

**STATEMENT FOR THE RECORD**

**PARALYZED VETERANS OF AMERICA**

**TO THE**

**HOUSE COMMITTEE ON VETERANS' AFFAIRS**

**SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS**

**CONCERNING "EXAMINING HOW THE DEPARTMENT OF VETERANS AFFAIRS**

**SUPPORTS SURVIVORS OF MILITARY SEXUAL TRAUMA"**

**FEBRUARY 5, 2020**

Chairman Pappas, Ranking Member Bergman, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on how the Department of Veterans Affairs (VA) supports survivors of military sexual trauma (MST). No group of veterans understand the full scope of care provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or disorder (SCI/D). Most PVA members depend on VA for 100 percent of their care and are among the most vulnerable when access and quality of care is threatened.

MST has serious and long-term consequences for survivors that can continue long after the assault. Often thought of as a "women's issue," MST affects both men and women serving in the military. To understand the scope of the problem, we need to examine incidents of MST. In 2005, the Department of Defense (DoD) enacted a restricted reporting option to allow for easier reporting of sexual assault. Although there was an increase in reporting of assaults, only about 30 percent of sexual assaults are actually reported. While the number of MSTs reported for men on active duty in fiscal year 2018 held steady at 0.7 percent (or about 7,500 men), the rates of MST continue to rise for women serving in the armed forces, from 4.6 percent in 2016 to 6.2 percent.<sup>1</sup>

According to Rand's 2014 report, *Sexual Assault and Sexual Harassment in the U.S. Military*, women on active service have almost five times men's risk of sexual assault. However, Rand's 2018 report, *Needs of Male Sexual Assault Victims in the U.S. Armed Forces*, found that only 15 percent of military male sexual assault victims file a report

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<sup>1</sup> *The Department of Defense Annual Report on Sexual Assault in the Military*, Fiscal Year 2018.

despite the fact that men in the military are more likely to have experienced multiple incidents, have been assaulted by multiple offenders during a single incident, and have been assaulted at work or during duty hours. Male MST survivors are also more likely to survive extremely violent assaults and more likely to be sexually assaulted with weapons, and thus, have greater risk of physical injury.<sup>2</sup> When men are assaulted, however, they are less likely to report it because they often characterize their assault as an incident of hazing or something intended to abuse and humiliate them.

It is important to understand these rates of reporting of assaults because VA is responsible for caring for the physical and mental effects sexual assault takes on the survivor. Low rates of reporting among all MST survivors often means that they do not have formal reports of the assault. In 2011, due to difficulties in obtaining evidence of stressors, the Veterans Benefits Administration (VBA) provided further guidance to allow for a more liberal approach for determining MST-related claims.<sup>3</sup> This liberalized approach helps lessen the burden on survivors who already must endure a process that includes describing the assault multiple times, in excruciating detail.

Everyone deserves to have their VA disability claim fairly evaluated under a system that ensures the full weight of the evidence is considered before a decision is rendered. It is hard enough to come forward about an assault but to then have a claim unjustly denied is a further traumatization of the veteran and interferes with the treatment process.<sup>4</sup> Thus, it is essential that MST claims be properly adjudicated.

As the evidence shows, however, that is not always the case. An August 2018 VA Office of the Inspector General (VA OIG) report stated that nearly half of denied-MST claims were not properly processed by VBA, which may have resulted in denial of benefits to those who are entitled to them. In 28 percent of cases, despite sufficient evidence to request a medical examination and opinion, staff did not request such services. In 13 percent of cases, there were evidence gathering issues. In 11 percent of cases, MST coordinators did not make the required call to the veteran or the Veteran Service Representative did not use required language in letters to the veterans. And in 10 percent of cases, Rating Veterans Service Representatives adjudicated veterans' claims based on contradictory or otherwise insufficient medical opinions.<sup>5</sup> These

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<sup>2</sup> Laskowski, D. (n.d.). Male Sexual Trauma: What you know, don't know, and wish you knew [PowerPoint slides]. Retrieved from <https://www.fcasy.org/sites/default/files/Male%20Sexual%20Trauma.pdf>; Matthews, M., Farris, C., Tankard, M., & Dunbar, M.S. (2018). Needs of Male Sexual Assault Victims in the U.S. Armed Forces.

