sapr.mil/>

## MEO Program

The MEO program is charged with promoting equal opportunity and affirmative actions, and for eliminating unlawful discrimination and sexual harassment within DoD. Sexual harassment is reported through the MEO program.

## Partnership between VHA and VBA

VHA and VBA also continue to collaborate in efforts to address issues related to the examination of disability claims for Veterans with MST claims. In keeping with these efforts, a satellite broadcast sponsored jointly by VHA and VBA was released in April 2012. The training broadcast, entitled Military Sexual Trauma: Disability Claims, addressed a wide range of topics related to MST claims and included dialogue between a VBA adjudicator and a VHA mental health examiner to promote understanding of VBA regulations and expectations in case adjudication as well as diagnostic concerns and considerations of VHA providers. More importantly, the broadcast emphasized the need for collaboration between VHA and VBA providers in addressing what are often complex claims involving MST.

Select Resources on the navigation bar for information on how to access a video of this broadcast.

## VHA Policies and Programs for MST-Related Education and Outreach

VHA has nationwide MST support programs and training initiatives to facilitate MST-related care, including these:

### MST Support Team

VHA's Mental Health Services (MHS) has a national MST Support Team to perform national monitoring, to coordinate MST-related education and training, and to promote best practices in the field.

### MST Coordinators

Every VA healthcare system has an MST Coordinator who serves as a point person for MST issues at the facility and who ensures that MST-related monitoring, treatment, and education and training occur there. The MST Coordinator is your best point of contact for assistance in getting Veterans into MST-related care or for answering any questions about local services. If you call your local VAMC, the operator should be able to connect you to the MST coordinator.

Note: Veterans and Servicemembers needing assistance with benefits or claims should speak with a VBA representative.

### Mandatory and Optional Trainings on MST

In 2012, VHA established a mandatory training requirement on MST for all VHA mental health and primary care providers. The mandatory trainings are intended to enhance awareness of and sensitivity to issues related to MST. Many disability examiners may have also taken the course, Military Sexual Trauma Sensitivity Training (VHA), if they conduct disability examinations as part of their collateral duties.

Select Educational and Training Resources to view additional resources for staff.

### Educational and Training Resources

- VA Mental Health Military Sexual Trauma public website: [www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp)
- VA internal MST Resource Homepage for staff at [vaww.mst.va.gov](http://vaww.mst.va.gov), which includes:
  - Educational handouts for staff
  - Veteran outreach/informational materials
  - Your local VA Medical Center's MST Coordinator

## VHA Policies for MST-Related Treatment

VA has developed a range of services to assist Veterans and Servicemembers who experienced MST with their recovery. **All VHA treatment for physical and mental health conditions related to MST is free of charge for enrolled Veterans. In addition:**

- Veterans do not need to have reported their experiences of MST at the time or have other documentation that they occurred.
- Service connection (VA disability compensation) is also not required.

Veterans may be able to receive free MST-related care even if they are not eligible for other VA care:

- There are no length-of-service or income requirements to receive MST-related care.
- Veterans with Other Than Honorable discharges may be able to receive MST-related care with VBA Regional Office approval.

The [Uniform Mental Health Services Handbook](#) (VHA Handbook 1160.01) has detailed information on which mental health services must be available for Veterans who have experienced MST.

### IMPORTANT NOTE

Please remember these policies apply to all Veterans that you see as part of your disability evaluations.

## VHA MST-Related Mental Health Treatment

As you learned earlier in this course, there are often mental health diagnoses that are associated with MST. VHA offers a full continuum of mental health services for Veterans who have experienced MST:

- Every VA medical center provides MST-related mental health outpatient services.

### MST-Related Mental Health Outpatient Services

- Outpatient services are organized differently at different facilities—some have identified “MST clinics,” while others provide services in a more distributed fashion.
- Services include formal psychological assessment and evaluation, psychotropic medications, and individual and group psychotherapy; services are available to target problems such as PTSD, substance use disorders, depression, and homelessness.
- For Veterans who need more intensive treatment, many VHA facilities offer Mental Health Residential Rehabilitation and Treatment Programs and some of these programs focus specifically on MST or have specialized MST tracks. VHA also has inpatient programs available for acute care needs (e.g., psychiatric emergencies and stabilization, medication adjustment).

### Mental Health Residential Rehabilitation and Treatment Programs

- VA recognizes that some Veterans will benefit from treatment in an environment where all of the Veterans are of one gender, so some facilities have separate programs for men and women. All residential and inpatient MST programs have separate sleeping areas for men and women.
- Community-based Vet Centers have MST-related services available.



## Recovery is Possible

**MST-related treatment can help a Veteran move forward in his or her recovery.** Select Play to hear a story that is loosely based on the experience of a Veteran who disclosed an MST experience to her VA provider and followed up on her provider's suggestion to seek MST-related care from VHA.

I was raped by my superior several years ago, while I was on active duty. I reported the rape, and he went to jail. I finished my active service and was discharged. I thought I could move on with my life...

I was going to pursue work as a surgical technician after the service. I had the training and experience for the job, and I enjoyed it. But I couldn't because of a weird rash that was constantly on my hands. I couldn't tolerate wearing the surgical gloves. The itching and discomfort were unbearable when I had the gloves on for even a few minutes.

So, I had been out of the service for a number of years when I decided to enroll in VHA for healthcare. During the first visit to the VA facility, the provider asked me if I'd experienced sexual trauma while I was in the service. I was surprised when he asked, but he explained that VA asked this question of all Veterans who came to VA for healthcare. When I said yes I had been sexually assaulted in the military, he told me that VA has free MST-related care services and he asked if I wanted to talk to an MST Coordinator. "Why not," I thought, and so he had the MST Coordinator contact me.

The MST coordinator suggested that I receive mental health counseling from VA to address my MST experience, and I agreed to do it. After a few weeks in counseling, the mysterious rash had pretty well disappeared from my hands. Seems like wearing surgical gloves is something I could do now! I would have never thought that mental health counseling would have helped with my rash. But boy, am I glad that my provider asked me about MST to begin with!

# MST Related Disability Claims

## Lesson Objective

This lesson will cover VBA processes for developing MST-related claims when evidence is not easily developed because of underreporting of MST during service. As an examiner, you can assist Veterans and Servicemembers who've experienced MST by conducting trauma-sensitive examinations and being aware of best responses to MST disclosures.

Once you've completed this lesson, you should be able to describe considerations for MST-related disability claims.

## Considerations for Servicemembers and Veterans Filing a Claim

The issue of underreporting is important to consider, as many Veterans or Servicemembers will not have any evidence in their Service Treatment Records or personnel files that a sexual trauma may have occurred. Without direct evidence of an event, it is often difficult for VBA to grant benefits.

Moreover, Servicemembers and Veterans who experienced MST often have mixed feelings about seeking service connection. The following table lists potential pros and cons for claimants.

