



**Department of Veterans Affairs and
Department of Defense
Joint Executive Committee
Fiscal Year 2020 Annual Report**

**Military Sexual Trauma: Transition of Health Care
and Assistance with Disability Claims**

The estimated cost of this report or study is approximately \$5,056 in Fiscal Years 2020 - 2021. This includes \$5,016 in VA and DoD labor and \$40 in production and printing costs.

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Veterans Access, Choice, and Accountability Act Reporting Requirements

Section 403(b) of the *Veterans Access, Choice, and Accountability Act* Public Law 113-146, 128 Stat 1791 (August 7, 2014), as amended, created congressional reporting requirements for the Department of Veterans Affairs (VA) and the Department of Defense (DoD) Joint Executive Committee. More specifically, subsection (b) requires that the VA-DoD Joint Executive Committee submit a report on Military Sexual Trauma (MST) to the appropriate Congressional committees not later than 630 days after the enactment of the Act, and annually thereafter for 5 years. The report must include information on the following:

- 1) The processes and procedures used by VA and DoD to facilitate transition of treatment of individuals who have experienced MST from treatment provided by DoD to treatment provided by VA; and
- 2) A description and assessment of the collaboration between VA and DoD in assisting Veterans in filing claims for disabilities related to MST, including permitting Veterans' access to information and evidence necessary to develop or support such claims.

Definitions and Terms

Under 38 United States Code (U.S.C.) § 1720D(a)(1), the Secretary of Veterans Affairs is required to operate a program under which VA provides counseling, appropriate care, and services to Veterans whom VA determines require such counseling, care, and services to overcome psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from 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. 38 U.S.C. § 1720D(a)(2) authorizes VA, in consultation with DoD, to provide this same treatment to members of the Armed Forces (including members of the National Guard and the Reserve Component) without the need for a referral. Per 38 U.S.C. § 1720D(f) and for purposes of 38 U.S.C. § 1720D(a)(1), the term "sexual harassment" means "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character." VA uses the term "MST" to refer to the "sexual trauma" term and its definition given in section 403(c)(4) of the *Veterans Access, Choice, and Accountability Act*. The definition of sexual harassment in section 1720D(f) is identical to the definition of this term in section 403(c)(3) of the *Veterans Access, Choice, and Accountability Act*. As noted above, this treatment authority (38 U.S.C. § 1720D(a)(1)) affords Veterans access to needed MST-related counseling, appropriate care, and services, to include Veterans who are not enrolled in VA's health care system. Further, treatment authorized in section 1720D is provided at no cost to eligible individuals.

Within VA, responsibility for MST-related health care policy resides with the Veterans Health Administration, whereas responsibility for policy regarding compensation for disabilities related to MST resides with the Veterans Benefits Administration.

Although the term “MST” is used in this report when referring to VA activities, policies, and personnel, it is important to note that DoD does not use the term “MST,” but rather uses the terms “sexual assault,” “sexual harassment,” and “sexual abuse” separately to align with definitions in military law and policy. The Sexual Assault Prevention and Response Office, under the Office of the Under Secretary of Defense for Personnel and Readiness and the Office of Force Resiliency, maintains program responsibility for adult, non-intimate partner sexual assault policy as defined by DoD Instruction 6495.02, “Sexual Assault Prevention and Response Program Procedures.” The Family Advocacy Program, under the Office of the Under Secretary of Defense for Personnel and Readiness and the Deputy Assistant Secretary for Military Community and Family Policy, maintains program responsibility for sexual abuse against a spouse or intimate partner. The Office for Diversity, Equity, and Inclusion, also within the Office of Force Resiliency, maintains program responsibility for harassment (which includes sexual harassment) policy.

Time Period for the Current Report

This report meets the VA-DoD Joint Executive Committee’s sixth and final annual reporting requirement under section 403(b) of the Veterans Access, Choice, and Accountability Act. Policy and program information described in this report is based on data for Fiscal Year (FY) 2020, which ended on September 30, 2020. VA and DoD continue to collaborate to identify the needs of Service members and Veterans who report experiencing sexual assault and/or sexual harassment during their military service, as well as to improve and strengthen relevant policies and programs aimed at assisting these survivors.

Part 1: Transition of Military Sexual Trauma-Related Treatment from DoD to VA

- I. Meeting the Health Care Transition Needs of Survivors
 - a. Section 403(b)(1) of the Veterans Access, Choice and Accountability Act calls for a description of processes and procedures for facilitating the transition of treatment for individuals who experienced MST from DoD to VA. The Departments are committed to supporting these survivors in recovery and have taken steps to strengthen programs well-positioned to assist them. A range of programs exists to ensure communication, information sharing, and coordination of care as well as direct assistance, as needed, for Service members transitioning from DoD medical care to VA’s health care system. The Departments continue to ensure these programs are effectively meeting the treatment needs of Service members and Veterans who report experiencing trauma as a result of sexual assault and/or sexual harassment that occurred during their military service.
 - b. Sexual assault and sexual harassment during military service can affect a survivor’s mental and physical health, even many years later. Survivors can differ in their reactions to these traumatic experiences, especially based on previous stressful life experiences and other background factors. The Departments have responded to the need for sensitive trauma-informed care with a range of provider training and program development efforts. These programs are well-prepared to assist transitioning Service members with health issues, including issues

commonly associated with trauma resulting from sexual assault/harassment that occurred during military service, such as Post-Traumatic Stress Disorder. These programs also serve to coordinate care for these survivors.

- c. VA and DoD continue to work together to use and improve existing transition programs to address the needs of these survivors rather than establish a sexual assault/harassment-specific program. VA and DoD believe this approach is more pragmatic and appropriate because many of the transition and coordination-of-care needs of these survivors are not unlike those of other Service members and Veterans who require treatment after discharge or release from service. Additionally, although the estimated reporting rate for sexual assaults in the military has steadily increased over the last decade from 7 to 32 percent, only about 1 in 3 Service member victims report their assault to the military. Many Service members, including National Guard and Reserve Component members, who experience in-service sexual assault/sexual harassment do not report it while still in the military.¹ Therefore, a specific transition program that focuses only on self-identified survivors of sexual assault/harassment during military service would not reach many who may need these services. Section III of this report describes, in detail, the Departments' outreach efforts to inform Service members and Veterans about VA's MST-related treatment program, including the fact that enrollment in VA's health care system is not a condition of eligibility.

II. Facilitating Continuity of Care from DoD to VA

Providing a seamless transition of care for Service members who wish to enroll in VA health care post-discharge or release is a priority for both Departments. The VA FY 2018 to FY 2024 Strategic Plan describes VA's and DoD's partnership to assist Service members in their transition as a key strategic objective, stating specifically, "VA and DoD are collaborating to assist Service members and Veterans during their transition from uniformed to civilian life, by focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide, during which Service members will learn about VA benefits and start the enrollment process leaving military service...." (Strategic Objective 2.2). Streamlined access to mental health care is a prominent component of this partnership, as emphasized by the efforts of the Interagency Task Force on Military and Veterans Mental Health, comprised of VA, DoD, and Department of Health and Human Services leadership. As part of its overarching goals to improve access and reduce barriers to mental health care, the Interagency Task Force undertook several initiatives aimed specifically at ensuring quality and continuity of mental health care across the Departments. Many of these initiatives are informed by, and account for, the particular needs of survivors of sexual assault/harassment during military service, even if the programs are not sexual assault/harassment-specific programs. The following section describes several transition-related programs benefiting survivors of sexual assault/harassment that

¹ Sexual Assault and Sexual Harassment in the U.S. Military, Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study (https://www.rand.org/pubs/research_reports/RR870z2-1.html).

occurred during their military service, either by targeting health concerns commonly associated with these experiences, or by including these efforts to address those consequences in their operations.

DoD *inTransition* Program

DoD has policy in place to ensure continuity of mental health care when Service members transition between duty stations or separate from military service. A cornerstone component of this policy is the *inTransition* program. This program pairs a licensed, experienced Masters-level mental health clinician, who provides specialized coaching and assistance via telephone or email, with individuals who are:

- 1) Active Duty Service members actively engaged in mental health care at the time of their transfer to another duty station;
- 2) National Guard or Reserve Component members who are transferring from or to active status or making any other transition;
- 3) Active Duty Service members, National Guard, or Reserve Component members transitioning off of deployment and are seeking care; or
- 4) Any Service member or Veteran who requests assistance with finding a mental health care provider at any time.

The objectives are to provide a bridge between a Service member's referring and receiving health care systems (within the military, from military to VA, or other civilian provider) and to assist the Service member with staying engaged in their mental health care.

