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**WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD**

**COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEES ON HEALTH & DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

SUPPORTING SURVIVORS: ASSESSING VA'S MILITARY SEXUAL TRAUMA PROGRAMS

November 17, 2021

Chairwomen Brownley and Luria, Ranking Members Bergman and Nehls, and distinguished members of the House Committee on Veterans' Affairs Subcommittees on Health and Disability Assistance and Memorial Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement for the record of today's hearing on the Department of Veterans Affairs' (VA's) programs and services supporting survivors of Military Sexual Trauma (MST). The prevalence of MST in the population of warriors we serve and the severity of its impact make this issue a priority for WWP, both in the delivery of our programs and in our role as advocates for the veteran community.

Wounded Warrior Project was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to over 200,000 registered post-9/11 warriors and their family members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. Additionally, our investments and collaboration with partner organizations provide a network of support for warriors and their families, reinforce our programmatic efforts, and expand our impact. These relationships with warriors, their families, and our partners have provided us with a deep understanding of those we serve, and we are grateful for the opportunity to provide our insights to assist your oversight of the delivery of VA care and benefits to MST survivors.

Understanding the Scope of MST Impact in the Veteran Community

Demographics

Since its inaugural edition in 2010, WWP's *Annual Warrior Survey* has helped our organization identify key challenges, trends, and evolving demographics of the veteran

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population we serve. Among many other measures of health and wellness, the survey tracks prevalence of injuries and health problems incurred as a result of service, including MST and other commonly associated conditions. Self-reported MST has steadily increased in recent years. In 2014, six percent of WWP Alumni reported experiencing MST. That rate has nearly doubled in the years since, reaching 11 percent in 2020. This trend aligns with those identified elsewhere, with the Department of Defense (DoD) and VA both finding increases in reporting of sexual assault and harassment over the past decade.¹

Although this increased reporting is striking, it does not necessarily indicate a worsening problem. Increased reporting can also signal a more vocal population of survivors who feel supported and less deterred by stigma and fear that may be associated with reporting instances of sexual assault or harassment.

While the experience of MST is not exclusive to women, gender is an irrefutable risk factor and a relevant lens through which to approach the issue. Of the 11 percent of registered warriors who reported MST, more than three in four (78 percent) of them are women. Put another way, 44 percent of women warriors reported experiencing MST, compared to only two percent of male warriors.

Given the diversity of the women veteran's population, WWP explored the role that race and ethnicity play in MST reporting. Among WWP's population of women warriors, multi-racial women report MST at slightly higher rates, while other racial and ethnic minorities actually report lower rates of MST when compared to non-Hispanic white women veterans.² Nonetheless, some research suggests that race and ethnicity play a role in a veteran's willingness to disclose sexual trauma, indicating that more investigation into potential disparities or differences in treatment preferences may be warranted.³

Transition

While today's hearing is focused primarily on VA's approach to MST benefits and services, it is important to contextualize how experiences with DoD may influence a survivor's willingness to access care or preferred treatment options. Much attention has been paid by Congress and the Administration to military sexual assault and harassment, and WWP is pleased to see significant reforms taking shape. We believe that the recommendations of DoD's Independent Review Commission (IRC) on Sexual Assault have the potential to positively

¹ Dep't of Defense, Annual Report on Sexual Assault in the Military for Fiscal Year 2020 (May 2021), available at https://www.sapr.mil/sites/default/files/DOD_Annual_Report_on_Sexual_Assault_in_the_Military_FY2020.pdf.

² Among WWP's population of women veterans, 53 percent of multi-race warriors report MST compared to 47 percent of non-Hispanic white women, 37 percent of non-Hispanic Black women, and 38 percent of Hispanic women.

³ Gundlapalli, A., Jones, A., Redd, A., Divita, G., Brignone, E., Pettey, W., Carter, M., Samore, M., Blais, R., Fargo, J. (2019). Combining Natural Language Processing of Electronic Medical Notes with Administrative Data to Determine Racial/Ethnic Differences in the Disclosure and Documentation of Military Sexual Trauma in Veterans. <https://doi.org/10.1097/MLR.0000000000001031>.

transform DoD's – and by extension the veteran community's – efforts to prevent, respond to, and support survivors of sexual abuse in the military. As such, we would like to take this opportunity to highlight a few of the IRC's recommendations that we believe have the strongest potential for impact or replication at VA.