PROS	CONS
Financial assistance	Requires disclosure to an unknown examiner
Potential for validation	Potential for feeling invalidated if a claim is denied
Acknowledgment of traumatic experience	Requires confronting painful memories
	Requires admitting to having difficulties
	Requires dealing with a government agency
	May provoke feelings of dependency
	Difficulty or inability to complete the PTSD Statement in Support of Claim secondary to Personal Assault

## VBA Processes for MST-Related PTSD Claims

Diagnoses secondary to MST can be compensable regardless of whether the MST occurred outside regular tours of duty, off military premises, or during peacetime, as long as Veterans Benefits Administration (VBA) evidentiary requirements are met. In addition, please be aware that Servicemembers and Veterans who suffered illness prior to military service, for example, as a result of childhood trauma, may still file a successful claim for that condition if it can be credibly demonstrated that the illness was aggravated by MST.

As Servicemembers often do not report MST for understandable reasons, a lack of evidence is a common challenge for VBA adjudicators working on MST-related disability claims. As a result, VBA has assigned

specially trained employees to handle these claims and process them in a “special operations” lane where they receive added attention to evidence development and evaluation.

As VBA is very invested in assuring that all Veterans who have filed claims for conditions secondary to MST receive the most fair ratings, VBA has also engaged in efforts beyond having specially trained employees handle these claims. After VBA provided extensive training in 2011 for processing PTSD disability claims due to MST, it engaged in outreach efforts to those Veterans whose claims were denied prior to the training by sending them notification letters in 2013 and 2014 offering a re-evaluation of their PTSD claim secondary to MST if they contacted the regional office of jurisdiction.

## VBA Outreach

As part of the outreach to Veterans with previously denied MST-related PTSD claims, VBA also engages in other outreach methods to inform eligible Veterans who may not have received the notification letter to contact their regional office to reopen a claim. You may have an opportunity to assist in this effort. For example, if you review records for a Veteran you examine and you notice a previously denied claim that would be included in this outreach; you could follow the example in the audio presentation on this page.

Examiner: I was looking at your C-file and noticed a denied PTSD claim from 2011. It was related to military sexual trauma. The Veterans Benefits Administration has been reviewing some of these denied claims. So, you may want to contact the Regional Office about possibly reopening your claim.

Veteran: Oh, I see. Thanks for letting me know. How do I reopen it?

Examiner: Okay, you can start by contacting your RO for more information. Or you can call the VBA hotline. Let's see...that number is: 800-827-1000.

## The Importance of Conducting Trauma-Sensitive Examinations

Many of the Servicemembers or Veterans you examine will have experienced trauma. Since you will not know who does and does not have a trauma history, it is good clinical practice to conduct **all examinations** in a trauma-sensitive manner. This will help Veterans and Servicemembers feel more comfortable and, in turn, help you to obtain the information you need.

The Veterans Health Administration (VHA) has encouraged practices that can benefit the Servicemember or Veteran who has experienced MST. For example, VHA encourages the practice of allowing an examinee to request an examiner of a specific gender, when feasible.

### IMPORTANT NOTE

VA C&P disability examiners should keep in mind that in many instances, a disability examination may be the first interaction the Veteran or Servicemember has with VA. Leaving him or her with a good impression may encourage him or her to return to VA for other services if needed.

## Methods for a Trauma-Sensitive Examination

There are simple things you can do to help increase a Servicemember's or Veteran's comfort during the disability examination. These are good things to do with all individuals to help them feel more comfortable during examinations. When possible and consistent with appropriate professional boundaries, try to use the following methods.

## **Reduce the Power Differential**

Reduce the power differential and provide explanations:

- Whenever possible, have conversations while the Servicemember or Veteran is fully dressed.
- Sit at the same level as the Servicemember or Veteran preferably without a desk in between you.
- Make eye contact.
- Give the Servicemember or Veteran options and choices whenever possible.
- Be transparent, explaining your reasoning for the questions you need to ask.

## **The Veteran or Servicemember Feels in Control**

Ensure the Servicemember or Veteran feels in control:

- Ask permission before touching
- Let the Servicemember or Veteran know you will stop if he or she asks.
- Keep a running commentary of exactly what you are doing and what you are about to do. For example:
  - “Okay, as you can see I am picking up an instrument now. This is for looking in your ears; it shouldn’t hurt. I am going to move close to you and briefly touch your ears while I am looking at your inner ear, is that okay?”
- Check in periodically and ask how he or she is doing.

## **Respect Reactions**

Respect a Servicemember’s or Veteran’s reactions:

- View the Servicemember or Veteran as an expert on his or her own body and functioning.
- Attend carefully to his or her identified concerns.
- Respect the Servicemember’s or Veteran’s subjective experience, even if it seems extreme given the objective circumstances.
- Never ignore or dismiss a Servicemember’s or Veteran’s request or expression of distress.

# How to Respond Sensitively if a Veteran Discloses MST to You at an Evaluation

There are many simple but effective things you can do during a disability exam to respond sensitively to a disclosure of MST. These strategies can also work well when you are conducting an examination for a claimed condition that a Servicemember or Veteran indicates is related to MST. Remember that you may be the first person that he or she has ever told about his or her experiences. An empathetic, supportive response has the power to be tremendously healing. For example, "I'm so sorry this happened to you."

## **Provide validation and empathy:**

I'm very sorry this happened to you while you were serving our country. Thank you for deciding to share this information today.

## **Provide education and normalization:**

Other Veterans have had experiences like yours and for some, it can continue to affect them even many years later. However, there are many services and treatments available to help you in your recovery, if you need them.

## **Offer VA healthcare services:**

Some of the Veterans I've met with have found it helpful to talk with someone about their experiences. The VA offers free counseling related to MST. Would it be okay if I asked this facility's MST Coordinator to be in touch with you to tell you about the services available? After talking with him or her about your options, you could decide if you wanted to take it any further.

## **Remember that not everyone needs counseling:**

If you ever change your mind and want to speak to someone, just let me know.

## **IMPORTANT NOTE**

Remember to avoid phrases like this:

- *"Is there any proof?"*
- *"Why didn't you report it?"*
- *"I'm not sure if anyone will believe you."*
- *"I'm not sure if I have to report this to the authorities."*

## **How to Respond Sensitively if a Veteran Discloses MST (continued)**

Except for mental health professionals providing psychotherapy, providers are discouraged from requesting or recording a detailed account of what happened during the MST. The reason is that asking the Veteran to recount the details of the assault can cause him or her to re-experience the trauma, much as they would during exposure therapy. This should be left to mental health professionals with expertise in these techniques, as the mental health clinician typically explores details of the trauma only after multiple sessions to carefully lay the groundwork. However, it is helpful for providers to document basic information that is spontaneously disclosed by the Veteran.

There are a few other suggestions for examiners that may be of interest to you.

## Other Ways to Respond Sensitively

If the Veteran appears withdrawn or quiet, seems “out of it”, or provides minimal acknowledgement of the information:

- Say, “Take your time,” or, “Are you still here with me?”, or, “We can continue when you’re ready.”
- Give him or her a few moments if needed.