Coaches remain in regular contact and support Service members throughout transition by discussing their concerns, coaching on life skills, providing guidance on treatment options and resources in the Service member's geographic area, monitoring their status; and facilitating contact with their new receiving providers. This coordination increases the likelihood of Service members continuing mental health treatment after their transition. As of April 2015, DoD began automatically enrolling Service members leaving military service who received care for a mental health condition within 12 months of their separation in the *inTransition* program. In FY 2020, 11,081 Service members had cases opened - a 17-percent increase from FY 2019, when 9,476 Service members had cases opened.

Although the *inTransition* program does not ask whether its participants have experienced sexual assault or sexual harassment, transitioning Service members currently in DoD care for sexual assault and/or sexual harassment-related mental health conditions are candidates for the program and can benefit greatly from its services. Furthermore, as of August 2019, all Service members who contact or who are contacted by *inTransition*, are made aware of free and confidential counseling available without a DoD referral at Vet Centers, specifically for sexual assault or harassment that occurred in a military setting. In FY 2020, 665 Service members requested and received a referral to a Vet Center for care related to sexual assault or

harassment - a 298-percent increase from FY 2019, when 167 Service members requested and received a referral to a Vet Center for this care.

inTransition was created to mitigate the potential risk of Service members disengaging from their mental health care and subsequently experiencing a deterioration in mental health. This may be especially true for Service members who experience sexual assault or harassment, and who often face added shame and/or perceptions of social stigmatization in connection with their experience and may be hesitant to seek care or engage with a new provider. *inTransition* coaches are trained to competently support Service members who have experienced sexual trauma. Coaches proficiently discuss health issues associated with trauma, including Post-Traumatic Stress Disorder symptoms, depression, anxiety, substance use, and finding appropriate mental health resources. All communications between Service members and *inTransition* coaches are kept confidential and are not part of the Service member's medical record.

The *inTransition* program also partners closely with the VA Transition and Care Management Program and VA Liaison Program to proactively connect transitioning Service members and recently separated Veterans with VA mental health care. In FY 2020, an enhanced coordination process between *inTransition* coaches, VA Liaisons for Healthcare, and Transition and Care Management teams was implemented resulting in timelier and better coordinated access to VA health care.

VA-DoD Interagency Care Coordination Working Group

The Interagency Care Coordination Working Group is a joint VA-DoD initiative under the Joint Executive Committee's Health Executive Committee, whose primary goal is "to provide joint leadership to drive continuous integration of care, benefits, and services provided to Service members, Veterans, and their families." This Working Group provides a forum in which enhancements to the transition of care between DoD to VA can be developed and any issues identified can be discussed and rectified. As described in more detail below, care needs related to sexual assault/harassment experienced during military service are a specific area of consideration within programs that inform the Care Coordination Working Group, making them an important resource for connecting survivors with appropriate services.

VA Transition and Care Management Program

VA provides comprehensive transition assistance and care management for wounded, ill, and injured Service members and Veterans who served in the military on or after September 11, 2001. Each VA Medical Center has a Transition and Care Management team comprised of specially trained staff with expertise in the unique needs of transitioning Service members and new Veterans. Eligible Veterans are screened for case management needs, including psychosocial risk factors such as suicide risk, homelessness, unemployment, substance abuse, and MST. Service members and Veterans who screen positive for any of these factors are assigned a case manager, who supports the development of a tailored care plan and coordinates the full spectrum of care, benefits, and services needed for optimal health and wellness.

During FY 2020, VA Transition and Care Management teams actively case managed over 40,000 Post-9/11 Service members and Veterans, approximately 5,800 of whom are

severely ill or injured. In FY 2020, the Transition and Care Management Program implemented a new web-based Post-9/11 Case Management screening report, which improved the program's ability to accurately identify all Post-9/11 era Veterans who are new to a VA facility and proactively screen them for the need for case management services. Transition and Care Management Programs nationwide screened 178,604 (91% of) Veterans for case management services in FY 2020, over 4,000 more than in FY 2019, despite the decreased visits and other challenges associated with the COVID-19 emergency response. Early screening fosters a proactive approach to care planning and coordination, and identification of social determinants of health and associated risk factors. For those who require complex care coordination, a Lead Coordinator is assigned, who serves as the primary point of contact for Service members, Veterans, and their families or caregivers for the coordination of care, benefits, and services. VA and DoD developed a process for ensuring an Integrated Care Plan is utilized for those with complex care needs, which includes MST-related counseling, care, and services, when applicable. When Service members or Veterans disclose an MST experience, they are connected to the Veterans Health Administration MST Coordinator, or other appropriate individual, who will assist them with accessing MST-specific services, as needed.

VA Liaison Program

The VA Liaisons for Health Care are licensed, Masters-prepared social workers or registered nurses that are placed in military treatment facilities with high concentrations of ill and injured Service members, including those returning from combat theaters. There are 43 VA Liaisons for Health Care stationed at 21 military treatment facilities to facilitate the transfer of Service members from the military treatment facility to a VA health care facility. In FY 2020, VA Liaisons for Health Care coordinated 12,982 transitions of health care from DoD to VA.

VA Liaisons are co-located with DoD Case Managers at military treatment facilities to provide on-site consultation and collaboration regarding VA resources and treatment options. VA Liaisons meet with Service members to discuss the VA system of care and the individual's health care needs. VA Liaisons provide access to care for transitioning Service members to help ensure VA meets their unique needs. If MST-related treatment needs are identified, VA Liaisons communicate this information to the receiving VA medical facility to ensure continuity of care, to include the scheduling of VA health care appointments, as necessary. This coordination means the patient is already engaged with the Transition and Care Management team upon his or her arrival at the receiving VA health care facility. If the VA Liaison identifies a need for the Service member to apply for MST-related VA disability compensation, he or she is connected to the appropriate Veterans Benefits Administration resource.

Additionally, in partnership with DoD through a Joint Incentive Fund project, the VA Liaison Program established 5 new virtual VA Liaisons for Healthcare in FY 2020 to support approximately 1,500 additional Service members transitioning from military treatment facilities to VA health care at sites that do not currently have a VA Liaison for Healthcare located onsite.

Warrior Care Network Liaisons

Using the VA Liaison Program as a model, VA committed to providing four full-time VA Liaisons at the Warrior Care Network – an innovative public-private partnership between

VA, the Wounded Warrior Project, and four nationally-recognized Academic Medical Centers of excellence (i.e., Emory Healthcare, Massachusetts General Hospital, Rush University Medical Center, and the University of California at Los Angeles Health) that connect world-class care with thousands of warriors who otherwise might go untreated. These participating Academic Medical Centers offer specialized clinical services to Veterans and families suffering from Post-Traumatic Stress Disorder, traumatic brain injury, and co-morbid conditions. VA Medical Centers closest to the four Academic Medical Centers hired a social worker to serve as a dedicated Warrior Care Network VA Liaison to transition and coordinate care for each Veteran between the Warrior Care Network and the VA facility of his or her choice. Similarly, the VA Liaison Program established a strategic partnership with the Marcus Institute for Brain Health and enhanced the alliance by establishing a VA Liaison for Healthcare dedicated to transitioning Veterans from the Marcus Institute for Brain Health to VA health care following their initial treatment. If MST-related needs are identified, Warrior Care Network Liaisons and the Marcus Institute for Brain Health Liaison communicate this information to the receiving VA Medical Centers to ensure continuity of care and access to appropriate benefits. In FY 2020, these Liaisons transitioned 508 Veterans back into the VA system following their specialized treatment at these public-private health care facilities.

VA Vet Centers

VA's Readjustment Counseling Service administers a nationwide network of Vet Centers, which are community-based sites offering a range of counseling, outreach, and referral services. Vet Centers offer MST-related counseling services, which includes individual and group counseling, marital and family counseling, referral for benefits assistance, liaison with community agencies, and substance use information and referral. These services are available both to Veterans and to members of the Armed Forces, including members of the National Guard and Reserve Component. As such, these services constitute part of the continuity of MST-related counseling available to transitioning Service members. Vet Center providers include psychologists, social workers, mental health counselors, and marriage and family therapists; they do not include psychiatrists or other medical providers, including those who are authorized to prescribe medications.

Although an integral component of the Veterans Health Administration, Vet Centers are independent from VA's network of medical facilities and maintain a separate line organization, budget, and confidential system of records. Per 38 Code of Federal Regulations § 17.2000(e), Vet Center information is confidential and maintained independently of VA or DoD medical records; it cannot be disclosed without either the Veteran's or Service member's authorization or through a specific legal exception permitting a disclosure. When appropriate, Vet Center personnel make referrals for care that exceeds the scope of the program.

VA's Readjustment Counseling Service tracks the amount and type of counseling being provided at Vet Centers. In FY 2020, 879 Service members (136 male, 741 female, 2 no gender noted) received MST-related services in a Vet Center, for a total of 8,568 MST-related visits. This represents a 10 percent increase in the number of Service members provided counseling and a 28 percent increase in the number of visits provided from the previous year.