- *Recommendation 4.2b – Authorize Service members to access the full spectrum of VA services for conditions related to military sexual assault and harassment confidentially and without a referral:* While Service members are currently eligible to access Vet Center services without a referral, the IRC recommended that the same privilege be extended to all MST-related medical and mental health care at VA medical centers and outpatient clinics. In addition, the group recommended that specially trained VBA personnel be granted access to the Defense Sexual Assault Information Database in order to locate their report when filing a disability claim.
- *Recommendation 4.2c – Explore feasibility of expanding access to Catch a Serial Offender (CATCH) to include victims of sexual harassment and enable Service members to self-service access to CATCH:* Among other benefits, this recommendation would allow MST survivors who submitted a report to the CATCH system – a program which collects Restricted Reports of sexual assault in order to identify trends – to access his or her report for the purposes of supporting a claim for disability compensation.
- *Recommendation 4.2d – Create survivor-led peer support programs that allow for in-person, virtual, and telephone interaction:* The IRC recommends that special attention be paid to minority populations including LGBTQ+ Service members, people of color, and men.
- *Recommendation 4.3a – Implement the No Wrong Door Approach to Sexual Harassment, Sexual Assault, and Domestic Abuse Across the Services:* The IRC defines the No Wrong Door approach as a “person-centered approach to improving access to services and programs. At its most basic level...a person who is seeking services from an organization will never encounter a ‘wrong door’ to getting the care and support that they need.” Under this recommendation, the No Wrong Door philosophy would be codified into official program directives and implemented with the intent to ensure a “warm handoff” to appropriate services for survivors regardless of where they initially seek help.
- *Recommendation 4.4a – Establish a Defense Sexual Assault and Sexual Harassment Center of Excellence that administers a core curriculum of trauma and response training:* This recommendation is designed to ensure all training materials are up-to-date, consistent, and professionalized.

While only some of the selected recommendations noted above directly refer to VA, we reference them to illustrate reforms that VA may wish to adapt or replicate in its own organization. Secondly, we believe DoD and VA are inextricable partners. The foundational

changes that DoD is making to its practices and processes will have downstream effects on VA, immediate and long-term, and we believe the two agencies should work hand-in-hand every step of the way. As DoD executes its 8-year implementation plan of the IRC's recommendations and Congress works to codify many through the *National Defense Authorization Act*, WWP is hopeful that these reforms will give way to more accessible and effective support for survivors of MST as they transition out of the military.

We believe that this point of transition is a critical junction for MST survivors. Our 2020 Women Warriors Initiative found that one in four (25 percent) women veterans cited “coping with mental health issues related to MST” as a top challenge during transition, making it the third most commonly-reported issue. It is critical to reach these survivors early and effectively in their transition to civilian life, not only to quickly connect them with MST-specific resources, but to avoid exacerbation of other challenges veterans may experience during transition such as isolation, anxiety, or crises of identity.

Financial stress is also a challenge frequently faced by transitioning Service members.⁴ While VA disability compensation can offer relief to many, MST survivors may choose not to avail themselves of benefits assistance during transition due to lingering fears over retaliation. As the IRC discussed in its report, many victims of sexual assault and harassment choose not to report due to a “very real fear of retaliation, reprisal, and being ostracized from their unit/family.”⁵ When filing for an MST-related claim before fully separating from service, some worry that their story or their seeking treatment may be revealed to their command. As a result, some forego the process for years.

Clear and consistent communication between DoD and VA are absolutely essential to ensure MST survivors are educated on their health care and benefits, enrolled in the VA system, and able to seamlessly connect to care during what may be an overwhelming period in their lives. We urge the Subcommittees to continue working closely with your colleagues on the House Committee on Armed Services to explore the transition process and identify opportunities to streamline access to care for MST survivors. WWP looks forward to acting as your partner in doing so.