If the Veteran becomes tearful, angry, agitated, anxious, or “jumpy:”

- Say, “This can be a difficult experience for many Veterans. Would you like to take a break for a few minutes?”, or, “Let me know when you are ready to continue.”
- Listen empathically and acknowledge his or her distress.
- Remind him or her that services are available if needed.

Behaviors such as these could indicate that he or she is considering disclosing an MST experience, so be prepared to respond sensitively.

## IMPORTANT NOTE

As an examiner, please remember that a variety of physical conditions may occur secondary to an experience of MST. You should document not just the physical findings and the experience of MST, but also document the relationship between the MST experience and the diagnosis.

## Responding to an MST Disclosure (Video)

You may remember an example fictional narrative of an MST experience earlier in this course for a Veteran named Juan. In the video on this page, Juan Lopez discloses an MST experience to a disability examiner in the context of a disability examination. The examiner is empathetic and she encourages Mr. Lopez to consider VHA services that can help in his recovery.

Title: MST Disclosure to a Mental Health Disability Examiner

Examiner: So, those are all the questions I have for you today. Is there anything else I haven't asked you about your depression that you think is important for me to know as part of this exam?

Mr. Lopez: Well I, I know I've been pretty vague as to how my depression started. But, I think I know why it started. On my deployment, when something happened.

Examiner: Is that something you'd like to share with me today?

Mr. Lopez: I know that's not what this exam's about but... I haven't told anybody. I don't even think I should say anything now.

Examiner: What you decide to share is completely up to you.

[Veteran sighs]

Mr. Lopez: During my deployment, in Afghanistan, I was attacked... raped, going to the latrine one night. It was a bunch of guys. They said I wasn't pulling my weight and that they couldn't trust me anymore. They were going to "teach me a lesson." I didn't know what to do, who to trust. I thought they'd kill me or do it again if I said anything. And then I find out I've got this HPV infection from the rape! I had never even heard of that before this happened. It was just too much... too much...

[Examiner puts down clipboard, looks at Veteran]

Examiner: I'm so sorry that happened to you, Mr. Lopez, and on your deployment. I can understand how overwhelming that must have been.

Mr. Lopez: It was horrible.

Examiner: I'm glad that you felt comfortable enough sharing it with me today. Unfortunately, many Veterans have had similar experiences, and for some, it can continue to affect them even years afterwards. People can recover though. Can I talk to you about VA services that are available that can help you if you're still having problems that you think are related to that experience?

afterwards. People can recover though. Can I talk to you about VA services that are available that can help you if you're still having problems that you think are related to that experience?

Mr. Lopez: I'd be open to it.

Examiner: Your VA offers free healthcare for medical and mental health conditions related to sexual assault that occurred in the military. And every VA medical center has a Military Sexual Trauma Coordinator, a person who can put you in touch with the medical and mental health professionals who are experts in that area and who could help you. Do you think you would be interested in following up with your VA's Military Sexual Trauma Coordinator after today's exam?

Mr. Lopez: Yeah, I think I need to do that.

Examiner: Let me get the name of that person for you before you leave today.

## Lesson Summary

This lesson provided information about VBA processes to help adjudicators develop MST-related claims and simple methods you can use for conducting trauma-sensitive examinations with all Veterans and Servicemembers. You should now be able to describe considerations for MST-related disability examinations.

The next lesson is specific to concerns about MST for Servicemembers and disability examiners during the Separation Health Assessment (SHA). Some of the information will be background information for disability examiners who do not conduct SHA examinations, but some information will be useful to all examiners.

# MST and the Separation Health Assessment

## Lesson Objective

The SHA will be administered to all Servicemembers as part of the process of separation from active duty. When a Servicemember has filed a disability claim, a VA disability examiner will conduct the SHA while the Servicemember is still on active duty. This lesson will explain how this context for the SHA impacts the Servicemember and the disability examiner, particularly with respect to MST.

Once you have finished this lesson, you should be able to recognize implications, requirements, and best practices for sharing information about MST-related resources with a Servicemember during an SHA.

## The Separation Health Assessment

The SHA program was designed by VA and DoD as a program to help Servicemembers to engage in the VA benefits process before separation from active military service. To accommodate the specific reporting requirements for the SHA examination, the SHA General Medical Disability Benefits Questionnaire (DBQ) was developed

### General Medical Disability Benefits Questionnaire

The SHA General Medical Disability Benefits Questionnaire (DBQ) is a comprehensive examination protocol and you must complete all sections. When you conduct an SHA, you are required to assess and document all conditions during the examination. Your awareness of conditions that may be associated with an MST experience can help you to document all potentially related conditions that may be related to MST without soliciting a disclosure during the examination process.

The SHA DBQ will be administered to all Servicemembers as part of the process of separation from active duty. Depending on whether the Servicemember has filed a disability claim, the SHA is conducted by a DoD clinician or a VA disability examiner. Since the Servicemember is on active-duty, the documentation of the SHA will be part of the Servicemember's Service Treatment Records (STRs), which will be shared with DoD.

For reasons that will be described in this lesson, you should not attempt to solicit a disclosure of MST during the SHA. The SHA is a special case, and there are special considerations to which examiners need to attend, given the risks of potential reprisal or compromising a restricted report if a Servicemember were to disclose MST during an examination.

If a Servicemember chooses to disclose, the documentation of an MST event while on active duty may be helpful for the Servicemember to receive VA benefits. However, as we will discuss later in this lesson, it may be of greater benefit for the Servicemember to disclose to the proper authorities, if he or she chooses to disclose.

## Aspects of the SHA

Most processes to prepare for and conduct a Separation Health Assessment are similar to processes that you use to prepare for a disability general medical examinations. Select each topic for details.



## Review of Records

Examiners are required to review Service Treatment Records (STRs). On the VA side, using the electronic Veterans Benefits Management System (VBMS) makes it easier to access and review STRs prior to the exam.

If the DD Form 2807-1, a self-reporting tool provided to the Servicemember, is available in the Servicemember's records, you are required to review this form as part of completing the SHA General Medical DBQ.

To learn more about this form, you can access it by looking for DoD form DD 2807-1 at the public-facing DoD Issuances website: <http://www.dtic.mil/whs/directives/infomgt/forms/>

## Time Allotted

The minimum time requirement for conducting an SHA is one hour. Since the SHA is a general medical examination in scope, the average time required is two hours—but this examination could require several hours. In practice, the time allotted by VA for an SHA is determined by the individual examiner.

## Additional Documentation Protocols

For the comprehensive SHA examination, additional DBQs or other appropriate documentation protocols should be used to assess and document conditions as warranted. Currently, on average, 3.5 DBQs are opened by disability examiners during an SHA.

## Specialty Assessments

The majority of examinations that are part of the SHA can be conducted by a generalist. However, there are certain claims, such as those related to hearing or tinnitus, mental health, eye disorders, and/or traumatic brain injury that must be performed by specialists in those disciplines.