Executive Order 13822 on Transitioning Service Members

Executive Order 13822, *Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*, was signed by then-President Trump on January 9, 2018. The Executive Order focused on transitioning Service members and Veterans in the first 12 months after separation from service, a critical period marked by a high risk for suicide.

The Executive Order mandated the creation of a Joint Action Plan by VA, DoD and the Department of Homeland Security, for providing transitioning Service members and Veterans with mental health and suicide prevention services. The Joint Action Plan was accepted by the White House and published in May 2018 and has been under implementation since that time. All 16 tasks outlined in the Joint Action Plan are on target for full implementation by projected completion dates, and 15 out of the 16 items are complete and currently in data collection mode. Preliminary data point toward an increase in Veteran and transitioning Service member awareness and knowledge about mental health resources, increased facilitated health care registration, and increased engagement with peers and community resources through the Transition Assistance Program and Whole Health offerings. Transitioning Service members who experienced sexual assault and/or sexual harassment during their military service are among those directly benefiting from these initiatives to expand access to mental health and suicide prevention resources. Through the coordinated efforts of VA, DoD, and the Department of Homeland Security:

- Any newly transitioned Veteran who is eligible can go to a VA Medical Center, Vet Center, or community provider and start receiving mental health care right away.
- Former Service members with Other Than Honorable discharges may receive emergent mental health care from VA, and certain former Service members with Other Than Honorable discharges, including those who experienced sexual assault/sexual harassment during military service, are eligible for mental health care on an ongoing basis.
- Some DoD resources available to Service members, such as Military OneSource, are now available to Veterans for 1 year following separation.
- After the first year, eligible Veterans may still receive mental health care support through VA Medical Centers, Vet Centers, the Veterans Crisis Line, or from a referred community resource.
- Veterans will also be able to receive support through community resources outside of VA, such as Veterans Service Organizations.
- VA Solid Start, which the Veterans Benefits Administration launched in December 2019, proactively calls each newly-separated Veteran at three different times during their first year of separation (around 90, 180, and 365 days post-separation). Specially trained VA Representatives address issues or challenges the Veteran mentions during the call with direct referrals to VA benefits and partner resources. VA Solid Start prioritizes calls to Veterans who had a mental health appointment

within their last year of Active Duty service. Common transition topics VA Solid Start can help with include, but are not limited to, health care and mental health support. On Solid Start calls, VA representatives also listen for signs of distress and transfer Veterans in crisis to the Veterans Crisis Line. VA representatives stay on the line to make sure they get the immediate assistance they need. In FY 2020, VA Solid Start provided 18 Veterans with warm handovers to the Veterans Crisis Line.

- Developed in response to Executive Order 13822, the Social and Emotional Health Resources Military Life Cycle Module gives Service members and their loved ones information about the importance of social and emotional health, experiences that may impact it, and helpful resources such as local Vet Centers and the Military Crisis Line. Important information in this module includes how to identify stressful life events; cope with challenges; support emotional health; access VA and DoD resources; help friends; and connect with peer groups. Social and emotional health resources help with stressful life events like deployments, sudden moves, service-related injuries, and activations or deactivations. Identifying the early warning signs of emotional health concerns and knowledge of available resources can help prevent problems from negatively affecting a career, relationships, and overall health.

III. Facilitating Access to VA MST-Related Services for Transitioning Service Members

This section is a review of the resources and initiatives used to inform Service members and Veterans about the VA MST-related services available to them. These efforts are an important part of the continuum of programs for facilitating Service members' transition to VA care, as they have the potential to reach all Service members regardless of their current level of involvement in the military.

DoD Sexual Assault Response Coordinators and Veterans Health Administration Military Sexual Trauma Coordinators

Both VA and DoD have designated staff members who serve as primary central points of contact for their respective services related to MST and sexual assault. Across all military branches, unit- or base-level, Sexual Assault Response Coordinators are the single point of contact for coordinating victim assistance to facilitate recovery and empower victims. Sexual Assault Response Coordinators ensure the military has a 24/7 response capability for all locations, including deployed areas, and are responsible for managing the Sexual Assault Prevention and Response programs, supervising Sexual Assault Prevention and Response Victim Advocates and informing victims of their options and rights. Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates connect victims with appropriate resources and advocate on their behalf within the system, when necessary. Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates will support the victim through the lifecycle of the case, from initial report through final disposition, or until the Service member no longer wishes to receive their services. As such, Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates are positioned to connect victims to medical and mental health resources and to facilitate contact with VA personnel, such as MST Coordinators who can advise Service members transitioning out of the military about their available VA health care options.

Within the Veterans Health Administration, each VA health care site is covered by one or more designated MST Coordinators, who serve as administrative point persons for local MST-related health care services. The MST Coordinator position is typically held by an experienced mental health clinician with expertise in trauma-related care. MST Coordinators have a wide-ranging role, including overseeing the local implementation of the Veterans Health Administration policies on MST, coordinating training on MST for local providers and staff, and conducting informational outreach on MST-related services. MST Coordinators serve as sources of information on MST policies and services for staff and the local Veteran population, along with providing assistance and advocacy for Veterans navigating the system. At some sites, the MST Coordinator provides an initial response (including initiating a referral to mental health) for Veterans who, as part of VA's universal screening program discussed below, screen positive for MST and who request this referral for care. MST Coordinators also work to ensure that local MST-related services are well-publicized; that providers and staff are informed and able to refer potentially eligible Veterans; and that target outreach populations have or can readily access the MST Coordinator's contact information.

Recognizing the ability to reach a site's MST Coordinator is often critical to a survivor's ability or willingness to access MST-related services. VA conducts a biannual "Answer the Call" campaign, where "secret shopper" test calls are made to VA Medical Centers and VA Community-Based Outpatient Clinics in order to verify frontline staff, such as telephone operators and clinic clerks, are familiar with the term "MST," and are readily able to identify and direct callers to the MST Coordinator, and are sensitive to Veterans' privacy concerns. In the most recent review, 81 percent of VA Medical Centers and 62 percent of Community-Based Outpatient Clinics received a "Satisfactory" rating, meaning both test calls successfully reached the MST Coordinator (or his or her personal voicemail). This represents an improvement of 48 percent among VA Medical Centers and 42 percent among Community-Based Outpatient Clinics since this review began in 2010.

MST Coordinators report the "Answer the Call" program has led to demonstrable improvements in how frontline staff are trained and handle calls. This campaign has succeeded in raising awareness of VA MST services and the role and duties of the VA MST Coordinator.

In addition, VA and DoD have engaged in efforts to facilitate strong working relationships between Sexual Assault Response Coordinators and MST Coordinators. Sexual Assault Response Coordinators and MST Coordinators in the same geographic region are encouraged to establish a connection, consult as needed to assist individual Service members and Veterans, and participate in staff training events across Departments. VA's National MST Support Team and DoD's Sexual Assault Prevention and Response Offices have conducted trainings to ensure providers and staff within each Department, including Sexual Assault Response Coordinators and MST Coordinators, are aware of each other's services and communicate, as needed, to help connect individual Service members and Veterans to services matching their treatment needs. Additionally, Sexual Assault Prevention and Response Offices have included MST Coordinators in their efforts with the Office for Victims of Crime initiative called "Strengthening Military-Civilian Partnerships to Respond to Sexual Assault." This training connects on- and off-base resources through local trainings in support of Service members who have experienced sexual assault. DoD will continue amplifying training efforts and VA collaborations to ensure enhanced Veteran support.

Touch Points for Reaching Service Members

Sexual assault is an underreported crime and, as such, not all Service members who experience an assault will contact a Sexual Assault Response Coordinator and receive assistance in accessing care. To reach this population, it is vital to have touch points in place intersecting with Service members during their military careers and as they transition out of the military. These touch points are an opportunity to advise Service members about the services available to them, including VA MST-related counseling and health care services and disability compensation. Two prominent touch points are the Transition Assistance Program and the Separation Health Assessment. Comprehensive outreach efforts by VA Transition and Care Management teams are another strategy for reaching a wide range of Service members and Veterans.

Transition Assistance Program: The Transition Assistance Program is a key component in VA-DoD outreach to Service members, including those who experienced sexual assault/harassment during their military service but did not report it. The Transition Assistance Program provides attendees with information about available VA and DoD resources at a time when they are actively engaged in planning for their civilian life. As part of mandatory out-processing during separation from the military, all eligible Service members participate in the Transition Assistance Program. A major component of the Transition Assistance Program is an orientation to VA, including information on VA benefits, such as health care and disability compensation. During the Transition Assistance Program briefing, Service members are also advised of the requirement for a Separation History and Physical Examination, which administered as part of the Separation Health Assessment, is discussed below.