Disability Compensation

In August 2021, the VA Office of Inspector General (OIG) released a report detailing startling inadequacies in the Veterans Benefits Administration's (VBA) handling of MST-related

⁴ Per WWP's Women Warriors Initiative, 30 percent of women veterans cited “financial stress” as a top challenge during transition, making it the second-most common response.

⁵ IRC on Sexual Assault in the Military, “Hard Truths and the Duty to Change: Recommendations from the Independent Review Commission on Sexual Assault in the Military” (July 2021), available at <https://media.defense.gov/2021/Jul/02/2002755437/-1/-1/0/IRC-FULL-REPORT-FINAL-1923-7-1-21.PDF/IRC-FULL-REPORT-FINAL-1923-7-1-21.PDF>.

cases. Despite many legislative, regulatory, and policy efforts to improve processes and outcomes associated with MST-related claims, the OIG report made clear that deficiencies in staffing, training, decision-making, and governance still exist, and are in some cases worsening.

Wounded Warrior Project is committed to keeping the warrior’s best interest at the center of our decision-making. His or her wellbeing is our utmost priority, and as such, we are deeply concerned that more than half (57 percent) of denied MST-related claims reviewed in the OIG report contained processing errors.⁶ Errors may have resulted from any number of missteps in fulfilling the VBA claims processing “checklist” – a process implemented to help claims adjudicators identify markers of MST and complete all required review steps. According to the OIG report, common examples include missing markers indicative of sexual trauma, failing to obtain all required records before scheduling exams, and not requesting a medical examination when evidence warranted one. OIG concluded that “any of these errors could result in veterans being prematurely denied benefits they should receive.” The potential impact of these denials is far beyond financial; claims denials may trigger a sense of betrayal, engender mistrust in the VA system, exacerbate mental health conditions, or bar MST survivors from the full spectrum of VA services. WWP’s comments and recommendations are grounded in this – the understanding that failures in VA process and governance result in real-world consequences for the veterans it is charged to serve.

Wounded Warrior Project’s team of National Service Officers has filed over 120 claims related to MST since August 2020, the vast majority on behalf of women veterans (80 percent). Post-Traumatic Stress Disorder (PTSD) is the most common disability associated with MST claims, followed closely by Major Depressive Disorder and Female Sexual Arousal Disorder – a condition occurring in women and closely linked to sexual trauma. Claims for MST-related disabilities are coming to WWP more frequently than ever before, and as a result, we are working to enhance data collection around these cases, create more streamlined processes, and ensure our National Service Officers are highly-trained subject matter experts. As we execute these improvements to our internal processes, we look forward to keeping the Subcommittees informed of our progress, lessons learned, and opportunities to amplify successful models.

Training and Oversight

Wounded Warrior Project supports efforts to improve and increase adoption of training for VBA employees on MST claims processing, such as those proposed in H.R. 5666, the *Servicemembers and Veterans Empowerment and Support Act*. Section 206 of this legislation requires VA to review the quality of its MST claims training and offer recommendations for improvement. In undertaking this and related reviews, WWP encourages VA to engage the expertise of individuals and organizations dedicated to serving victims of sexual abuse. For instance, DoD has relied on Rape, Abuse, and Incest National Network (RAINN) for over a decade to facilitate its Safe Helpline program and offer its consulting services on a number of

⁶ VA OFFICE OF INSPECTOR GENERAL, “Improvements Still Needed in Processing Military Sexual Trauma Claims” (August 2021), available at <https://www.va.gov/oig/pubs/VAOIG-20-00041-163.pdf>.

sexual assault-related programming. RAINN and likeminded organizations may offer cultural competency combined with deep subject matter expertise to train claims processors to recognize signs of sexual trauma and to communicate with them compassionately, regardless of whether the claim is ultimately granted or not.