## STICKY NOTE

The SHA may be complicated for a Servicemember who experienced MST. Please be sensitive to all Servicemembers, including their preferences for an examiner of a specific gender or their desire to decline certain exams. Remember, a Servicemember who experienced MST may have difficulties with medical and dental procedures that might seem invasive, and this is why you should document if certain exams are declined.

## DoD Programs for Reporting Sexual Assault or Harassment

You may be unaware that the Servicemember you conduct an SHA with has reported sexual harassment or assault to DoD, even after your thorough review of the Servicemember's records provided you. A basic knowledge of DoD reporting processes may be important should the Servicemember indicate he or she wants to disclose to you. DoD addresses sexual assault and harassment with separate reporting channels and programs. SAPRO processes sexual assault reports, while MEO processes formal reports of sexual harassment. Select each topic to learn more.

## Reporting Sexual Assault

SAPRO serves as a single point of authority for sexual assault policy and provides oversight to all service branches. Anyone who makes a report of sexual assault is assigned a sexual assault response coordinator (SARC) or victim advocate who addresses safety needs, explains the reporting options (Restricted or Unrestricted reporting), services available, and assists with navigating the military criminal justice process. Additional details are found on this SAPRO web page:

<http://www.sapr.mil/index.php/victim-assistance>.

### ***Restricted and Unrestricted Reporting***

DoD has two options for reporting related to sexual assault. Unrestricted reports are shared with the commander in the reporting location and with the Military Criminal Investigation Organization (MCIO).

Servicemembers can file a confidential “restricted” report with the proper DoD authorities. Restricted reports are confidential but not anonymous and only specific individuals can access restricted reports. In comparison, an unrestricted report lacks that protection or privacy.

## Reporting Sexual Harassment

A Servicemember may choose to file an informal or formal report of sexual harassment.

### ***Informal Reporting***

Informal reporting is the preferred method of reporting, as DoD prefers to handle this with a Servicemember’s immediate supervisor. In general, if there is an informal report, there may not be any notes or documentation in a Servicemember’s personnel files and there may be no formal investigation.

### ***Formal Reporting***

For a formal report, a Servicemember must go through an MEO advisor. One advantage of a formal report is that there will be a formal investigation and documentation. The formal report is often used by Servicemembers who want to report to someone outside of their chain of command.

For more information on formal and informal reporting, See the Sexual Harassment/Assault Response and Prevention (SHARP) website: [http://www.preventsexualassault.army.mil/Template-SexualHarassment.cfm?PAGE=what\\_is\\_harassment.cfm](http://www.preventsexualassault.army.mil/Template-SexualHarassment.cfm?PAGE=what_is_harassment.cfm).

## Implications for Servicemembers Disclosing MST

The Servicemember you examine during an SHA will soon be leaving active duty service. Generally, it is more difficult to access evidence to support a disability claim for conditions related to MST experiences once an individual has been discharged.

The Servicemember should be aware, but may not be, of the implications of disclosing MST during the SHA. As previously discussed, the SHA examination report will become part of the Servicemember’s STRs, including any report and documentation of in-service sexual trauma. Moreover, DoD has both unrestricted and restricted reporting processes for sexual assault. If a Servicemember has already filed a restricted report about a sexual assault and you document the assault in the SHA, the confidentiality of the report may be compromised. If this is the case, he or she should file a claim for their MST-related conditions after separating from the service, rather than disclosing at the SHA. It is thus in the Servicemember’s best interest that you point out the information-sharing aspect of the SHA, especially if he or she is reluctant to report MST experiences to a military authority.

Even without an MST disclosure, you can be of assistance to all Servicemembers by carefully assessing and documenting all conditions during this examination. If a Servicemember declines any assessment, it is also important that you document the refusal.

It is possible to document an MST-related condition after an assessment but without a disclosure. This is demonstrated on the next page.

## **An Example of Documenting an MST-Related Condition during the SHA**

Infertility is one example of an MST-related condition to document. Select Play to listen to dialog between an examiner and a woman to determine the cause of infertility during an SHA.

### **AN EXAMPLE OF DOCUMENTING AN MST-RELATED CONDITION**

Gynecologist: Hello Sergeant Smith, my name is Dr. Jones and I will be doing the gynecology portion of your Separation Health Assessment. It says here that you are having a difficult time conceiving a child. Can you tell me about that?

Sergeant Smith: Sure. My husband and I, we've been trying to have a baby for the last two years. I've never been pregnant, but I've been on birth control up to the time we decided we wanted a baby.

Gynecologist: Your records show you to be a healthy 28-year-old lady; tell me about your menstrual cycle.

Sergeant Smith: I've never had any problems with my menstrual cycle. They're always every twenty eight days. I can set my watch by how regular they are. I don't have to take medication to control the cramps like other women I know, and they—my periods—only last five days. I even did some ovulation predictor kits and the kit showed that I ovulate on cycle day fourteen. So, I'm not sure why I can't get pregnant.

Gynecologist: Infertility has many possible etiologies. Does your husband have any children? Are you aware of any chronic illnesses?

Sergeant Smith: He's 32, and in great health. He doesn't take any medications. I had him go to his doctor to get checked out. His doctor said he's good to go and has a normal semen analysis. He has a son, Cole, with his ex-wife. Cole is a wonderful, perfectly healthy four-year-old.

Gynecologist: You ovulate and your husband is fine. Perhaps there is a problem with your fallopian tubes. Have you had any sexually transmitted infections?

Sergeant Smith: I did have chlamydia about three years ago. The circumstances are very private... I'd rather not go into that right now.

Gynecologist: You don't have to discuss anything you don't feel comfortable discussing. Just know that there is a packet of information we will go over at the end of the visit that may be useful to you. In the meantime, we need to do a G-Y-N exam. Are you OK with that?

Sergeant Smith: Yes, that'll be fine.

NARRATOR: Later, the examiner documents the exam.

Gynecologist (to herself): Hmm, Sergeant Smith had a fixed uterus. I need to make sure I document that important finding. A retroflexed, fixed uterus could mean that Sergeant Smith has pelvic adhesions. Pelvic adhesions, possibly caused by the sexually transmitted infection, can cause scarring of fallopian tubes. I wonder if Sergeant Smith has tubal factor infertility. Could Sergeant Smith have experienced MST while she was on active duty? She said that she didn't want to disclose the circumstances of her STI. I think I should document that she didn't want to discuss the circumstances.

## How to Respond if a Servicemember Starts to Disclose during the SHA

Despite the cautions in the handout and the cautions you may provide verbally, some Servicemembers may still choose to disclose MST at the SHA. If appropriate, gently pause and remind the Servicemember that it is his or her choice, but that disclosing during the SHA may risk his or her confidentiality. Take a few moments to explain to the Servicemember the benefits of calling the Safe Helpline or reviewing the handout before they choose.

