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Responding to Military Sexual Trauma: A Long Way to Go

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May 30th was Military Sexual Trauma Awareness Day. The issue is starting to get more traction in terms of visibility, Congressional hearings, and acknowledgement from agencies that span a full range of alphabet soup.

On Thursday, May 20th, a morning hearing was held. *Healing the Wounds: Evaluating Military Sexual Trauma Issues [2]*, was presided over by John Hall [3] (D-NY), Chairman of the Subcommittee on Disability Assistance and Memorial Affairs, and Michael Michaud [4] (D-ME), Chairman of the Subcommittee on Health. A series of speakers drawn from veterans' organizations, networks devoted to women's health and sexual abuse, and representatives from the Department of Defense and the Veterans Health Administration were present. They each had five minutes to offer testimony.

Just three weeks prior on April 29th, Congresswoman Niki Tsongas (D-MA) and Senator John Kerry (D-MA) announced the introduction of the Defense Sexual Trauma Response, Oversight and Good Governance Act [5] (The Defense STRONG Act), a bipartisan piece of legislation. Hoping to attack Military Sexual Trauma (MST) from the front end of the problem, The Defense STRONG Act will work to strengthen the pre-existing systems to "prevent sexual assaults, and provide support and guidance for victims that do report an incident." This would enable those harmed to access a military lawyer in order to fully understand their legal options. Equally important, it will standardize training guidelines around MST prevention and response across all branches of the services. When I spoke with Rep. Tsongas by telephone she explained that the act would be part of the Defense Authorization Bill (H.R. 5136 [6]), and would put a "system in place patterned after the Equal Opportunity measures." She said, "If a victim speaks with a victim's advocate, it will remain confidential. It can't be subpoenaed." Tsongas added, "I'm looking forward to making sure this language stays in the bill."

Witnesses drilled down and pinpointed problems being faced by MST survivors as circumstances presently stand. A wide range of symptoms, on the physical and emotional continuum, was referenced. They included: mood disorders, depression, substance abuse, adjustment disorders, hypertension, eating disorders, sexually transferred infections (STI), unplanned pregnancy, self-destructive behaviors, and suicide. It was noted that 75 percent of homeless female veterans have been sexually assaulted.

A sexual attack is a trigger for Post Traumatic Stress Disorder (PTSD). Susan McCutcheon, The Director of Family Services, Women's Mental Health and Military Sexual Trauma [7], Veterans Health Administration (VHA) stated, "MST is an experience, not a diagnosis. PTSD is the diagnosis."

The FBI ranks rape as the second most violent crime after murder. Repeatedly, those testifying

underscored that rape is an act of violence, not sexual desire. It was acknowledged that males in the military are casualties of MST as well as women.

For those assaulted, career goals are disrupted as they face "isolation, retribution, ostracism, and accusations." Their situation becomes untenable, as they must continue to live and work in close proximity with their attackers. As Helen Benedict, author of *The Lonely Soldier: The Private War of Women Serving in Iraq* [8], testified, "some 90 percent of victims never report assaults within the military because the culture is so hostile to them." She explained how the victim is treated like a perpetrator, and in addition to not being believed, "they are intimidated out of pursing justice."

Phyllis Greenberger, President and CEO of the Society for Women's Health Research [9], told the committee that "women are the fastest growing sector of VA patients," with "15 percent of women serving in Iraq and Afghanistan experiencing sexual assault or harassment." 23 percent of the women using the VA services have reported MST, yet half of all cases go underreported. Jennifer Hunt, Project Coordinator, Iraq and Afghanistan Veterans of America [10], observed that the "majority of assailants are older and of a higher rank than their victims." It is recognized that those who get immediate full care do the best. Yet when women feel re-traumatized in their efforts to get help and in navigating the system, it makes moving forward problematic.

There was no lack of suggestions on how the situation could be improved. At the top of the list was the need to eliminate mixed-gender care settings. Creating separate facilities was put forth as the optimum goal. Using a civilian rape crisis model, which is not geared to a predetermined agenda, was another proposal. Women report a dearth of properly trained personnel, with those in counseling positions resorting to what has been termed "pills and pep talks" (despite the fact that women are not responding well to commonly prescribed medications).

Benedict put forth promoting more women and distributing them across the forces to eliminate isolation, and rejecting recruits with a history of sexual violence. Greenberger dryly offered, "No victim should have to chase after their own care."

Scott Berkowitz, President and Founder of RAINN [11] (Rape, Abuse and Incest National Network) sited a lack of "institutional support, leadership commitment and resources" to fix the problem and a commitment by base commanders and Pentagon Brass to "zero tolerance and routine prosecutions." He did, however, comment on the progress that has been moved forward under the auspices of the Sexual Assault Prevention and Response Office (SAPRO [12]), which was established in 2005 by the Department of Defense "to function as a single point of accountability and oversight for sexual assault policy."