Additionally, we are sensitive to the role that contractor medical examiners play in the VA ecosystem and believe that VA's increasing reliance on these contractors merits judicious oversight. A 2018 study from the Government Accountability Office (GAO) found that VBA has limited visibility into the actions of contracted examiners, leaving it without a clear picture of how contractors are meeting the Administration's quality and timeliness standards.⁷ Further, of the contractors that did communicate outcome metrics, "almost all" missed VBA's quality target of 92 percent.⁸ While VBA has made progress since this report's publishing, it still has not met GAO's recommendations to (1) implement processes to verify that contracted examiners have completed mandatory training, and (2) regularly assess and make improvements to contractor training. The COVID-19 pandemic has only emphasized the issue after the pause in compensation and pension exams exacerbated an already-bloated backlog which now exceeds 200,000 cases.

As VA phases out its usage of Veterans Health Administration (VHA) personnel to conduct compensation and pension examinations, relying on contractors for this service, WWP urges VA to apply the same rigor and expectations set of its own employees. WWP does not inherently oppose the utilization of contracted examiners if these parties are able to meet the needs of the veteran, but we encourage robust training and oversight to ensure no deterioration of the veteran experience. Today's discussion on MST claims well-illustrates this issue, as these cases require a high level of cultural competency: a nuanced understanding of military norms and the role that risk factors like gender or sexuality play in this environment. We believe that robust and ongoing educational tools will not only improve accuracy and consistency of outcomes, but will reduce risk of re-traumatization during examinations and offer an experience sensitive to the mental health needs of MST survivors. As VBA continues to review and update its training requirements for contracted examiners, WWP asks that training related to MST be among its priorities.

Finally, we encourage VBA to fully review its processes to disseminate updates and information to claims adjudicators operating out of VBA Regional Offices across the country. The policies and regulations governing VBA's approach to MST claims change regularly as Congressionally-mandated reforms are implemented and the federal judiciary sets new precedents through the U.S. Court of Appeals for Veterans Claims. However, in WWP's experience representing veterans, Regional Office employees are often unaware of these changes. As a result, MST survivors may receive unwarranted denials, thus burdening VA with

⁷ Government Accountability Office, "VA Disability Exams: Improved Performance Analysis and Training Oversight Needed for Contracted Exams" (October 2018), available at <https://www.gao.gov/assets/gao-19-13.pdf>.

⁸ Per their contracts, VBA requires contracted examiners to meet a target of at least 92 percent of exam reports with no errors.

needless appeals and preventing timely receipt of earned benefits. While we do not suggest that this occurs in bad faith, we recognize it as an opportunity to improve training for VBA employees on an ongoing basis. We recommend that VBA review and, where necessary, develop processes to ensure all employees managing MST-related claims receive timely and adequate training on changes to policy or legal precedents that may impact their decision-making.

Peer Support

Peer connection can be an effective source of emotional and mental health support for survivors who self-isolated in the wake of MST. For some, experiencing a sexual assault or harassment at the hands of a fellow Service member leaves him or her with a deep-rooted mistrust in their environment (“institutional betrayal”). A negative experience in seeking recrimination for the incident or an unplanned discharge from service may further compound this sensibility. Among MST survivors, institutional betrayal has been found to be a barrier to seeking care through the VA system and the military community writ large.⁹

In our own research, WWP has identified higher rates of loneliness among MST survivors when compared to those who have not experienced MST. Studies have linked loneliness with increased risk for health conditions including depression, anxiety, and suicidal ideation, ultimately culminating in higher rates of morbidity and mortality.¹⁰ Under a traditional model, one may view treatment for these conditions strictly under the purview of VHA. However, WWP believes in a public health approach, wherein all parties have an opportunity – even a responsibility – to offer upstream, preventative interventions.

Wounded Warrior Project believes that better integrating peer support into the VBA system can help to alleviate stress for veterans seeking benefits, improve awareness of and access to resources, and build trust in VA programs and services. With this goal in mind, we support H.R. 2724, the *VA Peer Support Enhancement for MST Survivors Act*, which would establish a VBA Peer Support Specialist program designed to serve MST survivors. We believe this program could serve as an essential companion to MST Coordinators by acting akin to a victim advocate, symbolically holding a veteran’s hand through the process and preparing him or her for potentially triggering moments along the way.