If the Servicemember indicates that he or she does not want to call the Safe Helpline, or still wants to speak to you or to someone from the VA, tell them you are glad they feel safe and ready, and offer to schedule an appointment with a disability examiner who is specifically trained to address MST. Explain that the specifically-trained examiner can spend the time with him or her that the Servicemember deserves.

If a Servicemember does disclose, respond in a way that conveys empathy while at the same time placing limits on time and depth of disclosure. If a Servicemember begins to disclose a detailed account of the MST, or if the Servicemember appears distressed, it is helpful to gently limit the disclosure process.

### Distressed

After disclosing sensitive information, Servicemembers sometimes have feelings of shame and regret about having exposed themselves. To address such reactions, at the end of the visit it may be helpful to reassure the Servicemember that if any concerns arise he or she can contact the Safe Helpline or the Military/Veteran Crisis Line, anonymously if he or she prefers. You can also thank them for taking the brave step of disclosing and encourage good self-care after the exam.

Remind the Servicemember that this [limiting the disclosure process] is to maximize his or her claims opportunity while at the same time maximizing his or her comfort and privacy. Assure the Servicemember that you will refer him or her to someone who can provide support, if desired.

### IMPORTANT NOTE

Avoid conveying that you don't care or don't want to listen.

## An MST Disclosure Example

In the video on this page, Ms. Karnes discusses her readiness to disclose MST experiences with a disability examiner during the SHA. You'll see how the examiner brings up potential privacy concerns for Ms. Karnes's benefit. The examiner reminds Ms. Karnes that the local VA facility has an MST Coordinator who can provide Ms. Karnes with information about services and treatments that are available, if needed.

Examiner: Well, Ms. Karnes, I want to thank you for coming in today, and speaking so candidly about your experiences.

Ms. Karnes (Servicemember): You know... I haven't been totally candid about all of my experiences. And when you showed me the handouts just now, it got me to thinking.

[She begins to cry]

Ms. Karnes (Servicemember): I've had some experiences I probably need to talk about that might be related to MST.

Examiner: I am sorry to hear that something might have happened to you while you were serving our country. And I'm glad that you feel comfortable enough to share those experiences with me today. Know that I'm very interested in hearing about your experiences, but I want to do everything I can to make sure I protect your confidentiality. If you do want to disclose something, you absolutely can, but I want to remind you that if you disclose something, I can't guarantee that I can protect your confidentiality as everything you say as part of this examination becomes part of your service treatment records.

Ms. Karnes (Servicemember): Okay.

Examiner: I know what you have to say is really important, and I'm glad you want to talk about it. If it's okay with you, though, I would like to go over the information in the MST handout that talks about the best resources for reporting that something may have happened. Please don't take this as me not caring about you or not being interested in speaking about what you're sharing, but I just want to make sure that I do everything I can to put you in touch with the people who are best able to help you.

Ms. Karnes (Servicemember): Okay.

Examiner: If you look at the MST handout that I gave you earlier, it provides information about privacy and confidentiality issues in much greater detail. It also provides information about how to reach the person who could best help you with the information you have, and best help you keep your information private. For example, as an active-duty Servicemember, you can call the Safe Helpline right after our exam today, and the staff there will be able to provide you with any information or assistance that you might need.

Ms. Karnes (Servicemember): Yes, I'm familiar with the Safe Helpline. They mentioned it in the TAP briefing.

Examiner: So what do you think is the best next step for you?

Ms. Karnes (Servicemember): Well, my confidentiality is really important to me.

Examiner: So you understand why I would recommend you call the Safe Helpline?

Ms. Karnes (Servicemember): Yes, I do. I really want to talk about it, but I don't want my commanders to know.

Examiner: I appreciate what you may have experienced. Unfortunately, too many Servicemembers have experienced military sexual trauma, and for some, it can continue to affect them even years later. Please know that the VA has services and treatments available to you that could be helpful in your recovery, if you need it.

Ms. Karnes (Servicemember): You mentioned an MST person at the VA before. How do I find that person?

Examiner: That would be the MST Coordinator. I can ask the local VA MST Coordinator to get in touch with you and provide you with information about services and treatments that are available, that could be helpful in your recovery, if needed. Is that something you'd like me to do?

Ms. Karnes (Servicemember): That would be good.

Examiner: Great, I'll do that when we finish up here today. And I really want to thank you for even bringing up the topic of MST. I know that took a lot of courage.

Ms. Karnes (Servicemember): Thank you for saying that, and thank you for making sure my confidentiality is protected. I appreciate it.

Examiner: Of course. I hope the information I gave you today was helpful.

[Scene fades]

## Information Sharing between DoD and VA and Implications for Confidentiality

It is important to note that VA and DoD share medical data to better coordinate care for Servicemembers transitioning from the military to Veteran status. For example, when a C&P examiner performs the SHA, he or she will use the electronic Compensation and Pension Records Interchange (CAPRI) system. CAPRI feeds into VA's Computerized Patient Record System (CPRS), and then into Veterans Health Information Systems and Technology Architecture (VistA), where it can be shared with DoD for active duty personnel. DoD uses a Bidirectional Health Information Exchange (BHIE) viewer to access the Servicemember's data. The SHA examination report becomes part of the Servicemember's Service Treatment Records.

Because of this sharing agreement, there are some special concerns about documenting MST on the SHA. This will be discussed in more detail shortly.

## Documenting MST

If a Servicemember discloses MST, follow these suggestions for documenting an MST incident on the SHA documentation protocol. A legible, clear, objective medical record will facilitate the Servicemember's application for compensation.

- Document the report in the Remarks section of the SHA DBQ, not the mental health section. For example, "Assault happened on (date), no physical residuals." If there are physical residuals, please document those in the appropriate section of the DBQ and include a statement that reflects how the residuals may be related to the MST experience.
- If the Servicemember discloses and/or has not yet filed a report, it is important to be careful in how you document this. You should attempt to document in a manner that still protects the Servicemember's privacy. For example, it may be better to document that the Servicemember experienced a sexual assault while stationed at Ft. Bragg than stating that the service member was sexually assaulted on May 8, 2011 by her commanding officer.
- Documentation should include direct quotations from the Servicemember, where possible.
- You should avoid using judgmental terms. Avoid blaming the Servicemember for behaviors at the time of the assault such as alcohol consumption, and don't point out other behaviors proximal to the assault that did not contribute to the assault.

# Considerations for MST-Related PTSD Disability Examinations

## Lesson Objective

From fiscal year 2008 through fiscal year 2013, Veterans filed over 29,000 claims for disabilities related to MST, according to the U.S. Government Accountability Office (2014). Furthermore, from fiscal year 2010 through fiscal year 2013, PTSD was the most common MST-related disability claimed, comprising about 94 percent of all MST-related claims (GAO, 2014). This lesson will cover how MST-related markers are evaluated and documented for PTSD claims, and other considerations for the mental health disability examiner who conducts PTSD examinations related to MST.

When you've completed this lesson, you should be able to identify considerations and procedures for mental health examiners conducting MST-related PTSD disability examinations.

