

TIME TO STAND UP FOR FEMALE VETS

IMPROVING ACCESS TO VETERANS ADMINISTRATION HEALTH SERVICES FOR FEMALE VETERANS WHO EXPERIENCE MILITARY SEXUAL TRAUMA:

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Rhonda Haugstad, MSW Candidate; Dana Miller, MSW Candidate; Michelle Remold, MSW Candidate

Executive Summary

Military Sexual Trauma (MST), is defined as sexual assault and/or sexual harassment experienced while serving in the United States military. The process of obtaining **Department of Veterans Affairs (VA)** benefits are difficult for individuals that suffer from MST. MST survivors are faced with delays and numerous barriers in accessing services, including discrimination in seeking compensation. Statistical data from the **Department of Defense (DOD)** is reviewed highlighting the high rates of sexual assault in the military and addresses concerns about the long-term implications for survivors of MST.

Many female veteran survivors of MST are struggling to access needed services covered by the VA. Policy recommendations are provided for addressing the unique needs related to survivors of MST, helps to understand how female veterans interact with the current VA system, and identifies areas for improvement. These are significant findings for policy makers and veteran advocates concerned about the prevalence of MST.

Legislative reform recommendations include enacting the Ruth Moore Act to effectively and efficiently address the unique needs of female veterans who experience MST and the barriers they face in accessing VA services and benefits. Encouraging the VA to adapt policies that create a safer and more supportive environment for survivors of MST is also recommended.

Defining the Problem

More women are serving in the U.S. military than previously. There are currently 21,368,156 veterans in the United States; 2,051,484 of them are women veterans, a quarter of which live in rural areas^{21, 18}. Women now serve in an array of support positions, which involve travel outside of military bases and working alongside combat soldiers³. These new dynamics have created more opportunities for gender-specific stressors, such as sexual harassment and sexual assault, which are collectively known as *military sexual trauma* (MST)³. The VA defines MST under Title 38 U.S. Code 1720D, as “psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training²¹.”

National data from the Department of Veterans Affairs²⁰ indicates that about 1 in 4 women and 1 in 100 men experience MST. In 2014, approximately 20,300 service members male and female reported being victims of sexual assault⁷. The number of reports of military sexual assault have risen approximately 88% between 2007 and 2013, yet as **Figure 1** indicates, in 2014 only 23% of victims reported sexual assault, whereas 77% did not make a report^{10, 7}. Individuals that suffer from MST are twice as likely to be diagnosed with a mental health condition or suffer from symptoms of a mental health disorder⁸.

Minnesota Veteran Data

Of Minnesota residents 342,388 or 8.3% of the population is made up of veterans⁶ and of the veteran population, 25,891 are women or 7.59% of the veteran population²².

FY 2014

Estimated Number of Service Member Victims:

~20,300



* 2014 RMWS

Figure 1: http://www.sapr.mil/public/docs/reports/FY15_AnnualFY15_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

Barriers

Over half of all VA facilities, 92%, offer designated health services for women^{9, 10}. While services are more widely available to women veterans than previously, there are still barriers to accessing them both while on active duty and after.