Wounded Warrior Project leverages the power of peer connection in nearly all of our programming, but there is perhaps no more salient example than our Peer Support Groups. These veteran-led groups meet in-person and virtually, offering the opportunity for veterans to convene with likeminded individuals to share their struggles, build lasting relationships,

⁹ Monteith, L. L., Holliday, R., Schneider, A. L., Miller, C. N., Bahraini, N. H., & Forster, J. E. (2021). Institutional betrayal and help-seeking among women survivors of military sexual trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(7), 814–823. <https://doi.org/10.1037/tra0001027>

¹⁰ Cacioppo, J., Cacioppo, S. (2014). Social Relationships and Health: The Toxic Effects of Perceived Social Isolation. <https://doi.org/10.1111/spc3.12087>.

recommend resources, and facilitate healing. WWP now manages twelve Peer Support Groups exclusive to women veterans. These groups allow women veterans to connect over the issues and experiences unique to them in an accessible, inclusive environment. We have seen the deep and lasting impact that peer support can provide, and we are grateful for legislative efforts to amplify this meaningful and effective tool.

Reducing Traumatization

While VHA holds the primary responsibility for delivering health care to veterans, VBA should remain accountable and sensitive to the mental health needs of those it serves. VBA is often the entry point for veterans seeking care and services for the injuries, illnesses, or wounds they have incurred as a result of their military service. Its thorough process, however, often requires veterans to detail their traumatic experience and its aftereffects, putting some at risk of re-traumatization. VBA must anticipate these challenges and build in processes or resources to support MST survivors during the benefits process.

In WWP's experience submitting thousands of disability claims for the wounded, ill, and injured veterans we serve, a pattern has emerged indicating the key pain points or moments of high risk for re-traumatization. These include: writing a personal statement describing the trauma; submitting the claim; phone screenings prior to medical examinations; compensation and pension examinations; receipt of Duty to Assist notices requesting additional details; the day a decision is rendered, regardless of the outcome; Board of Veterans' Appeals hearings, and any subsequent examinations it calls for. Each of these events has the potential to trigger emotionally-charged memories for a veteran coping with MST; however, they also represent opportunities to introduce meaningful mental health support. In FY 2021, WWP's Benefits team provided over 300 referrals to our suite of mental health service – a reflection of our holistic model, designed to provide wraparound and upstream interventions.

We recommend that VBA adopt a similar approach. WWP is grateful for the Subcommittees' attention to this issue and the efforts underway to improve collaboration between VHA and VBA as a means to ease access to mental health care for MST survivors during the benefits process. We support Section 302 of the *Servicemembers and Veterans Empowerment and Support Act*, which would require VA to send a communication to MST survivors who submit a disability claim with information on MST Coordinators, types of services the veteran may be eligible for, and information to reach the Veterans Crisis Line. This is a step in the right direction – one that we believe could be strengthened by incorporating more personalized interaction. Conducting wellness checks, for instance, after potentially re-traumatizing events like compensation and pension exams may offer more immediate connection to mental health support for struggling MST survivors. Doing so would lessen the burden on veterans to find help in the complex, often overwhelming VA system.

Similarly, we appreciate the Subcommittees' interest in reforming the appeals process to reduce MST survivors' exposure to potentially re-traumatizing environments, questions, and

examinations. When a veteran comes into contact with the Board of Veterans' Appeals (BVA), he or she will have already been through an arduous VBA process and received a denial of his or her claim. This may have caused significant stress or eroded a veteran's trust in the system. However, when performed in a supportive and secure environment, WWP has found that BVA hearings can be validating – even empowering – for MST survivors who are able to share their stories and advocate for themselves. We look forward to reviewing forthcoming legislation to ensure this ideal state is reached consistently and seamlessly for veterans seeking appeals for MST-related claims.