## MST-Related Mental Health Claims

Veterans and Servicemembers may file a claim for a mental health condition related to MST, such as depression or PTSD.

Exams for PTSD claims related to "personal traumas" such as MST are slightly different than for other mental health conditions. These are governed by special regulations and VBA processes, so your role may be a bit different when conducting examinations for PTSD claims secondary to MST. For PTSD claims secondary to MST, VBA can accept "markers" as evidence to establish that the stressor occurred, so your role may include considering and documenting markers as part of those exams. This lesson will provide more information about your role as an examiner in considering markers.

### What is a marker?

In the case of an MST-related PTSD evaluation, a marker can be "indirect evidence" that a Veteran or Servicemember experienced MST. However, because markers are circumstantial rather than direct evidence of an in-service stressful event, they are somewhat open to interpretation and can involve a subjective evaluation.

As you go through this lesson, remember that although PTSD is the diagnosis most commonly associated with MST, it is by no means the only one. There are a range of physical and mental health conditions that may be associated with MST.

## Myths about MST-Related Disability Claims

Man: Objective evidence is not necessary for an MST claim.

Woman: Objective evidence is required for a claim of residuals secondary to MST, except in the case of PTSD where markers can serve as evidence.

Man: MST equals PTSD



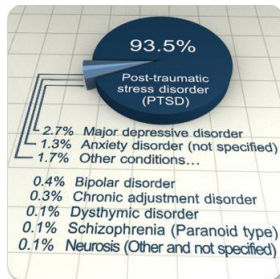
Woman: There can be a variety of sequelae secondary to MST to include physical and mental health disorders, or no sequelae at all.

Man: If someone carries a personality disorder diagnosis, they cannot have PTSD related to MST.

Woman: Individuals can be diagnosed with both personality disorders and PTSD.

## MST-Related PTSD Claims

As discussed earlier in this course, there are high rates of PTSD among individuals who have experienced MST. From fiscal year 2010 through fiscal year 2013, PTSD was the most common disability claimed as a result of an incident or incidents of MST, making up about 94 percent of all MST-related claims completed during that time.



## MST-Related PTSD Claims and Special Regulations

Since an MST experience may go undocumented during a Servicemember's or Veteran's time in service, the available evidence is often insufficient for VBA to establish the occurrence of the stressor. Without the establishment of an event, it is often difficult for VBA to grant benefits. As a result, VA developed regulations and procedures for evidentiary development and adjudication of MST-related PTSD claims, based on Direct service connection; wartime and peacetime, 38 CFR 3.304(f)(5) (2014).

Three important considerations guide VBA in developing evidence to support a claim. These resulted from a court case, *Patton v. West*, 12 Vet. App. 272 (1999):

1. Behavior changes occurring at the time of an incident may indicate the occurrence of an in-service stressor.
2. Evidence documenting such behavior changes may require interpretation by a qualified clinician regarding its relationship to a medical diagnosis.
3. A qualified examiner's opinion can be considered credible supporting evidence for occurrence of the MST stressor. In other words, the general rule that an examiner's post-service opinion cannot be used as evidence for occurrence of the in-service stressor in PTSD claims does not apply to PTSD claims involving MST.

## Investigating a Marker Starts with VBA

In general when a Servicemember or Veteran files a claim and VBA obtains personnel and other records identified by the Veteran or Servicemember, specially trained adjudicators look through the records to identify markers. Once a marker is identified, a C&P examination is scheduled. However, there must be some circumstantial or indirect evidence of the in-service MST event in order to go forward with scheduling the C&P examination. If VBA adjudicators cannot locate a marker, a C&P examination will generally not be scheduled.

When there is no direct documentation of the in-service MST event, the Veteran's entire record must be searched to locate any potential markers. This can be a time consuming task and involves an element of subjective interpretation. What one individual interprets as a marker may not be interpreted as a marker by someone else. To address this subjective element and promote consistency, VBA developers have undergone extensive training to assist them with the development of MST claims and the identification of markers.







### IMPORTANT NOTE

As mandated by the PTSD personal assault regulation (38 CFR 3.304(f)(5)), VBA will not deny a PTSD claim that is based on in-service personal assault without first advising the claimant that evidence from sources other than the Veteran's service records or evidence of behavior changes may constitute credible supporting evidence of the stressor, and allowing him or her the opportunity to furnish this type of evidence or advise VBA of potential sources of such evidence. VBA may submit any evidence that it receives to an appropriate mental health professional for an opinion as to whether this evidence may be suggestive that a personal assault occurred.

## Categories of Markers

For VBA purposes, 38 CFR 3.304(f)(5) established two categories of markers: markers involving records other than service records, and behavior changes occurring during service or at some credible point after service.

Sources of records include, but are not limited to:	Manifestations of behavior changes include, but are not limited to:
<ul style="list-style-type: none"><li>• Law enforcement authorities</li><li>• Rape crisis centers</li><li>• Mental health counseling centers</li><li>• Hospitals</li><li>• Physicians</li><li>• Pregnancy tests</li><li>• Tests for sexually transmitted diseases</li><li>• Statements from:<ul style="list-style-type: none"><li>○ Family members</li><li>○ Roommates</li><li>○ Fellow service members</li><li>○ Clergy members</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Requests for transfer to another military duty assignment</li><li>• Deterioration in work performance</li><li>• Substance abuse</li><li>• Episodes of depression, panic attacks, or anxiety without an identifiable cause</li><li>• Unexplained economic or social behavior changes</li><li>• Other unexpected behavioral changes, such as overly controlling or perfectionistic behavior</li></ul>

	<p><b>Self-Blame</b></p> <p>Self-blame and shame: Did he or she suddenly become withdrawn or start to avoid their peers?</p>
	<p><b>Anger/Impulsivity</b></p> <p>Anger: Was he or she ever mandated for anger management counseling?</p> <p>Impulsivity: Is there evidence of treatment for self-injury? Are there speeding tickets? Road rage incidents?</p> <p>Legal or financial difficulties: Have there been bounced checks?</p>
	<p><b>Trusting Others</b></p> <p>Trusting others: Did they ask to be reassigned to another unit?</p> <p>Difficulties at work: Is there documentation in personnel files?</p> <p>Difficulties in relationships: Have there been marriage problems? Did the Servicemember seek marriage counseling?</p>
	<p><b>Intimacy</b></p> <p>Intimacy and sexuality: Was there a sudden marriage? Are there suddenly sexual functioning problems? Is there confusion about gender identity or sexual orientation?</p>
	<p><b>Avoiding Procedures</b></p> <p>Difficulties with medical and dental procedures: e.g., refuses a rectal or vaginal exam or anything that might seem invasive</p>
	<p><b>Body Image</b></p> <p>Did he or she start to neglect appearance or self-care for no apparent reason, or undermine weight loss diets?</p>

## Potential Markers Exercise

**Instructions:** You may recall Amanda's story earlier in this course. This exercise gives you the opportunity to explore potential markers in Amanda's story. Review her story and think about the kinds of evidence that might determine if a diagnosed disability for Amanda was related to experiencing MST. Then, select each icon at the bottom of this page to view potential evidence.