The VA Benefits and Services course (VA's portion of the mandatory Transition Assistance Program curriculum) provides transitioning Service members with information about resources to access Veterans Health Administration health care, including MST-related care. Service members are made aware that VA offers mental health care at no charge during the first year after separating, regardless of their eligibility. A direct link to the VA Mental Health website is provided as guidance for connecting to mental health services specifically. Additionally, Service members are informed that Vet Centers provide a broad range of free counseling, outreach and referral services to Veterans, Active Duty Service members and their families. The briefing also discusses VA resources that address coping with traumatic events, such as Post-Traumatic Stress Disorder and MST. The briefing also informs Service members of the option to file a disability claim for a condition, or conditions, related to sexual assault/harassment during military service and discusses the type of evidence required for such a claim.

VA and DoD remain committed to supporting women's health, including support for women who experienced MST. To this end, VA and DoD piloted, and subsequently deployed, the Women's Health Transition Training Program. This 4-hour, woman-led training session helps make female Service members aware of VA's gender-specific health care services, and to enroll more women in VA health care as quickly as possible after separation.

These sessions also address the transformed culture of VA, availability of women's health and mental health care services, eligibility for and enrollment in VA care, post-separation

health care ownership, and available transition support services. The Women's Health Transition Training course and Participant Handbook also provide key information for participants related to MST, including: Veterans Health Administration services for MST, such as free counseling and treatment for mental and physical health conditions related to MST; eligibility information for these services and how to access them; where to find more information about these services (e.g., <https://www.mentalhealth.va.gov/msthome>); and how to access the DoD Safe Helpline for support and DoD-specific information. In FY 2020, all MST-related content in the Transition Assistance Program curriculum and in the Women's Health Transition Training Program were reviewed and updated to ensure that transitioning Service members receive accurate and up to date information about VA's MST-related services.

Separation Health Assessment: The Separation Health Assessment is a Joint Executive Committee initiative, with interagency and interdisciplinary coordination conducted by the VA-DoD Separation Health Assessment Working Group 10 U.S.C. § 1145 requires a separation health assessment and this requirement is implemented by DoD Instruction 6040.46, "The Separation History and Physical Examination for the DoD Separation Health Assessment Program," April 14, 2016. Each year, the Separation Health Assessment reaches approximately 200,000 Service members who are separating from an active duty component or demobilizing from active duty orders and returning to reserve status.

The Separation Health Assessment captures information about a Service member's current health status in a standard format and in a report shareable across Departments, thus reducing redundant examinations (exams) and saving time and resources. The Separation Health Assessment incorporates a self-reported subjective assessment of health and an objective assessment completed by an examining clinician. It provides an accounting of current and past medical concerns identified during a Service member's military career and an opportunity to document previously unrecognized or undiagnosed medical conditions occurring during service. The Separation Health Assessment provides DoD with a source of information about illnesses, injuries, and occupational hazards arising from the military workplace, which helps identify and address readiness and safety issues. It provides VA with a timely, efficient source of information for identifying service-connected conditions in transitioning Service members and allows for projections of future health care and disability compensation needs. While conducting a Separation Health Assessment, an examining clinician may find a Service member to be at risk for disengagement from treatment and worsening mental health. In that case, the examining clinician may refer the Service member with current mental health concerns, mental health diagnoses, and/or transition-related issues to the *inTransition* program.

By agreement between VA and DoD, certain Service members may have their Separation Health Assessment performed by a Veterans Benefits Administration-contracted examining clinician. In all exams conducted by VA, examiners provide information about MST-related health care and service connection. These exams are discussed in more detail in Part 2 (Initiatives to Improve Assistance to Veterans Filing MST-Related Claims).

Outreach by Transition and Care Management Teams: The key role of the Transition and Care Management team in facilitating continuity of care for Post-9/11 Service members and Veterans was noted in the previous section. In addition to clinical case management, Transition and Care Management team members actively support outreach events in the community (in

multiple venues) targeting Service members, Veterans, and family members, to increase their access to VA health care and benefits. Transition and Care Management team members participate in events for returning Service members and Veterans such as DoD's Yellow Ribbon Reintegration Program, Post Deployment Health Reassessment events, and Individual Ready Reserve annual screening musters. Each Transition and Care Management team coordinates events with community leaders, including annual VA Welcome Home events and job fairs. Such events are often held at sports and recreational venues to maximize interest and contact. The Transition and Care Management team gives presentations to community partners, Veterans Service Organizations, colleges and universities, employment agencies, and other entities to collaborate in providing services and connecting with returning Service members, Veterans, and their families. The Veterans Health Administration MST Coordinators may work with Transition and Care Management teams to increase outreach on VA's MST-related services specifically. MST Coordinators supply materials, such as brochures and fact sheets, for distribution at outreach events and may attend these events in person. Transition and Care Management team members also disseminate relevant VA contact information to event attendees, as needed.

In addition, the Veterans Health Administration Transition and Care Management Program has engaged the Veterans Benefits Administration Solid Start Program to work together on improving recently separated Veterans' access to VA health care. The Transition and Care Management Program and Veterans Benefits Administration Solid Start tested a bi-directional hand-off process utilizing a Transition and Care Management Services interactive team locator tool. During the test period, 90 referrals were made from a single Veterans Benefits Administration Solid Start point of contact directly to the Transition and Care Management team at the Veteran's home VA health care facility to facilitate their access to VA health care and screening for risk factors. The successful test led to multiple process improvements to improve the efficiency of Veterans Benefits Administration to Veterans Health Administration referrals and a plan for expansion to approximately 100 Solid Start call center representatives in FY 2021.

VA Military Sexual Trauma-related Counseling, Care, and Services available to Service Members without a DoD Referral

38 U.S.C. § 1720D(a)(2), as amended, authorizes VA, in consultation with DoD, to provide Service members (including Active Duty, National Guard, and Reserve Component members) with VA health care services related to sexual assault and/or sexual harassment experienced during their military service without a referral from DoD. This includes care for mental and physical health conditions determined to have resulted from sexual assault/and or sexual harassment experiences.

The Departments have worked closely together to develop an implementation strategy for this discretionary authority to provide VA care without a DoD referral that would expand services as much as possible, while maintaining the trust of sexual trauma survivors and protecting mission readiness. With these important considerations in mind, VA and DoD's joint decision was to implement this authority at VA Vet Centers only, meaning Service members can receive MST-related counseling services from more than 300 VA Vet Centers without a referral from DoD. This decision was the result of years of collaboration and exploration of all available

courses of action and was approved by both the VA-DoD Joint Executive Committee and Health Executive Committee.

Vet Centers are a widely available resource for Service members seeking confidential sexual trauma-related counseling and referral services. As previously described, Vet Centers have trained counselors on staff who provide MST-related individual and group counseling, marital and family counseling, referral for benefits assistance, liaison with community agencies, and substance use information and referral. Vet Center Client Records are maintained in a separate Privacy Act system of records, containing a limited number of routine uses. Currently, there are no routine uses allowing a disclosure to DoD.

The Departments identified significant barriers to implementing the discretionary authority at VA medical facilities. Key among them are Service members seeking VA sexual trauma-related care without a DoD referral may be doing so with the expectation of confidentiality. VA believes maintaining confidentiality is crucial to maintaining patient trust and preserving Service members' sense of VA as a source of help, not only during their service but also after transitioning to being Veterans. Ethics consults from the American Medical Association and the VA National Center for Ethics in Health Care support this perspective and underscore the importance of implementing this authority in a way that preserves confidentiality. Both Departments recognize the provision of confidential medical care could pose risks to DoD, as medical conditions or treatment (e.g., prescription medications) that could degrade mission performance or deployment readiness of Service members would be unknown to DoD medical providers or command unless communicated by Service members themselves. Several potential compromise options were explored and found to insufficiently address each Department's concerns.

VA and DoD have developed a detailed referral process and guide for Vet Center staff to inform them how to assist Service members who require care outside the scope of Vet Center services. In addition, the Departments have developed and implemented a training and dissemination plan for Vet Centers and DoD *inTransition* staff regarding referral processes and their implementation. VA and DoD continue to collaborate on additional outreach strategies to inform Service members about the services available to them from both Departments, as well as ongoing evaluation of the implementation and utilization of referral processes.

Updates to DoD Sexual Harassment Policy

DoD Instruction 1020.03, "Harassment Prevention and Response in the Armed Forces," requires the Secretaries of the Military Departments and other DoD Component Heads to hold leaders at all levels appropriately accountable for fostering a climate that is free from harassment, including sexual harassment, and does not tolerate retaliation against those making allegations of harassment. This policy, originally published on February 8, 2018, was updated on December 29, 2020, to bolster prevention and response efforts, enhance oversight, and provide additional protections and requirements to better protect Service members.