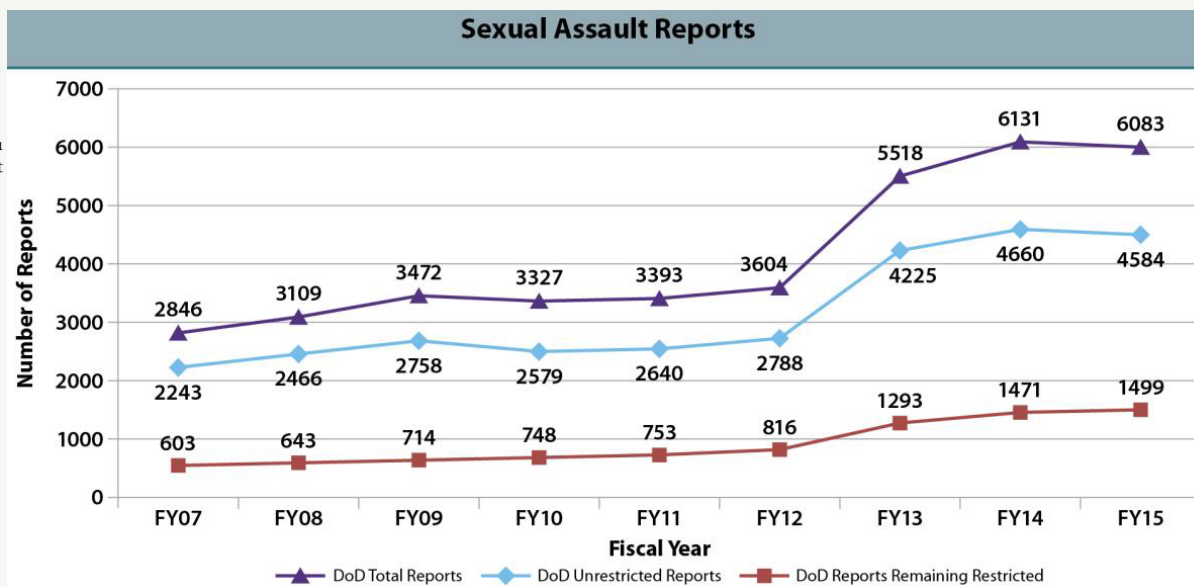
The use of VA services among women are linked to perceived concerns about the quality and availability of gender-sensitive care in an environment that is largely male dominated¹⁰. Female veterans indicated that they may not seek services from the VA clinic for MST due to fear of being re-victimized and not feeling safe. Research indicates that female veterans have been harassed by other veterans while waiting in the waiting room at the VA and have also been harassed by providers while seeking care²³.

While serving on active duty, barriers to receiving immediate help for sexual-trauma related problems is filing either a restricted (anonymous) or unrestricted (launching a full investigation) report is required¹⁰. The Department of Defense⁷ has been tracking sexual assault reports for the last nine years. **Figure 2** shows the prevalence of sexual assault and the increase of reports over the span of nine years. As indicated, during the 2015 fiscal year 6,083 reports were made and of those reports, 4,584 were unrestricted and 1,499 were restricted⁷.

Female service members who report recent sexual trauma have more difficulties with work or regular activities may be removed from their units during a sexual assault investigation¹². Adverse effects might not only have a negative personal impact, but can also degrade the operational readiness of the unit, loss of potentially vital team members, and loss of social support¹². If a victim chooses not to report the incident and the perpetrator is a fellow service member, the victim might have additional stress working alongside the perpetrator in close quarters and lose the sense of cohesion that is crucial for effective operations in the military¹⁴.

Figure 2:

http://www.sapr.mil/public/docs/reports/FY15_AnnualFY15_Annual_Report_on_Sexual_Assault_in_the_Military.pdf



Implications

Experiencing MST has many long term effects on the victims. Women veterans are significantly more likely to be diagnosed with disorders such as:

- depression
- Post Traumatic Stress Disorder (PTSD)
- bipolar disorder
- some personality disorders
- other anxiety disorders¹³

Veteran's who have a mental health diagnosis experience:

- reproductive problems
- higher rates of intimate partner violence
- engage in health risk behaviors
- increased somatic symptoms¹³

A study conducted by U.S. Department of Housing and Urban Development of Community Planning and Development¹⁹ estimated that 49,933 veterans were homeless on a single night in 2014 and 4,722 of them were female veterans. Female veterans commit suicide at a rate of six times higher than non-veteran females². In 2015, female veterans were unemployed at the rate of 5.4% compared to males, at 4.5%¹.



MST: A Female Commissioned Officer's Perspective

The individual that provided information for this section requested to remain anonymous. She is an active duty commissioned officer, master's level social worker (MSW), who works with female veterans who have experienced MST.

Survivors of MST:

- ◆ May experience long-term psychological consequences. These include but are not limited to PTSD, substance abuse, anxiety, depression, homelessness, physical illness, and suicide.
- ◆ May choose to file a restricted report due to fear of retaliation. This poses an additional barrier because there isn't an official investigation nor is the perpetrator identified.
- ◆ Are often blamed for the assault, unfavorably reassigned to another unit, deemed problematic, dishonorably discharged, or receive a general administrative discharge.
- ◆ Often work and live in the same environment as the assailant, which may lead to re-traumatization.
- ◆ May express anxiety regarding reporting MST due to power differentials, fear of being chastised by peers, and fear of how it may impact their military career.