Health Care

Due in no small part to the diligent advocacy of members of the Subcommittees on Health and Disability Assistance and Memorial Affairs, VA has made impressive strides in its provision of care for MST survivors. Mental health care is now liberally accessible to survivors regardless of service connection, time in service, Active Duty status, or a number of other factors. While WWP applauds this progress, we recognize that more can and should be done to reduce barriers to care and improve the quality of a veteran's experience.

Environment of Care

VHA's physical offices are an extremely important representation of its services, its staff, and its values. A veteran's entrance into a VA Medical Center, a Community-Based Outpatient Clinic (CBOC), or another VA-affiliated space often sets the tone not just for his or her visit, but for his or her overall experience and willingness to meaningfully engage in the VA system. MST survivors are an important constituency to consider in this context owing to the nature of their trauma, which may result in reluctance to interact with veterans and VA employees.

While we recognize that MST is an issue that impacts veterans of all gender identities, the far higher rates among women veterans make this population a key one to explore. WWP discussed environment of care issues in-depth with women warriors through our Women Warriors Initiative. Data collection and interviews with MST survivors revealed the anxiety that many feel when attending VA health care environments. Of all women warriors who utilize VHA, one in ten cite "fear of harassment" as a top barrier to care. We recognize that VA continues to undertake efforts – like the I Am Not Invisible campaign, the White Ribbon campaign, and the Stand Up to Stop Harassment Now campaign – to engender a more inclusive environment, yet the perception persists that VA is plagued by cultural challenges, inflexible or outdated infrastructure, and inconsistent staffing.

The environments of care at VHA facilities significantly shape women warriors' and MST survivors' experiences obtaining their care as well as their willingness to seek it in the first place. We believe VA's women's health clinics represent a solution for those who are uncomfortable seeking care in traditional VA medical centers. Where they are available, these

clinics largely remove anxieties around harassment or male-dominated spaces and offer more welcoming spaces for women to receive care, be it related to MST or not.

Wounded Warrior Project strongly supports the expansion of women’s health clinics into VA Medical Centers or other geographies where demand supports the investment. Further, as the infrastructure, resourcing, and quality of care offered at women’s health clinics across the country varies widely, we recommend the development of best practices for the provision of care at women’s health clinics, with MST-informed practices top-of-mind. Amenities like separate entrances, private waiting rooms, and well-lit parking accommodations all help to make MST survivors attending appointments to feel safe and ultimately more willing to engage the health care they have earned.

For other MST survivors for whom women’s health clinics are not accessible or appropriate, channels like the Community Care Network and telehealth offer valuable alternatives. These options allow MST survivors to avoid VA facilities altogether and, in the case of telehealth, receive the care from the comfort of their own home.

The COVID-19 pandemic forced a rapid adoption of telehealth technology on the part of providers and patients alike. For its part, VA adapted quickly and effectively, enabling veterans to maintain their care plan or to reach support during this stressful moment in time. Undoubtedly, many will continue to utilize virtual health care services long after the pandemic has passed. We believe MST survivors are one population that may benefit from telehealth in an outsized way, and we strongly encourage VA to continue to invest in the technology infrastructure to support delivery of telemedicine, research to determine the most effective treatment methods, and outreach to educate more veterans on how to reach MST treatment through this avenue.

Access to Care

Of the women warriors who reported experiencing sexual assault or harassment during their military career through WWP’s Women Warriors Initiative survey (73 percent), only 38 percent have sought treatment through VHA. Another 16 percent have sought treatment elsewhere, leaving nearly half (46 percent) without professional support. Explanations for this gap will vary by individuals, but WWP’s research has illuminated differences between MST survivors and non-MST survivors when seeking mental health care.

- MST survivors cited “inconsistency or lapses in treatment” as a reason for not getting mental health care at higher rates than the general warrior population.¹¹

¹¹ Per the 2020 *Annual Warrior Survey*, 40 percent of MST survivors cited “inconsistent treatment or lapses in treatment” as a barrier to mental health care, making it the topmost reported reason. Only 32 percent of the general warrior population identified this as a barrier.

- More than one in three (35 percent of) MST survivors “felt treatment might bring up painful or traumatic memories,” the second-most common barrier to mental health care. This was the fifth-most common response among all warriors.
- MST survivors reported greater difficulty scheduling mental health appointments, with 34 percent of survivors reporting this barrier vs. 29 percent of the general population.

Understanding these and other access challenges can help VA to tailor its outreach efforts, program delivery, and best practices to the unique needs or preferences of MST survivors. A similar approach has been employed with respect to women veterans. VA’s 2015 *Study of Barriers for Women Veterans to VA Health Care* took a comprehensive look at potential hurdles facing women veterans, exploring issues such as childcare, stigma, gender sensitivity, safety, and hours of operation. This research guided many of the improvements VA has since made in its provision of health care to women veterans and is still a valuable source of information today. A follow-up study is currently underway, as mandated by Section 5402 of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act*, that will identify how access to care has evolved in the years since and dig deeper into the needs of today’s women veterans. WWP looks forward to the reviewing the results of this study and we see the value of a similar effort specific to MST survivors.

Section 305 of the *Servicemembers and Veterans Empowerment and Support Act* would accomplish this by authorizing a Comptroller General study on access to mental health care for MST survivors. The study would explore potential barriers including geographic disparities, childcare, access to telehealth, provider training, coordination of care, and many more. Also of note, the study would require an analysis of unique considerations for male survivors versus female survivors. We appreciate this distinction, given researchers’ conclusion that “knowledge regarding ways in which men are affected by MST remains limited.”¹² Though conversations around MST and its policy implications are commonly framed around the needs of women veterans, male veterans deserve recognition and further study of their unique experiences and preferences.

Treatment

In addition to greater difficulty accessing care, MST survivors reported higher rates of both prevalence and severity of mental health conditions. For instance, data parsed from WWP’s 2020 *Annual Warrior Survey* showed that warriors who indicated they had experienced MST were twice as likely to screen positive for PTSD compared to those who did not report MST. In terms of symptomology, 67 percent of MST survivors scored in the range of moderate to severe

¹² Monteith, L. L., Gerber, H. R., Brownstone, L. M., Soberay, K. A., & Bahraini, N. H. (2019). The phenomenology of military sexual trauma among male veterans. *Psychology of Men & Masculinities*, 20(1), 115–127. <https://doi.org/10.1037/men0000153>

PTSD versus 51 percent of non-survivors. Similar results were found in relation to other frequently-associated conditions such as depression, anxiety, and sleep problems.¹³

While every warrior's journey is unique and requires varying level of clinical intervention, those who struggle with mental health conditions as a result of sexual trauma may benefit from treatment. WWP offers a suite of services to meet the needs of MST survivors, ranging from non-clinical emotional support to more intensive clinical care facilitated through our partnerships. For the purposes of today's hearing, we would like to highlight WWP's Warrior Care Network.

Launched in 2015, Warrior Care Network offers intensive outpatient treatment to veterans living with moderate to severe PTSD, traumatic brain injury (TBI), and associated conditions. WWP partners with four world-renowned Academic Medical Centers across the country – UCLA Health, Emory Healthcare, Rush University Medical Center, and Massachusetts General Hospital – to deliver an effective combination of clinical mental health care and complementary and alternative therapies. During the two- to three-week commitment, warriors on average receive more than 70 hours of direct PTSD treatment – more than a year's worth of therapy in a single engagement.

Wounded Warrior Project recognized the growing demand for treatment tailored to the experiences of MST survivors and responded in kind, developing a program specific to MST facilitated through Rush University Medical Center in Chicago, IL. Warrior Care Network now dedicates six cohorts exclusively to MST survivors, utilizing a curriculum specifically designed to treat the conditions and issues commonly associated with sexual trauma. As is true of all Warrior Care Network cohorts, MST groups are mixed gender, though women participate at higher rates than men. Over one-third of women warriors seeking care through Warrior Care Network report MST as their index trauma, or primary reason for seeking care.

The true strength of Warrior Care Network lies in its holistic model. Alongside clinical intervention, warriors have access to alternative therapies like stress management and resiliency training, fitness and nutrition education, yoga, art therapy, and many more. These activities introduce veterans to skills that may aid their recovery in the long-term. We understand that lasting healing often takes place beyond the office of a mental health provider, and we aim to equip warriors with tools that will serve them long after they have returned home. With this in mind, Warrior Care Network incorporates a veteran's family support system into the program. Family members may attend some sessions alongside their warrior or on their own, learning more about their loved one's mental health journey and the skills to support their recovery. This is a particularly crucial feature for those coping with MST, insofar as interpersonal issues like isolation or sexual dysfunction may have resulted from their experience.

¹³ Per the 2020 *Annual Warrior Survey*, 84 percent of MST survivors reported depression vs. 71 percent of non-survivors; 73 percent of survivors scored in the moderate to severe depression range vs. 57 percent of non-survivors. 86 percent of MST survivors reported anxiety vs. 83 percent of non-survivors.

Warrior Care Network’s cohort model is another feature we feel is particularly impactful for MST survivors. As previously discussed, survivors of sexual trauma may react by self-isolating or developing mistrust in their peers. To combat this, Warrior Care Network is intentionally delivered in a group environment, enabling MST survivors to build strong bonds with others who share similar experiences, develop interpersonal skills, and restore trust in the military and veteran community.

Finally, Warrior Care Network sets up veterans for long-term success by partnering with VA to streamline access to continued care. The MST survivors that WWP serves identified “lapses in treatment” as the number one reason for not getting mental health care, clearly signaling that VA, WWP, and partners must take steps to improve consistency of care. We know that reliability and frequency of care are essential to lasting mental health progress, and WWP works to achieve this by incorporating VA resources into the transition out of intensive outpatient treatment. At each Academic Medical Center, VA Liaisons help to develop personalized aftercare plans for veterans leaving the program. These individuals serve to educate warriors on the VA programs and services available to them and refer warriors to additional mental health care when appropriate. This partnership with VA is an absolutely critical function of Warrior Care Network and an illustration of the benefits of public-private partnerships.

We describe Warrior Care Network’s capabilities and practices in today’s testimony as an example of how this model may be successfully amplified. Section 304 of H.R. 5666, the *Servicemembers and Veterans Empowerment and Support Act*, would authorize a VA pilot program to provide intensive outpatient mental health care to MST survivors who face wait times for inpatient care greater than 14 days. This language was developed in order to serve MST survivors who need immediate and dedicated support but, due to lack of space at facilities appropriate for their needs, are unable to access inpatient care. As Congress considers this legislation, we are eager to offer our expertise and pleased to share our support for this effort.

We will also take this opportunity to express our support for H.R. 344, the *Women Veterans Transitional Residence and Utilizing Support and Treatment (TRUST) Act*. This legislation calls for a nationwide analysis of the demand for women-specific programs that treat women veterans with drug and alcohol dependency and establish a pilot program to carry out women-only rehabilitation. While this legislation applies to women veterans – not MST survivors – we mention it in this context owing to the strong correlation between MST and substance use disorders. Women veterans who screen positive for MST are at disproportionately high risk for substance use disorders when compared to both male MST survivors and female non-MST survivors.¹⁴ Thus, veterans utilizing residential care for substance use rehabilitation

¹⁴ Goldberg, S. B., Livingston, W. S., Blais, R. K., Brignone, E., Suo, Y., Lehavot, K., Simpson, T. L., Fargo, J., & Gundlapalli, A. V. (2019). A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans. *Psychology of Addictive Behaviors*, 33(5), 477–483. <https://doi.org/10.1037/adb0000486>.

are an important population to consider and may benefit from the adoption of MST-informed processes and practices.

Conclusion

Wounded Warrior Project would like to once again thank the members of the Committee on Veterans' Affairs Subcommittees on Health and Disability Assistance and Memorial Affairs for holding this hearing. We are continually impressed and encouraged by these Subcommittees' proven dedication to our shared mission to ensure accessible, high-quality care and benefits for survivors of Military Sexual Trauma. We look forward to continued collaboration and stand ready to assist as you take action on these and other efforts to support our nation's veterans.