In addition, on September 4, 2020, DoD published a new policy, DoD Instruction 1350.02, "DoD Military Equal Opportunity Program." This new policy requires training on sexual violence and ensures that victims of alleged sex-related offenses and those individuals

who intervene on behalf of victims of alleged sex-related offenses are protected from retaliation. Finally, DoD Instruction 1350.02 emphasizes the responsibility to inform victims of alleged sex-related offenses of all available resources for complainants or victims on- and off-base. With these increased efforts for preventing and responding to sexual harassment, the Department aims to empower its Service members with the training and knowledge on how to recognize, report, and respond to sexual harassment.

Online Resources

Not all Service members need or are interested in VA treatment services at the time they participate in the Separation Health Assessment or in outreach events such as those mentioned above, so it is important they are able to easily locate information about VA services and points of contact should they decide to seek them later. Online resources also play a vital role in the initial response process after a sexual assault, for Service members considering their options before approaching a Sexual Assault Response Coordinator or health care provider. To meet these needs, both VA and DoD ensure up-to-date information about VA MST-related services is available on their key websites.

DoD Online Resources. A key resource in the response process is the Safe Helpline (safehelpline.org), which provides an additional channel for Service members to seek confidential and anonymous sexual assault assistance. The DoD Safe Helpline is the Department's sole secure, confidential, and anonymous crisis support service especially designed for members of the DoD community affected by sexual assault. Safe Helpline is available 24/7, worldwide. The DoD Safe Helpline staff provides live, one-on-one support to survivors, their families, and other DoD stakeholders.

The DoD Safe Helpline is operated by the non-profit organization, the Rape, Abuse & Incest National Network, through a contract with DoD and applies a confidential victim-centered, trauma-informed approach to all aspects of service provision. Safe Helpline staff share information with Service members about VA benefits and can facilitate callers' contact with Veterans Health Administration MST Coordinators and key VA points of contact. Safe Helpline staff also provide referrals to other VA resources and Veterans Service Organizations, as well as to Sexual Assault Response Coordinators, Sexual Assault Prevention and Response Victim Advocates, local civilian sexual assault service providers, military legal services, chaplains, police, and medical services.

DoD Safe Helpline provides several distinct services to ensure that victims can receive the help they need anytime and anywhere. Services include:

- **SafeHelpline.org:** The Safe Helpline website provides visitors with a comprehensive overview of Safe Helpline services, information on sexual assault, links to all the Safe Helpline Services, additional resources, access to the Safe Helpline Responder Database, and the Military Feedback Form.
- **Online Hotline:** The Safe Helpline Online Hotline provides live, one-on-one confidential crisis support and resources with a member of Safe Helpline's trained

staff through a secure instant-messaging format. The services are available through the Safe Helpline website and the Safe Helpline mobile application.

- **Telephone Hotline:** The Safe Helpline Telephone Hotline provides live, one-on-one confidential crisis support, information, and resources with a member of Safe Helpline's trained staff through a secure telephone hotline. Safe Helpline staff are also able to provide users with a connection to any of the resources listed in the Responder Database, Military OneSource Consultant (for issues not related to sexual assault), Veterans Benefits Administration MST Coordinator, Veterans Health Administration MST Coordinator, and the Psychological Health Center of Excellence.
- **Safe Helpline Responder Database:** The Safe Helpline Responder Database is a comprehensive database of over 2700 worldwide military responders including, local Sexual Assault Response Coordinators and Sexual Assault Prevention and Sexual Assault Prevention and Response Victim Advocates, legal resources, Chaplains, medical and mental health care resources, and military police. In addition, the database includes civilian Sexual Assault Service Providers and links for VA resources. The database is available online at <https://safehelpline.org/nearme>, via text 55-247 in the United States. and (001) 202-470-5546 outside the United States, and on the Safe Helpline Mobile App.
- **Safe Helpline Mobile Application:** The Safe Helpline Mobile Application enables users to connect with the Online Hotline, Telephone Hotline, Responder Database, and the Transitioning Service Member Database through an easy to use mobile application. In addition, the service includes access to a number of self-care resources within a password-protected section of the app such as a self-care plan to help manage and track the short and long term effects of sexual assault, guided exercises, a coloring book, and an in-app journal. The Safe Helpline Mobile App is free and available for download on both Apple and Android devices.
- **Safe HelpRoom:** The Safe Help Room is a group chat service that allows military sexual assault survivors to connect with one another in a moderated and secure online environment at SafeHelpline.org. The group chat is moderated by a member of Safe Helpline's trained staff and is available 24/7. In addition, sessions specifically set aside for men are available every Sunday from 1300-1500 Eastern Standard Time.
- **Self-Paced Educational Programs:** Safe Helpline offers a number of unique self-paced modules to help those looking for support or information related to sexual assault. Each module was built with a particular audience in mind, but all modules provide valuable information for anyone looking to learn more about sexual assault, its effects, and the support available. All the modules can be accessed anonymously through the Safe Helpline website. Many of the modules are also available for DoD Sexual Assault Advocate Certification Program credit for Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates on the following website: <https://safehelpline.org/education>.

- **Transitioning Service Members Database:** The Safe Helpline Transitioning Service Members Database provides information and resources tailored to the needs of Transitioning Service members. There are 10 categories of available services: accessing benefits, basic needs, disability assistance, education and training, employment services, housing assistance, medical health care, mental health care, transition assistance programs, and Veterans support. Service members can independently identify and customize their needs by use of a short decision tree located on the following website: <https://www.safehelpline.org/tsm-search.cfm>. Safe Helpline staff can also transfer callers directly to a Veterans Benefits Administration MST Coordinator or Veterans Health Administration facility.
- **Military Feedback Form:** The Safe Helpline Military Feedback Form provides an avenue for users to provide feedback to Sexual Assault Prevention and Response Office directly. The form can be completed anonymously or with the users contact information if they choose to include it. Users can provide comments, suggestions and complaints about the services provided on the installation/base, at the Service Sexual Assault Prevention and Response Headquarters level, through Safe Helpline or any other DoD Sexual Assault Prevention and Response related entity.

While Safe Helpline is the place to get assistance for a sexual assault, Military OneSource has a variety of services for other matters, including:

- **Non-medical counseling:** Military OneSource provides non-medical counselors who offer confidential sessions by secure video (Telehealth), online chat, telephone, or in person. Counselors can help with everyday stressors, feelings of isolation, and anxiety, as well as challenges due to COVID-19.
- **Military and Family Life Counseling Program:** Military OneSource links service members, their families and survivors to non-medical counseling available worldwide on military installations. This confidential non-medical counseling addresses issues such as improving relationships at home and work, stress management, adjustment difficulties, parenting, and grief or loss.
- **Resilience tools and apps:** Military OneSource offers a variety of resilience tools and well-being apps, including CoachHub (which connects Service members with experts who can help them set and meet goals) and MoodHacker (which lets users track and help understand how they're feeling).

VA online resources: VA has developed the following MST-specific website: www.mentalhealth.va.gov/msthome, with information about difficulties commonly associated with MST, available VA care, and how to learn more about these issues. There is a link on the website to a fact sheet regarding VA disability compensation for conditions related to MST. In FY 2020, to increase awareness of VA's MST-related services among current Service members, the link to this VA MST-specific website was added to DD Form 2910 ([Sexual Assault] Victim Reporting Preference Statement) and DD Form 2967 (Domestic Abuse Victim Reporting Option Statement). MST is also included in the following VA "Make the Connection" website: www.maketheconnection.net, which features videos of Veterans telling their stories of recovery

and provides information about MST and VA MST-related services. Information on MST can also be found on several other key websites throughout the va.gov domain. These online resources serve an important function to: (1) normalize and destigmatize the types of difficulties arising after MST; (2) raise awareness of the available services for MST-related conditions within VA; and (3) facilitate contact with VA staff (e.g., MST Coordinators) who can assist with accessing counseling, care, and services.

VA Universal Screening for Military Sexual Trauma

Recognizing many survivors of sexual trauma do not disclose their experiences unless asked directly, since 2000, VA has required all Veterans who receive VA health care be screened for MST by a VA health care professional. In addition to being an important component of patient assessment, universal screening provides another opportunity for VA to advise all patients about the availability of VA MST-related health care services.

All Veterans seen in VA's health care system must be screened at least once using the MST Clinical Reminder in the Veterans Health Administration's electronic health record. However, since some Veterans may not feel comfortable disclosing an MST experience when first screened, national educational resources highlight the importance of creating multiple opportunities for disclosure of MST experiences. For example, the Veterans Health Administration encourages screening any Veteran seen for mental health care for MST. Veterans who respond "yes" to either of the screening questions (indicating the Veteran did experience sexual assault/harassment during military service) are offered a referral for MST-related services through an automated question in the MST Clinical Reminder. This referral question standardizes the referral process system-wide and helps streamline access to care for Veterans who express interest in MST-related services.