Amanda, now twenty-eight years old, is African-American and the single mother of a nine-year-old daughter. Amanda was a truck driver in Iraq, where she was trained that she must not stop the truck even if a civilian is in the road. Amanda was terrified at the thought that she might someday have to run over a child, and talks to her colleagues about her fears.

Amanda was then approached by a higher-ranking Servicemember, a man, who was responsible for job assignments. He states that he will change her assignment to staffing the truck depot on the condition that Amanda would have sex with him. Although Amanda had no romantic or sexual interest in him, she feared career consequences from refusing; and this concern, in combination with her great fear of having to run over a child, led her to have sex with the Servicemember on several occasions. Amanda felt numb throughout the encounters. When she became pregnant from the encounters, other Servicemembers found out and made comments about her being, in their words, "easy." In fact, Amanda was ostracized by her peers.

	<b>Pregnancy</b>  The encounters resulted in a pregnancy
	<b>Messages</b>  Emails or texts to friends or family, or to the perpetrator to meet
	<b>Social Media</b>  Is there evidence from social media?
	<b>Chain of Command</b>  What about the people in between Amanda and the perpetrator? Was she moved without the chain of command input?

## An Example of a Marker and Appropriate Documentation

Here is an example of appropriate documentation of a marker. After reviewing the description of the marker provided on the Request for Examination (VA 21-2507) or VERIS (Veterans Examination Request Information System) form, the disability examiner evaluates the marker and records findings on a documentation protocol.

### ***Clear-cut example of a marker and appropriate documentation:***

The 2507 indicates that the Veteran had a pregnancy test at the time that she was reportedly assaulted.

#### ***Documentation***

The pregnancy test that Ms. Jones took and is documented in her Service Treatment Records is proximal in time to when the reported MST event occurred (pregnancy test was taken on June 1, 2012 and MST event was reported as occurring May 20th, 2012). This pregnancy test can be considered to be a marker of an MST event.

Less clear-cut examples are shown on the next page.

## Less Clear-Cut Examples of Markers with Appropriate Documentation

After careful evaluation of a behavior change and its timing and context, the disability examiner documents the findings and a rationale for whether or not each example below is a marker of an MST event. Compare the examples for Ms. Smith to see very different findings for similar behavior changes. See Mr. Johnson's example for how to document the larger context of his history as part of the rationale.

### **Example 1: Ms. Smith got a belly button ring and a tattoo that says "strong"**

The 2507 indicates that Ms. Smith got a belly button ring and a tattoo one year after she was reportedly assaulted.

#### ***Documentation:***

The belly button ring and tattoo that Ms. Smith obtained may be considered to be markers of a MST event. Ms. Smith obtained a belly button ring and a tattoo one year after the reported date of the MST event. The tattoo is of the word "strong." While a belly button ring and tattoos would not serve as markers in all cases of PTSD, in Ms. Smith's case, it is believed that these are markers. Prior to 2008 (when the reported MST event occurred), Ms. Smith presented herself in a very conservative fashion. She did not have any body piercings or any tattoos. She indicated that she was raised in a strict, conservative home and indicated that none of her family members had any piercings or tattoos. Ms. Smith indicated that after she was assaulted, her feelings regarding body art began to change, and stated that she obtained both a tattoo and a belly button ring to "prove" to her attacker (and to other men) that she was strong and that she can be overtly desirable (which she interprets as having a belly button ring) without inviting unwanted sexual overtures. Ms. Smith indicated that she does not wish to obtain other tattoos or piercings, but stated that her tattoo and her piercing serve to remind her that she is a strong woman. Ms. Smith obtained the belly button ring and tattoo at the time of the one-year anniversary of the MST event.

## **Example 2: Ms. Smith got a belly button ring and a tattoo of a butterfly**

The 2507 indicates that Ms. Smith got a belly button ring and a tattoo a year after she was reportedly assaulted.

### ***Documentation:***

The belly button ring and tattoo that Ms. Smith obtained are not considered to be markers of a MST event. Ms. Smith obtained a belly button ring and a tattoo one year after the reported date of the MST event. The tattoo is of a butterfly. While a belly button ring and tattoos may serve as markers in some cases of PTSD, in Ms. Smith's case, it is believed as if this piercing and tattoo are not markers. Prior to 2008 (when the reported MST event occurred), Ms. Smith had numerous tattoos on a variety of body parts. While Ms. Smith did not have any body piercings prior to 2008, she indicated that she had always wanted piercings, but stated that she just had never obtained one. Ms. Smith was not able to articulate in any fashion a relationship between her obtaining the tattoo and belly button ring and her reported assault. There are also no other markers (behavior changes, information in personnel file, etc.) that are indicative that a sexual assault occurred. However, this does not mean that MST did not occur.

## **Example 3: Mr. Johnson started having difficulties interacting with others**

The 2507 indicates that Mr. Johnson started having difficulties interacting with others after he was assaulted.

### ***Documentation:***

Mr. Johnson indicated that he had difficulties getting along with others in his unit. While Mr. Johnson indicated that these difficulties began after he was sexually assaulted, Mr. Johnson appears to have a long-standing history of having difficulties interacting with others, which seems to predate his reported assault. Mr. Johnson reported that he was suspended from school on multiple occasions throughout his youth for fighting. Additionally, he indicated that he "got in trouble" a lot during basic training for "mouthing off" and just generally being a "hothead." Mr. Johnson stated that he did not have friends prior to his reported assault, as "no one is worth being friends with; they are all a bunch of assholes." While Mr. Johnson's difficulties with getting along with others do not appear to be a marker of MST, this does not indicate that MST did not occur. Additionally, it is important to note that Mr. Johnson's results on a test of symptom validity raises questions about the explanation for his reports. Mr. Johnson's responses to the questions on the scale suggest that he may be over-endorsing difficulties. Throughout the examination, Mr. Johnson presented as a poor-historian and provided numerous conflicting statements.

## **Challenges for the Examiner in Providing an Opinion**

Mental Health examiners face many challenges when asked to opine whether an event occurred, as it is beyond the scope of an examiner to ascertain whether an event occurred without actually being a witness.

However, VBA is not requesting an examiner's opinion about whether or not an event occurred; this is a factual issue and not appropriate for a psychological judgment. Instead, VBA is requesting an opinion about the marker and its relationship to the claimed in-service MST event. Your opinion should address whether the evidence, often in the form of markers, suggests that MST occurred, and whether that experience would be sufficient to cause PTSD and the identified symptoms.

In other words, "Is what you see in the evidence/markers consistent with what you might expect to see following a personal assault/MST of the type described, and if so, is there a reasonable chance that the

PTSD symptoms could be related to that stressor?” The interview with the claimant should assist with this judgment.