Current Federal Policy

The Ruth Moore Act, H.R. 1607 - 114th Congress, is a bill named after a former Navy sailor who was raped twice, once after reporting the first rape, by a superior officer⁵. It took Moore 23 years to receive VA compensation for disability caused by being raped during her time in the military¹⁷.

The bill was first introduced to Congress in 2013 and was passed by the House on July 27, 2015, but not the Senate, so it is not currently a law¹⁶. The bill directs the Department of Veterans Affairs (VA) to report to Congress each year (December 1, 2015 through 2019) on claims submitted during the previous year for disability compensation. These claims are based on a covered mental health conditions alleged to have been incurred or aggravated by military sexual trauma (MST). The bill ensures the VA acknowledges MST as a stressor that is a service related cause of post-traumatic stress disorder (PTSD)⁴. It also recognizes the full range of physical and mental health disabilities as specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) that can result from MST⁴.

Purpose of the Policy

Once the Ruth Moore Act is enacted, it would make it easier for veterans who experience MST during their service to receive benefits from the VA for the conditions they suffer because of their assault. It would also help alleviate current barriers to accessing VA health services. The bill also ensures survivors of MST and veterans suffering from combat-related PTSD are treated equally and would allow a statement by a survivor of MST to be sufficient proof that an assault occurred^{5, 15}.

Policy Recommendations

Problem: Survivors of MST have limited options within the military and face numerous barriers to accessing the supportive services they need within the VA.

Solution: Awareness should be raised in the Senate about the Ruth Moore Act, so it can be approved and passed into law. Approving the bill will encourage the VA to adapt policies that create a safer, more supportive environment, improve regulations that create barriers for survivors of MST and stipulates the VA must report MST claim statistics to Congress yearly¹⁴.

Problem: Survivors of MST often struggle to receive or are denied disability benefits for PTSD and other health conditions that stem from their assaults.

Solution: Approving the Ruth Moore Act will improve the claims process and ease the standards survivors of MST must meet to receive benefits and ensures survivors of MST receive equal access to treatment and benefits.



"Knowing is not enough; we must apply. Willing is not enough; we must do." -Goethe



Time to Stand Up for Female Vets: Strengthening Policies and Practices

Passage of the Ruth Moore Act is important because it allows for a statement from the survivor to be considered sufficient proof an assault occurred¹⁶. The Ruth Moore Act would act to enforce the VA's current, but inconsistent policy, that allows for "secondary measures," such as statements from family members citing a change in behavior since military serve, substance abuse, and rape kits, to be considered as evidence¹⁶. The Ruth Moore Act would help guard against dishonorable discharge of individuals who experience symptoms of mental health disorders, so they have the ability to access services needed to treat and restore their mental health²³.

Awareness & Education: A way to create awareness and education about sexual victimization is offering education and programs to military servicemen/women during and after military service¹¹. Education provided could include:

- What to do when you have been a victim.
- Resources you can access if you have been victimized.
- Signs of an individual that may have been victimized.
- What you do when you know someone has been a victim of sexual assault.

Benefits of providing more education and awareness, is twofold, individuals will know how to report sexual assault situations and victims will know how to access needed services.

Family Programs: In order to support veterans returning home, family programs should be provided for veterans' family members prior to their veterans returning home. Programs should include:

- Education on anger management.
- Mental health conditions.
- Services that can be utilized.²³

Providing family members with education is beneficial in getting a veteran who may be experiencing symptoms of mental health problems more timely receipt of services thereby minimizing the negative outcomes that come from lack of treatment.

Copies of this brief can be accessed by calling the Department of Social Work at 507-389-6504 or by going to: <http://sbs.mnsu.edu/socialwork/policybriefs.html>



Sources for more information

¹Bureau of Labor Statistics. (2016). *Employment situation of veterans summary*. Retrieved from <https://www.bls.gov/news.release/vet.nr0.htm>

²Careaga, E. (2017). *Female veterans' battle with PTSD*. Retrieved from <http://ameriforce.net/female-veterans-battle-ptsd/>

³Carlson, B.E., Stromwall, L.K., & Lietz, C.A. (2013). Mental health issues in recently returning women veterans: Implications for practice. *Social Work, 58*(2), 105-114.

⁴Civic Impulse. (2017). H.R. 1607 - 114th Congress: Ruth Moore Act of 2015. Retrieved from <https://www.govtrack.us/congress/bills/114/hr1607>

⁵Daly, M. (2015). House backs bill to help vets who've suffered sexual assault. *Military Times*. Retrieved from www.militarytimes.com/story/military/capitol-hill/2015/07/27/.../30762343

⁶Data Access and Dissemination Systems (DADS). (n.d.). *American FactFinder - Community Facts*. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

⁷Department of Defense. (2016). *Department of defense annual report on sexual assault in the military: Fiscal year 2015*. Retrieved from http://www.sapr.mil/public/docs/reports/FY15_Annual/FY15_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

⁸Kimerling, R., Gima, K., Smith, M. W., Street, A., & Frayne, S. (2007). The veterans health administration and military sexual trauma. *American Journal of Public Health, 97*(12), 2160-2166.

⁹Kimerling, R., Bastian, L.A., Bean-Mayberry, B.A., Bucossi, M.M., Carney, D.V., Goldstein, K.M., . . . Frayne, F.M. (2015). Patient-centered mental health care for female veterans. *Psychiatric Services, 66*(2), 155-162.

¹⁰Kintzle, S., Schuyler, A.C., Ray-Letourneau, D., Ozuna, S.M., Munch, C., Xintarianos, E., Castro, C.A. (2015). Sexual trauma in the military: Exploring PTSD and mental health care utilization in female veterans. *Psychological Services, 12*(4), 394-401.

¹¹Lehavot, K., & Simpson, T. L. (2014). Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women veterans. *Journal of Counseling Psychology, 61*(3), 392-403.

¹²Millegan, J., Milburn, E. K., LeardMann, C. A., Street, A. E., Williams, D., Trone, D. W., & Crum-Cianflone, N. F. (2015). Recent sexual trauma and adverse health and occupational outcomes among U.S. service women. *Journal of Traumatic Stress, 28*(4), 298-306.

¹³O'Brien, C. (2013). *Women veterans' health: Psychological aspects* [PowerPoint slides]. Retrieved from <http://www.herl.pitt.edu/symposia/rehabilitation-women/presentations/OBRIEN.pdf>

¹⁴O'Toole, M. (2013). Ruth Moore Act of 2013, Military sexual assault bill, highlights survivors' struggles for benefits. *The Huffington Post*. Retrieved from www.huffingtonpost.com/.../ruth-moore-act-of-2013-military-sexual-assault_n_2674

¹⁵Pingree, C. (2014). *Pingree is joined by 23 other Members of Congress to support lawsuit against VA*. [Press release]. Retrieved from <https://pingree.house.gov/mst>

¹⁶Pingree, C. (2015). *House passes congresswoman Pingree's Ruth Moore Act of 2015*. [Press release]. Retrieved from <https://pingree.house.gov/mst>

¹⁷Pingree, C. (2016). *Ruth Moore Act provision clears important legislative first step*. [Press release]. Retrieved from <https://pingree.house.gov/mst>

¹⁸Torgal, A., Katon J.G., & Haskell, S. (2014). Sourcebook: Women veterans in the veterans health administration. U.S. *Department of Veterans Affairs*. Retrieved from http://www.womenshealth.va.gov/docs/Sourcebook_Vol3_FINAL.pdf

¹⁹U.S. Department of Housing and Urban Development of Community Planning and Development. (2014). *The homeless assessment report to Congress*. Retrieved from <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>

²⁰U.S. Department of Veteran Affairs. (2015). *Military sexual trauma*. Retrieved from <http://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp>

²¹U. S. Department of Veteran Affairs. (2016). *Disability compensation for conditions related to military sexual trauma (MST)*. Retrieved from <http://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/MST.pdf>

²²U.S. Department of Veterans Affairs. (2016). *Fact sheet: Women veterans population*. Retrieved from <http://www.va.gov/vetdata/>

²³Worthen, M. (2011). The relations between traumatic exposures, posttraumatic stress disorder, and anger in male and female veterans. *Journal of Feminist Family Therapy, 23*(3-4), 188-201.