Staff Training Initiatives

VA recognizes all staff members play a role in improving access and reducing barriers to care for MST survivors, including Veterans newly transitioning into VA's health care system. For this reason, all VA mental health providers and primary care providers are required to complete a mandatory training requirement on MST, which provides guidance on sensitive screening practices; information about how MST can affect a Veteran's health care needs; best practices in care provision; and information about Veterans Health Administration's MST-related services. The Veterans Health Administration also offers a range of voluntary MST-related training programs for continuing education. These allow staff the opportunity to develop MST-related knowledge and skills above the baseline provided by the mandatory trainings described above. Voluntary continuing education courses include a bi-monthly MST Teleconference Training Series and a virtual MST Annual Conference.

Additional Outreach/Awareness Raising Activities

VA has a range of additional outreach and awareness raising initiatives to help Service members and Veterans newly transitioning into the VA health care system learn of available MST-related services. For example, the Veterans Health Administration's National MST Support Team (which, among other responsibilities, is charged with coordinating and expanding

national MST-related education, training, and Veteran outreach) engages annually in National activities to support and encourage facilities to host events in April, in honor of Sexual Assault Awareness Month. For Sexual Assault Awareness Month 2020, the MST Support Team partnered with the Veterans Health Administration Communications staff to create a national digital advertising campaign targeting Veterans and the general public. The central theme of the campaign, “You’re Not Alone: VA is Here for MST Survivors,” aimed to give hope to Veterans and describe how to learn more about VA’s free MST-related services. It included media on a variety of platforms, including professional quality social media posts on Facebook and Instagram, brief informational and inspirational videos, and targeted ads on digital billboards, wellness kiosks, and in convenience stores in regions with large Veteran populations. Across the month of April, the campaign resulted in over 178 million ad impressions (as measured by video ads that were initiated), more than 20 million video/audio completions, and almost 248,000 visits to the dedicated Sexual Assault Awareness Month webpage on VA’s MST internet website. In addition, the MST Support Team engaged in efforts to support MST Coordinators in transitioning their local Sexual Assault Awareness Month events to virtual formats in response to the COVID-19 pandemic. Efforts included hosting discussion calls on this topic, distributing emails to national listservs and providing presentations on calls for other program coordinators to highlight Sexual Assault Awareness Month, the relevance of MST for their work, and links to resources.

In addition, in FY 2020, the Veterans Health Administration developed and made available several trainings on MST to community providers working with MST survivors. The Veterans Health Administration has also ensured that MST was a primary focus of outreach events held in FY 2020 designed to directly reach former Service members as well as professionals working with Veterans and Service members. These included a Veterans Experience Office women-focused RallyPoint outreach event in June 2020, and Veterans Experience Live: Woman Veteran Series Facebook Live and Rally Point outreach events in September 2020.

DoD also provides a range of activities to promote awareness of sexual assault prevention and treatment resources. Many of these were completed in April, the nationally designated month for sexual assault awareness activities. The Psychological Health Center of Excellence initiated a social awareness campaign, which included Facebook and Twitter posts on sexual assault facts and myths. Efforts featured a Clinicians Corner blog series promoting awareness of sexual assault prevention efforts and military specific resources. Nationwide, many local events were held on military installations. Local events included: a Denim Day affirming our commitment to maintain a climate of dignity and respect, online trainings, local campaigns focused on believing survivors and several run/walk fitness events. Creative activities included: door-decorating contests, positive messaging and dining facility “Teal Meals.” Notably, the cadet leadership at the US Military Academy challenged Corps of Cadets members to run 48 miles to raise awareness of sexual assault and harassment.

Part 2: Assistance to Veterans in Filing Claims for Disabilities Related to Military Sexual Trauma

I. The Role of Each Department

Department of Defense

Part of DoD's role is to ensure the creation and secure retention of records sufficient to document the report of a sexual assault to initiate Sexual Assault Prevention and Response services, and if needed, for a later purpose (such as a disability claim). Some Veterans may not choose to report a sexual assault at the time it occurred, and consequently, these records may not exist. The United States Court of Appeals for the Federal Circuit² has held the absence of documentation of a claimed sexual assault while in service cannot be considered evidence an assault did not occur. It is DoD's responsibility - at the request of the Veteran - to make the Veteran's records available completely and in an efficient manner, to help expedite the evidence review component of a disability claim. It is DoD's responsibility to facilitate the documentation of a reported sexual assault when the original documentation has been misplaced or lost. DoD has the additional responsibility of documenting any retaliation allegations, including ostracism and reprisal, that is related to the reporting of the sexual assault by the victim, as that retaliation may cause the victim significant psychological distress and may even have physical ramifications.

Sexual Assault Response Coordinators and DD Forms Documenting Sexual Assault: The Sexual Assault Response Coordinator serves as the central point of contact for coordinating a response to a Service member's report of sexual assault. A Sexual Assault Response Coordinator or a Sexual Assault Prevention and Response Victim Advocate will respond to every disclosure of sexual assault within their assigned unit or installation. One of the Sexual Assault Response Coordinator's or Sexual Assault Prevention and Response Victim Advocate's responsibilities to the victim is to explain their reporting options. The Service member's choice between Restricted (Command and law enforcement are not notified) or Unrestricted (Command and law enforcement are notified) Report is recorded on DD Form 2910, "Victim Reporting Preference Statement." Even after speaking with the Sexual Assault Response Coordinator, the Service member has the option not to sign DD Form 2910. In this case, the sexual assault disclosure will not be documented, and there will be no record of the victim's allegation.

The Sexual Assault Response Coordinator or Sexual Assault Prevention and Response Victim Advocate has several follow-up responsibilities to ensure DD Form 2910 is properly retained, to include documentation of the sexual assault report for a future VA disability claim. First, the Sexual Assault Response Coordinator will provide the Service member a hard copy of the signed DD Form 2910 and advise the Service member to keep it in his or her personal records. Second, in the case of an Unrestricted Report, DD Form 2910 is uploaded to the Defense Sexual Assault Incident Database, where it will be retained for 50 years from the date the victim signs the DD Form 2910.

² *AZ v. Shinseki*, 731 F.3d 1303, 1318 (Fed. Cir. 2013).

For a Restricted Report, the Sexual Assault Response Coordinator will upload the DD Form 2910 to the Defense Sexual Assault Incident Database File Locker, once operational. Restricted Report DD Forms 2910 that have not been uploaded to the Defense Sexual Assault Incident Database File Locker will be retained for 50 years, consistent with DoD and Service guidance for the storage and disposition of personally identifiable information. The 50-year timeframe for the DD Form 2910 in a Restricted Report will also start from the date the victim signs DD Form 2910. Current or former Service members who made a report of sexual assault may contact their respective Service Sexual Assault Prevention and Response headquarters office or local Sexual Assault Response Coordinator for help accessing their DD Forms 2910 within the 50-year retention period. Sexual Assault Response Coordinators being reassigned to another duty station or other duties are responsible for securely transferring all retained records to the incoming Sexual Assault Response Coordinator.

In FY 2019, DoD created and published two additional DD Forms: DD Form 2910-1, "Replacement of Lost DD Form 2910, Victim Reporting Preference Statement" and DD Form 2910-2, "Retaliation Reporting Statement for Unrestricted Sexual Assault Cases." DD Form 2910-1, "Replacement of Lost DD Form 2910, Victim Reporting Preference Statement" provides a victim of sexual assault with the assistance of the Sexual Assault Response Coordinator/Sexual Assault Prevention and Response VA and the ability to receive documentation of their previously-reported and documented sexual assault in the event the original DD Form 2910 is lost. DD Form 2910-2, "Retaliation Reporting Statement for Unrestricted Sexual Assault Cases" is used to advise a retaliation reporter (e.g., sexual assault victim, bystander, witness, or responder) and document their acknowledgement of the advisement of available resources related to an incident of retaliation, reprisal, ostracism, or maltreatment related to a report of sexual assault. Retaliation that is related to the reporting of a sexual assault may cause the victim significant psychological and physical distress, for which the victim may be eligible to receive MST-related services from VA. As a result, both the DD Forms 2910-1 and 2910-2 are now accepted as documentation by the VA for health care and disability claims.

Service Treatment Record Sharing: VA and DoD have the capability to share electronic medical record information for patients who are receiving care in both Departments, through a common viewer integrated with each Department's electronic medical record system known as the Joint Legacy Viewer. In addition to this "live" electronic medical record information sharing, the Departments have jointly developed an automated mechanism to provide a copy of the electronically archived complete Service Treatment Record to VA. Since January 2014, as Service members separate, DoD compiles and certifies the Service Treatment Record in an electronic record repository. If a Veteran subsequently files a claim with VA, the Service Treatment Record archive will be automatically copied from DoD to the Veterans Benefits Administration record repository. This ensures the Service Treatment Record is available to Veterans Benefits Administration staff as soon as they begin to evaluate the claim. The electronic repository process applies to all Service members who have separated since January 2014. Prior to this time, records were compiled on paper and mailed to the VA Records Management Center for storage.

Department of Veterans Affairs

One of VA's primary roles is to develop and adjudicate Veterans' disability claims. As such, VA's responsibilities include assisting in obtaining evidence; requesting and conducting the necessary VA medical examinations; adjudicating claims; promulgating regulations for adjudicating claims; and training adjudicators to properly apply the applicable laws and regulations.

Nature of Military Sexual Trauma-related disability claims: MST is an in-service event, not a condition; therefore, Veterans do not file disability claims for MST, but rather for physical or mental health disabilities caused (or aggravated) by an in-service MST event. The most claimed disability is Post-Traumatic Stress Disorder, but Veterans may also submit claims for depression, other mental disorders, or physical disabilities that may have developed as a result of MST. Given the high prevalence of claims for Post-Traumatic Stress Disorder related to MST, VA has prioritized the process for adjudicating this type of claim. Since that time, the Veterans Benefits Administration has focused its efforts on claims related to Post-Traumatic Stress Disorder, and this report will similarly focus on those types of claims.

Claims process: A Veteran's disability claim must meet three evidentiary criteria for a Veteran to receive compensation:

- 1) Evidence of an in-service injury, disease, or event (such as an incident of MST);
- 2) Evidence of a currently diagnosed disability, such as Post-Traumatic Stress Disorder; and
- 3) Evidence of a causal link between the injury, disease, or event and the disability.

Once the claim has been filed, Veterans Benefits Administration staff assists in obtaining the evidence to substantiate the claim. The Veterans Benefits Administration will obtain the Veteran's Service Treatment Records, along with and relevant and identified personnel records from DoD and any VA medical records. With the Veteran's consent, Veterans Benefits Administration will help locate records from sources such as private health care providers.

In evaluating the evidence for an incident of MST, the Veterans Benefits Administration will consider DD Forms, such as DD Form 2910, "Victim Reporting Preference Statement" or DD Form 2911, "DoD Sexual Assault Forensic Examination Report," if available. Recognizing MST often goes unreported, the VA regulation for Post-Traumatic Stress Disorder claims based on personal assault requires consideration of a broad range of evidence to corroborate occurrence of an assault. Specifically, the claims personnel will look for evidence the incident occurred in sources, such as law enforcement and rape crisis center records; treatment records from mental health clinics, hospitals, or physicians (e.g., tests for pregnancy or sexually transmitted diseases); and statements from family members, roommates, clergy, or fellow Service members. VA will also look for evidence of changes in behavior, such as worsening work performance evaluations or requests for transfer. Claims personnel will not deny a claim without first advising a claimant that such evidence may support occurrence of the stressor and providing the claimant the opportunity to submit these types of evidence.

If there is credible supporting evidence of an in-service MST, current Post-Traumatic Stress Disorder symptoms or a Post-Traumatic Stress Disorder diagnosis, and indication that the Post-Traumatic Stress Disorder symptoms may be associated with the claimed stressor, Veterans Benefits Administration claims personnel will request a disability compensation exam. A licensed, specially trained VA health care provider (or VA contractor) will evaluate the Veteran's current symptoms and provide an opinion as to whether current symptoms are related to an in-service MST. Based on results from the exam and the other available evidence, Veterans Benefits Administration claims personnel will evaluate all the evidence of record and approve or deny the claim. If approved, Veterans Benefits Administration claims personnel will assign a percentage rating based on the degree of disability related to the service-connected disability. A Veteran may appeal a claims decision if he or she disagrees with the outcome.

II. Initiatives to Improve Assistance to Veterans Filing Military Sexual Trauma-Related Claims

The Veterans Benefits Administration has emphasized the importance of consistent processing of MST-related Post-Traumatic Stress Disorder disability claims with the following initiatives described in chronological order. In June 2011, the Veterans Benefits Administration issued nationwide guidance that required all personnel handling MST-related disability claims to complete specific MST training, including sensitivity training. During July 2011, the Under Secretary for Benefits participated in the National Training Summit on Women Veterans and met with the VA Advisory Committee on Women Veterans. This led to a focused review, conducted by Veterans Benefits Administration's Compensation Service Program Office - Quality Assurance team subject matter experts. The Subject Matter Experts reviewed 385 previously denied claims for service connection for Post-Traumatic Stress Disorder due to MST. When the review identified errors, the VA Regional Office involved was notified and directed to correct the errors.

In October 2011, VA began tracking data concerning the grant rates for MST-related Post-Traumatic Stress Disorder claims versus all Post-Traumatic Stress Disorder claims, including combat-related claims. For that month, the data showed a disproportionate grant rate of 32 percent for MST-related Post-Traumatic Stress Disorder claims compared to 58 percent for all Post-Traumatic Stress Disorder claims. In December 2011, the Veterans Benefits Administration conducted nationwide training focused on Post-Traumatic Stress Disorder claims, which included the evaluation of evidence that may indicate the occurrence of the claimed in-service MST stressor event. The Veterans Benefits Administration's training efforts have highlighted the frequent absence of official documentation of the MST stressor event in the Veteran's military records. This training led to more consistent adjudication of these claims and higher grant rates for MST-related Post-Traumatic Stress Disorder claims. Since the training, the grant rate for MST-related Post-Traumatic Stress Disorder claims has increased significantly and is now relatively proportionate to all Post-Traumatic Stress Disorder claims. The average grant rate for MST-related Post-Traumatic Stress Disorder claims increased from 32 percent in FY 2011 to 62 percent in FY 2020. This grant rate exceeds the average grant rate of 61 percent for all Post-Traumatic Stress Disorder claims in FY 2020. VA maintains internal monthly and annual data on MST/Post-Traumatic Stress Disorder claims for Congressional reporting purposes.

The Veterans Benefits Administration also developed an initiative to offer Veterans with previously denied MST-related Post-Traumatic Stress Disorder claims a re-review of their claim. In June 2013, the Veterans Benefits Administration sent outreach letters to over 2,500 Veterans whose MST-related Post-Traumatic Stress Disorder claims were denied between 2010 and 2012, offering a re-evaluation. In July 2014, the Veterans Benefits Administration sent outreach letters to nearly 2,700 additional Veterans with claims denied between 2008 and 2010. The outreach letters notified Veterans that a re-evaluation was available based on the Veterans Benefits Administration's heightened sensitivity to MST-related Post-Traumatic Stress Disorder. The Veterans Benefits Administration also conducts MST-related Post-Traumatic Stress Disorder special focused reviews biannually to monitor claims processing accuracy and consistency.

The Veterans Benefits Administration is committed to serving our Nation's Veterans by processing claims related to MST in an accurate and caring manner. As of November 27, 2018, each Regional Office established a specialized group of Veterans Services Representatives and Rating Veterans Services Representatives trained to process MST-related claims. Also, during November 2018, the Veterans Benefits Administration instituted a requirement of a 90-percent accuracy rate on at least 10 cases per employee, with all cases subject to a second-signature review until such accuracy rate has been achieved. Only claims processors who have completed required training and have been specially designated as an MST Claims Coordinator by a Regional Office may conduct second-level reviews.

As part of the Veterans Benefits Administration's continued emphasis on MST-related claims, the Veterans Benefits Administration strengthened its second signature review process for MST-related claims. In August 2020, the Veterans Benefits Administration released additional guidance on second signature reviews requiring that all second signature reviews be completed by a Rating Quality Review Specialist, or equivalent, position who has completed the required MST Training.

The Veterans Benefits Administration implemented a plan to conduct a re-adjudication of denied MST-related claims decided between October 1, 2016, and June 30, 2018, and take corrective actions for any incorrect decision based on the review. All reviews were completed in September 2019.

In FY 2019, the Veterans Benefits Administration also conducted a Special Focused Review of MST denials. In FY 2020, the Veterans Benefits Administration shared and discussed the MST Special Focused Review results during the December 2019 Veterans Service Center Manager training event and on District Director calls with Veterans Benefits Administration leadership.

The Veterans Benefits Administration also updated training to include a one-time, four-hour MST training course, mandating all Veterans Services Representatives and Rating Veterans Services Representatives who are dedicated to handling MST-related claims complete this training, and an annual refresher training, and administered a targeted consistency study to assess the effectiveness of the training. Moreover, the Veterans Benefits Administration updated the development checklist for MST-related claims to include the specific steps claims processors must take. When a Rating Veterans Services Representatives signs a rating decision, he or she will certify all required development actions have been taken.