## Documenting Markers on the PTSD DBQ

There is a place on the PTSD Disability Benefits Questionnaire (DBQ) that asks the examiner to document markers related to MST. This enables the rater to know if the markers are related to a Criterion A stressor (according to DSM-5). Please see below for where this should be documented on the Initial PTSD DBQ.

Stressor #1: _____
Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain: _____

Please note that if there are markers related to sexual harassment, the sexual harassment needs to be of significant enough magnitude to meet the definition of a Criterion A stressor.



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# Glossary

## A

Adjudicate

Adjudicate means to decide judicially. For the Veterans Benefits Administration (VBA), adjudication is the process of weighing all evidence for a claim and determining the outcome.

## C

C&P

### **Compensation and Pension**

Compensation is a monthly tax-free monetary benefit paid to Veterans disabled by injury or illness incurred in or aggravated during active military service. Disability compensation amounts vary with the degree of disability and the number of the Veteran's dependents. Pension benefits are tax-free monetary payments, specified by law, provided to wartime Veterans with limited or no income who are either aged 65 or older or who are permanently and totally disabled due to a non-service connected cause. Seriously disabled or housebound Veterans receiving Pension may also qualify for an additional Aid and Attendance or Housebound benefit.

Compensation and pension (C&P) also refers to the VHA entity that performs disability evaluations, examinations, or opinions for Veterans and Servicemembers as part of the adjudication of a claim for VA disability benefits, if an evaluation, examination, or opinion is necessary to decide the claim. A disability evaluation is an assessment of the medical evidence, which may involve conducting an examination, providing an opinion, or both. A disability examination is a medical professional's personal observation and evaluation of a claimant. It can be conducted in person or by means of telehealth technologies. An opinion refers to a medical professional's statement of findings and views, which may be based on review of the claimant's medical records or personal examination of the claimant, or both.

## D

DBQ

A Disability Benefits Questionnaire (DBQ) is a documentation protocol used to record C&P examination findings and pertinent history. DBQs are documentation tools tailored to the VA Schedule for Rating Disabilities (Rating Schedule). A DBQ is more forensic than clinical as a medical report. DBQs enable VA to access resources of the private medical community and streamline the disability examination process.

DoD

United States Department of Defense

## M

MEO Program

The Department of Defense Military Equal Opportunity (MEO) program is charged with promoting equal opportunity and affirmative actions, and for eliminating unlawful discrimination and sexual harassment within DoD. The MEO program handles sexual harassment investigations for DoD.

#### MST Coordinator

Every VA healthcare system has an MST Coordinator who serves as a point person for MST issues at the facility and ensures that MST-related monitoring, treatment, and education and training occur there. The MST Coordinator is a clinician's best point of contact for assistance in getting Veterans into MST-related care or for answering any questions about local services.

#### Marker

In the case of an MST-related PTSD evaluation a marker is "indirect evidence" that a Veteran or Servicemember experienced MST. For VBA purposes, 38 CFR 3.304(f)(5) established two categories of markers: markers involving records other than service records, and behavior changes occurring during service or at some credible point after service.

#### Military Sexual Trauma (MST)

VA's definition of military sexual trauma (MST) comes from federal law, based on 38 U.S.C. 1720D. In general, MST is the term used by VA to refer to sexual assault or repeated, threatening sexual harassment experienced by a Servicemember during military service, regardless of the geographic location, the gender of the Servicemember, or the relationship to the perpetrator.

## S

#### SAPRO

The Department of Defense (DoD) created the Sexual Assault Prevention and Response Office (SAPRO) as part of a comprehensive policy to address sexual assault in the military. SAPRO provides oversight of the Department's sexual assault policy. SAPRO works hand-in-hand with all branches of service and the civilian community to develop and implement innovative prevention and response programs.

#### SARC

When a Servicemember makes a report of sexual assault to someone such as an individual in the Department of Defense's Sexual Assault Prevention and Response Office (SAPRO), law enforcement, or a health care provider, the Servicemember is assigned a sexual assault response coordinator (SARC) who serves as a victim advocate.

#### SHA

The Separation Health Assessment (SHA) refers to both a program and a documentation protocol that VA developed in cooperation with DoD to improve the claims process for Servicemembers separating from service.

The SHA General Medical Disability Benefits Questionnaire (DBQ) is a comprehensive examination protocol.

#### STRs

VBA defines Service Treatment Records (STRs) as the military health records for each Veteran. The STRs typically include information such as:

- Physical examinations and records, including entrance and discharge physical examinations, as needed
- The Veteran's medical history
- All dental examinations and records
- Clinical record cover sheets and summaries
- Entries from outpatient medical and dental treatments
- Physical profiles
- Medical board proceedings
- Prescriptions for eyeglasses and orthopedic footwear

### Safe Helpline

The DoD Safe Helpline provides live, one-on-one support and information to the DoD community. The Telephone Helpline staff can even transfer callers to installation/base Sexual Assault Response Coordinators (SARCs). The service is confidential, anonymous, secure, and available worldwide.

### Servicemember

A Servicemember is a member of the uniformed services.

### Sexual Assault

Based on 38 U.S.C. 1720D, VA defines sexual assault as physical assault of a sexual nature and/or battery of a sexual nature.

### Sexual Harassment

Based on 38 U.S.C. 1720D, VA defines sexual harassment as repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.

## T

### Transition Assistance Program (TAP)

The Transition Assistance Program (TAP) was established to meet the needs of separating service members during their period of transition into civilian life by offering job-search assistance and related services. More information about TAP is found at: <http://www.taonline.com/TapOffice/What-is-a-TAP-office>

## U

### U.S.C.

United States Code (U.S.C.)

## V

### VBA

The Veterans Benefits Administration (VBA) is responsible for providing a wide variety of benefits and services to Veterans and Servicemembers through Regional Offices. Major benefits provided by VBA and authorized by Congress include service connected disability compensation, nonservice-connected disability pension, burial assistance, survivors' benefits, rehabilitation and employment assistance, education and training assistance, home loan guarantees, and life insurance coverage.

### VBMS

A VBA transformation initiative, the Veterans Benefits Management System (VBMS) is a web-based, paperless claims processing solution that will assist VA in eliminating the claims backlog and enable fast, accurate and integrated claims processing.

### VHA

The Veterans Health Administration (VHA) governs the medical treatment facilities within the Department of Veterans Affairs. With nationwide medical centers (VAMCs), VHA provides health care for Veterans. VHA manages one of the largest healthcare systems in the United States. VAMCs within a Veterans Integrated Service Network (VISN) work together to provide efficient, accessible health care to Veterans in their areas.

### Vet Center

The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam era Veterans (Vets) were still experiencing readjustment problems. Vet Centers are community based and part of the U.S. Department of Veterans Affairs. Vet Centers across the country provide a broad range of counseling, outreach, and referral services to combat-service Veterans and their families. Vet Centers guide Veterans and their families through many of the major adjustments in lifestyle that often occur after a Veteran returns from combat. Services for a Veteran may include individual and group counseling in areas such as Posttraumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential.