

Military Sexual Trauma (MST): Historical, Legal, and Psychological

Delaware Valley Veterans Consortium, Programming Committee



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A Note on Trauma Triggers

Some of what we discuss today may be difficult for individuals.

Please take breaks for yourself if and as needed.



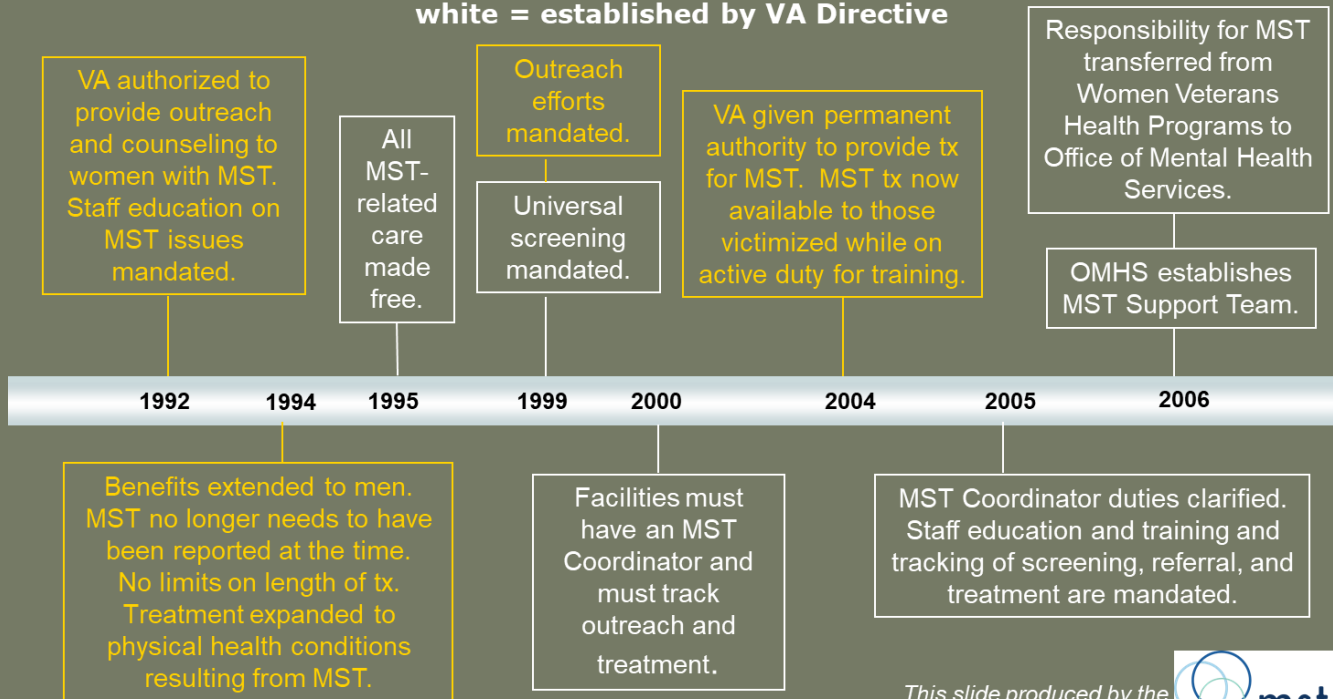
MST: History, Prevalence & Treatment



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History of MST in the VA

yellow = derived from Public Law
white = established by VA Directive



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Prevalence of MST

- Female veterans
 - 23% sexually assaulted in military
 - 55-80% sexually harassed in military
- Male veterans
 - 1% sexually assaulted in military
 - 38% sexually harassed in military
- MST prevalence gender distribution among veterans
 - 54% male : 46% female
 - Ratio changing as women's numbers increase in the military
- Childhood sexual trauma history (general population vs. veterans)
 - 20-25% of females (veterans 25-50%,)
 - 10-17% of males (veterans 17%)

MST-related Treatment

- Trauma-specific treatments for Posttraumatic Stress Disorder (PTSD)
 - Prolonged Exposure (PE)
 - Eye Movement Desensitization & Reprocessing (EMDR)
 - Cognitive Processing Therapy (CPT)
 - Written Exposure Therapy (WET)
- Non-trauma-specific treatments
 - Acceptance and Commitment Therapy (ACT)
 - Skills Training in Affective & Interpersonal Regulation (STAIR)
 - Dialectical Behavior Therapy
 - Seeking Safety (PTSD & substance use disorders)
 - Mindfulness-based interventions
 - Stress management techniques
 - Motivational interviewing
 - Pharmacotherapy

MST: Overcoming Obstacles to VA Benefits



Elizabeth Tarloski
*Staff Attorney, Veterans Advocacy Project
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Department of Defense Instructions (DoDI)

Definitions Sexual Assault

- Intentional sexual contact characterized by the use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent
(1 DoDI 6495.02)
- Includes attempts to commit offenses as well

See also UCMJ Articles 120 & 80

Department of Defense Instructions (DoDI)

Definitions Sexual Harassment

- A form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career, or
 - Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or
 - Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment (DoDI 1350.2)

See also UCMJ Article 134

VA Definition of Military Sexual Trauma (MST)

38 U.S. Code 1720D

- “Psychological trauma which in the judgment of a VA mental health professional 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, active duty for training, or inactive duty training.”

MST is the stressor, not the disability or benefits claim

MST/PTSD: Claims and the Evidence Burden

VA disability compensation (pay) offers a **monthly tax-free payment to veterans who got sick or injured while serving in the military, and to veterans whose service made an existing condition worse.**


- A report of an assault or harassment in service is not necessary to win a VA benefits compensation claim for PTSD as a result of MST.
- VA will allow evidence from other sources to corroborate the assault and/or harassment. This other evidence is known as “Markers/Alternative Evidence”.
- This only applies to PTSD claims as a result of MST.
This does not apply to other mental health or physical claims.

Markers & Alternative Evidence

Alternative Evidence

- Records from law enforcement authorities, rape crisis centers, mental health counseling centers, hospitals, or physicians
- Statements from family members, roommates, fellow service members, or clergy

Markers: Changes in Behavior

- Deterioration (or improvement) in work performance
 - Substance use and/or misuse
 - Episodes of depression, panic attacks, or anxiety without an identifiable cause
 - Unexplained economic or social behavior changes
 - Diaries, STD/STI testing, increased use of medicines, lay statements
 - Request for a transfer to another military duty assignment
- 

VA Office of Inspector General Reports

2018

- "Based on the IG review, nearly **half of MST claims** were not properly processed according to VA policy"
- "The review team found that staff did not follow required procedures for processing these claims, which potentially resulted in undue stress to veterans," the report states. "[A] mental health provider reported that veterans are confused and upset when [the VA] denies their claims, and this undue stress can interfere with the treatment process."
- Why? Lack of training, no specialized or second level review

2021

- The OIG Report found VBA claims processors did not always follow the policies and procedures for processing MST claims, and did not comply with the OIG's August 2018 report recommendations for corrective action
- In fact, VBA's handling of MST claims appears even worse than before, given the OIG found about 57% of denied MST claims were still not being processed correctly in 2019—an increase from 49% in the August 2018 report

“Bad Paper”

Two Ways to Become Eligible for Benefits

#1 VA Process – Character of Discharge (COD) Determination

#2 DOD Process – Discharge Upgrade

- In many cases, in-service misconduct was a **result of untreated combat-PTSD, PTSD resulting from MST, other psychiatric or behavioral health conditions, or TBI**
- Between 2000 and 2014, more than 600,000 service members received less than honorable discharges
 - Roughly 1 in 4 service members (steady increase since WWII)

“Bad Paper” and the VA

(Honorable or Dishonorable for VA Purposes)

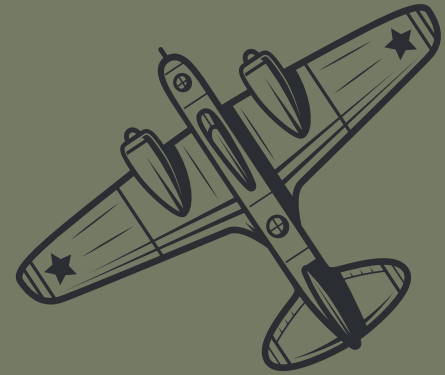
#2 DOD Process

#1 VA Process – Character of Discharge (COD) Determination

- When a veteran has a discharge of OTH (other than honorable) or Bad Conduct, they are automatically categorized as “Dishonorable for VA purposes”
- This does not mean Dishonorable as it would appear on a DD-214
- The Character of Discharge (COD) process will determine if a veteran can be deemed “Honorable for VA Purposes” by looking at any potential bars to benefits

“Bad Paper” and DOD Discharge Upgrades

- Discharge Review Boards
- Boards of Correction for Military/Naval Records



“Bad Paper” and DOD Discharge Upgrades

New Laws & Regulations

- Hagel Memo (2014)
- Carson Memo (2016)
- Kurta Memo (2017)
- Wilkie Memo (2018)

Kurta Memo (2017)


- “[R]eview should rightly consider the unique nature of these cases and afford each veteran a **reasonable opportunity for relief, even if the sexual assault ... was unreported, or the mental health condition was not diagnosed until years later.**”
 - Expands Carson and Hagel Memos to include “mental health conditions” and sexual assault and/or harassment
 - Mandates that **Carson and Hagel standards apply to ALL boards**
 - Clarifies that the policy applies to characterization, narrative reason, separation codes, and re-enlistment codes

MST: Comorbidities to Consider



Sarah Fox, MS (she/her)
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Physical Comorbidities

- Obesity
 - Diabetes
 - Hypertension (high blood pressure)
 - Hyperlipidemia (high cholesterol)
 - Myocardial Infarction (heart attack)
 - Chronic Lung Disease
 - Irritable Bowel Syndrome (IBS)
 - Arthritis
 - Endometriosis
 - Miscarriage
 - Infertility
 - Sexual Dysfunction
- 

Psychological Comorbidities

- Major Depressive Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Obsessive Compulsive Disorder
- Dissociative Disorders
- Personality Disorders
 - Must be indicated across lifespan
- Eating Disorders
- Substance Use Disorders
- Somatic Symptom Disorder
- **Posttraumatic Stress Disorder**
- **Suicidality**

MST Considerations

- Not all veterans develop physical or psychological concerns
- Impact and severity of symptoms differs between individuals
- Considerations
 - **Resiliency:** ability to cope amidst hardship (e.g., and not develop PTSD)
 - **Gender Differences:** men more likely to develop PTSD from SA, though women more likely to report symptoms to their providers
- Importance of Collaborative Care
 - Physical medicine AND behavioral healthcare providers
 - Continual care, sessions/check-ins, and symptom management

MST & Suicide Risk



Shardae Wescott, LCSW, CTCP
Community Engagement Partnership Coordinator
Suicide Prevention Program
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 **Military &**
Veterans
 **Crisis Line**

DIAL 988 then **PRESS 1**

Air Force SAPR Program



Marisa Hensley
Sexual Assault Prevention & Response Victim Advocate
United States Air Force

**Air Force
Sexual Assault Prevention & Response (SAPR)
Program**



My Experiences as a Military Sexual Trauma Survivor



Joanne Bell
Army Veteran
PA Dept. of Labor & Industry





**A Male Survivor's Story:
Michael**

ProtectOurDefenders, *YouTube*

Resources



- **Veterans Crisis Line**
Dial 988, press 1 for veterans
- **National Sexual Assault Hotline**
1-800-656-4673
- [VA MST Fact Sheet](#)
- [VA MST Benefits Fact Sheet](#)
- [VA on MST](#)
- [VA Mental Health on MST](#)
- [Vet Center on MST](#)
- [Air Force SAPR Program](#)
- [US DOD SAPR Office](#)



Contact Our Presenters

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