Military Sexual Trauma Outreach Coordinators at the Regional Offices

The Veterans Benefits Administration has placed both a male and a female MST Outreach Coordinator at each Regional Office to better manage contact with Veterans filing MST-related claims and to better assist Veteran claimants with details of claims processing. A list of the MST Outreach Coordinators can be found on the following Veterans Benefits Administration website: <https://www.benefits.va.gov/benefits/mstcoordinators.asp>. The Veterans Benefits Administration MST Outreach Coordinators maintain open communications with the Veterans Health Administration MST Coordinators at local VA Medical Centers. The Veterans Benefits Administration MST Outreach Coordinators maintain connections with the Veterans Health Administration MST Coordinators in order to facilitate access to health care as needed. Also, the Veterans Benefits Administration has provided MST-related training to DoD personnel. The Veterans Benefits Administration MST Outreach Coordinators work closely with their Veterans Health Administration counterparts to ensure all related claims and health care needs are addressed.

In order to ensure a nationwide awareness of MST-related issues, the Veterans Benefits Administration's "Challenge" training program, which is required training for all newly hired claims processors, now includes an MST module within the training course on Post-Traumatic Stress Disorder claims processing. In December 2020, the Veterans Benefits Administration provided refresher training to MST Claims Coordinators and MST Outreach Coordinators who are responsible for completing compensation benefits claims for MST-related conditions. The Veterans Benefits Administration continues to work closely with the Veterans Health Administration to develop training for clinicians who conduct MST-related claims exams, emphasizing what information is needed from clinicians to ensure accurate Veterans Benefits Administration claims processing.

During FY 2020, the Veterans Benefits Administration conducted MST mentoring sessions with MST Outreach Coordinators and MST Claims Coordinators during Systematic Technical Accuracy Review site visits with the Regional Offices. The mentoring sessions provided Veteran Service Center staff the opportunity to address MST-related topics and ask questions affecting benefit entitlement and processes associated with filing an MST-related claim.

The Veterans Benefits Administration conducted its first MST National Training Symposium virtually from November 3-5, 2020. The Symposium focused on providing MST Outreach Coordinators and MST Claims Coordinators with information and resources to help them recognize post-traumatic stress disorder markers that are indicators of MST, identify signs of possible MST when interacting with Veterans, improve MST-related case management processes, and improve MST-related outreach connections. During the 12-hour training, Veterans and Veteran Service Organizations provided feedback and shared insights with the Veterans Benefits Administration to help improve the claims process and collaboration efforts. MST survivors provided feedback with filing MST-related claims. Veteran Service Organizations also shared lessons learned and feedback on claims development processes when assisting MST survivors.

The training included collaboration and open dialogue between MST Outreach Coordinators and MST Claims Processors, National Contact Centers, and Pension Management Centers to improve the Veteran experience. The Veterans Benefits Administration collaborated with the Veterans Health Administration and Readjustment Counseling Services to provide training on the following:

- 1) Understanding the Impact of MST;
- 2) Compassion Fatigue and Whole Health;
- 3) Veteran Suicide Prevention and Awareness; and
- 4) Vet Center services.

Benefits Delivery at Discharge Program

Joint VA and DoD programs improve the claims experience for MST survivors by making the disability claims process easier, faster, and more efficient. The Benefits Delivery at Discharge program allows Service members who are separating from an Active Duty component or demobilizing from Active Duty orders to submit claims 90 to 180 days prior to separating from Active Duty military service or demobilizing from Active Duty orders. A Service member who files a timely Benefits Delivery at Discharge claim, and meets other eligibility requirements, may have a Separation Health Assessment Disability Benefits Questionnaire administered by a Veterans Benefits Administration-contracted examining clinician. The Separation Health Assessment is an important component of the Service Treatment Record, and DoD has the responsibility to ensure one is performed. Therefore, when the Veterans Benefits Administration performs a Separation Health Assessment Disability Benefits Questionnaire, a copy of the exam report must be made available to DoD health care providers to review. A timely Separation Health Assessment Disability Benefits Questionnaire can fulfill the Separation Health Assessment requirement for DoD.

Integrated Disability Evaluation System Program

The Integrated Disability Evaluation System is a joint program with VA and DoD to determine military retention standards for its seriously ill and injured Service members and to assess eligibility for VA disability compensation. Service members are referred to the Integrated Disability Evaluation System after a DoD Medical Evaluation Board finds that a Service member does not meet military retention standards. Service members found unfit are medically separated or retired from military service with a proposed VA disability rating. Service members who are referred into the Integrated Disability Evaluation System program also receive an examination as a part of their separation process.

Separation Health Assessment

The Separation Health Assessment, as discussed in [Part 1](#) (Transition of MST-Related Treatment from DoD to VA), is an important touch point for reaching Service members. Whether performed by VA or DoD, the Separation Health Assessment provides an objective medical baseline assessment at the end of a Service member's Active Duty service, which serves

as a reference point for evaluating service-connected disability claims that may be filed months or years after leaving the military. The Separation Health Assessment also provides an opportunity for examining clinicians to provide information about services to MST survivors who do not report incidents of sexual assault/sexual harassment during Active Duty service. As mentioned previously, in all exams conducted by VA, examiners provide information about available MST-related health care and service connection, regardless of the condition for which the Service member filed a pre-discharge claim. The information is intended to make Service members aware that MST-related services are available, even if they do not officially report an experience of MST or file an MST-related claim. As discussed above, DoD has also implemented the *inTransition* referral program, which is available for all transitioning Service members at risk for disengagement from treatment and worsening mental health. Examining clinicians may refer any Service member with current mental health concerns, mental health diagnoses, and/or transition-related issues to the *inTransition* program.

It is important to note that VA examining clinicians only provide MST information during the Separation Health Assessment, and do not screen Service members for experiences of MST directly. This is because including direct references to any experiences of sexual assault or harassment the Service member has had could compromise the survivor's option to file a sexual assault under Restricted Reporting.

Both the Veterans Health Administration and contract providers conducting disability compensation exams (including Separation Health Assessments) for the Veterans Benefits Administration complete a comprehensive set of training courses on all aspects of their role. Beginning in FY 2015, a course specifically focusing on MST was added to the curriculum. The course provides a comprehensive review of the roles and responsibilities of VA disability examiners specific to MST and key considerations in interacting with and conducting assessments with Service members and Veterans who may have experienced MST. The course also provides focused training on the MST-specific informational materials examiners began providing to Service members as part of the Separation Health Assessment beginning in FY 2015. As of September 2020, 8,617 currently active examiners had completed the MST course through VA's online web-based training platforms. As of September 2020, 17,752 Veterans Benefits Administration contract exam providers had completed the MST training as part of their certification to conduct disability exams. All contract exam providers are required to take the MST training, but it is important to note that not all providers take the course through the web-based training platform.

Part 3: Summary and Next Steps

As described above, VA and DoD have implemented a number of joint initiatives focused on seamless health information sharing between the Departments, streamlining the disability compensation examination process, and conducting outreach to ensure transitioning Service members are informed about all VA MST-related benefits available to them. This collaboration has been effective in ensuring all information necessary for the claims process is accurate and readily available, as well as improving the claims process experience for MST survivors by making it easier, faster, and more efficient. VA and DoD will continue to collaborate to improve meeting the needs of Service members and Veterans who experienced MST and to improve and strengthen the policies and programs assisting these Service members and Veterans.

Further strengthening the collaboration between the Departments, the Joint Executive Committee established a formal Sexual Trauma Working Group in early 2019, to facilitate transition of treatment of Service members who experienced sexual assault (including intimate partner sexual abuse) and/or sexual harassment during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims with VA efficiently and effectively. In FY 2020, the VA-DoD Joint Executive Committee Sexual Trauma Working Group established Working Group co-chairs and members, coordinated the draft Charter, established areas of focus, and coordinated a VA-DoD agreed-upon definition for the term “sexual trauma.” The Working Group also coordinated and published the FY 2019 Joint Executive Committee MST Report to Congress.

**Estimate of Cost to Prepare
Congressionally Mandated Report**

ENCLOSURE

Short Title of Report: VA-DoD Initiatives on (1) Transition of MST Health Care and (2) Filing MST-related Disability Claims

Report Required By: Section 403 of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA)

In accordance with 38 U.S.C. § 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$5,016</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$40</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$5,056</u></u>

Methodology: GS-13 (Boston) developed a report plan; coordinated discussions among subject matter experts from VA (VHA and VBA) and DoD (Sexual Assault Prevention and Response Office, Health Affairs); compiled and reviewed source documents; and prepared report drafts. GS-14 (Boston) supervised process; assisted with developing report plan; and reviewed report drafts. Nurse VN 05/11 (Washington, DC) supervised overarching process; finalized report and associated documents for submission. GS-13 (Washington) and GS-14 (Washington) compiled and reviewed report drafts. GS-15 (Washington) reviewed report draft. SES-1 (Washington) reviewed final report. The estimated number of total direct labor hours expended was multiplied by the U.S. Office of Personnel Management's Calendar Year 2020 hourly rate. The calculated net labor costs were multiplied by the Fiscal Year 2020 fringe benefit amount of 32.99 percent. The reported information in the cost statement reflects the sum of direct labor hour costs and fringe benefits.