Kay Whitley, the Director of SAPRO, addressed prevention through training, treatment, support of victims, and system accountability. She related that during the past three years, reports of sexual assaults had increased by 10 percent annually. Whitley broke the best-case protocol down into "care, reporting, response, and tracking."

Getting appropriate and timely medical care is only part of the problem. Steering PTSD claims through the system is formidable, and often exacerbates the original trauma. Joy J. Ilem, Deputy National Legislative Director for Disabled American Veterans [13], was very clear about the obstacles. She informed those in attendance, "to receive disability compensation from an MST-related condition…the standard of evidence is stricter than for combat injuries, or even for military occupational injuries. She characterized veterans' compensation claims for disabilities resulting from MST as "an uphill battle for VA Disability Compensation," explaining that "if an assault is not reported by the victim during his or her military service, establishing service connection later on for disabling conditions related to MST can be daunting."

The different aspects of reporting an attack and trying to receive benefits are complex at best. Bradley G. Mayes, Director, Compensation and Pension Service, Veterans Benefits Administration, U.S. Department of Veterans Affairs, offered that there was "room for improvement, but we have taken steps." However, many concerns have to be taken into account, particularly as confidentiality is a paramount concern.

I contacted Thom Wilborn, a spokesman for Disabled American Veterans, to speak further about the two options for filing an MST report, via a Victim Reporting Preference Statement DD FORM 2910. [14] He clarified the two different types of reports that service members can file after an attack.

- Unrestricted Reporting – Reporting a Crime which is Investigated
- Restricted Reporting – Confidentially Reporting a Crime which is not Investigated

A restricted report allows the victim to receive health care services, but the paperwork does not enter the realm of an official charge – thereby protecting the privacy of the victim. It does not involve the chain of command. In an unrestricted report, all records become public. The information goes out to the commanding officer and division commander for a formal investigation.

A problem arises when a service member, who wants to apply for PTSD benefits and has filed a restricted report, can not get their records from one department agency to another. Wilborn told me, "There needs to be a way to report MST and be able to advance it to whatever point the service member wants." He made clear that the report should be able to remain confidential, while simultaneously recorded in a way to be available for disability claims. The DAV's primary concern is that the Department of Veteran's Affairs be able to access restricted Department of Defense Documents.

Following the testimony, I contacted two of the invited presenters. Jennifer Hunt, Project Coordinator, Iraq and Afghanistan Veterans of America [10], believed that "good steps have been made, but more must be done." She specifically pointed to "inter-operability" encompassing improved communication between the Department of Defense and the Veterans Administration. She remarked on how many people were in attendance for the hearing, and lamented that that there was no time for follow up questions due to the President of Mexico's visit.

> When I spoke with Anuradha K. Bhagwati, Executive Director of Service Women's Action Network [15] (SWAN) and former Marine Captain, she was quite concise in her evaluation of how things stand and what needs to be done. She said, "The Veteran's Benefit Administration (VBA) simply does not understand how traumatic it is for an MST survivor to file a claim for compensation. The Veteran's Administration (VA) is coming from a theoretical place. Their system is great on paper. The VA has made overtures, but their claims officers are poorly trained. The system is broken. Even if victims submit evidence of trauma, it's not enough. The VA has not been able to get up to speed. Their services work for some people, but they are in the minority. We need people to come forward in order to prosecute offenders, but right now DOD cannot guarantee the safety of survivors. Most commanders do not handle complaints responsibly. The fact of the matter is that survivors are not sufficiently protected.
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> There seems like a giant abyss. It doesn't seem like VA is talking to MST survivors or MST advocates. MST is best understood by MST orgs (VETWOW [16], stopmilitaryrape.org [17], militarysexualtrauma.org [18]). SWAN is advocating for third party oversight. We believe a long-term solution is to apply Title VII of the Civil Rights [19]Act to the military. Service members need to have the option to sue the military, if the military doesn't protect them. Without that, commanders have no incentive to protect survivors. The Defense STRONG Act

> deals with the current system as we have it. It will fix some really broken pieces of the SAPRO reporting system, but it only deals with part of the problem."

At the conclusion of Bhagwati's testimony, she paid homage to the women from previous generations who had "suffered at the hands of fellow servicemen decades ago" – with their ordeals still yet to be recognized. She read into the record the request of a Vietnam-era veteran who had survived MST.

The sentence was a clear but simple appeal. "Please help me feel validated before I die."

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[9] http://www.womenshealthresearch.org/site/PageServer?pagename=about_greenberger
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