<sup>3</sup> VBA Training Letter, Adjudicating PTSD Claims Based on MST.

<sup>4</sup> Statement of Steve Bracci before the Committee on Disability and Memorial Affairs Committee on Veterans' Affairs hearing on Ensuring Access to Disability Benefits for Veteran Survivors of Military Sexual Trauma, June 20, 2019.

<sup>5</sup> Office of Inspector General. (2018, August 21). Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma. Retrieved from <https://www.va.gov/oig/pubs/VAOIG-17-05248-241.pdf>.

problems occurred due to lack of reviewer specialization, lack of an additional level of review, discontinued special-focused reviews, and inadequate training.

PVA agrees with the six corrective actions proposed by VBA that were outlined in the VA OIG's June 20, 2019, testimony before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs. The recommended corrective actions included:

- Reviewing all denied MST-related claims since the beginning of fiscal year 2017 to determine if all required procedures were followed then taking corrective action and rendering new decisions as needed.
- Assigning the processing of MST-related claims to a specialized group of reviewers.
- Requiring an additional review of all denied MST-related claims and holding those conducting the review accountable for accuracy.
- Conducting special focus quality improvement reviews of denied MST-related claims and taking corrective action as needed.
- Updating the current training for processing MST-related claims and monitoring the effectiveness of the training.
- Updating the development checklist for MST-related claims and requiring claims processors to certify that they completed all required actions.

At this time, it is unclear if the goals laid out by VBA have been fully met.

In addition to living with SCI/D, PVA members may also be MST survivors. One complaint we receive from our members is that even when they request a gender specific person to handle their MST-related claim, often that request is not honored. VA should make every effort to ensure these requests are accommodated. Otherwise, veterans may not seek needed treatment.

Also, people with disabilities are more likely to be sexually assaulted than their non-disabled counterparts.<sup>6</sup> People with disabilities experience similar forms of overt and covert sexual assault and abuse as people without disabilities (for example, rape; forced, unwanted, or disguised touching; sexual harassment; unwanted sexual jokes or innuendoes; and other unwanted sexual contact or activity). But for this population, sexual abuse can also come in the form of lack of respect for privacy and unwanted exposure during personal care (for example, bathing, dressing, and toileting).<sup>7</sup>

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<sup>6</sup> Strauser, D. R., Lustig, D. C., & Uruk, A. C. (2007). Differences in Self-Reported Trauma Symptomatology Between Individuals With and Without Disability: An Exploratory Analysis. *Rehabilitation Counseling Bulletin*, 50(4), 216–225. <https://doi.org/10.1177/00343552070500040301>.

<sup>7</sup> California Coalition Against Sexual Abuse. (2010). *Supporting Sexual Assault Survivors with Disabilities*. Sacramento, CA.

Persons who experience regular help with personal care may be desensitized to touch. They may not feel comfortable speaking out if handled in a confusing or uncomfortable manner. Social isolation may rob the individual of their opportunity to report sexual assault/abuse. For those people with disabilities who live in institutional or hospital settings, there is an imbalance of power that increases the opportunity for assault or abuse.

Often, disability status is never collected, reported in assault cases, or even inquired about for rape survivors. If sexual assault advocates are not properly trained they may unwittingly contribute to people with disabilities remaining an under-served population.<sup>8</sup>

One step VA can take to better serve the men and women under its care is to devote attention to a program that will eliminate the current environment of harassment at VA facilities. Harassment comes in all forms and is a barrier to care that is only now really being brought to light. VA must continue its Stand Up to Stop Harassment campaign in VA medical centers and ensure that adequate funding is available to promote and educate VA stakeholders to achieve the necessary cultural changes needed to remove barriers to health care within VA for all veterans.

The VA is responsible for protecting staff and patients from harassment. As they develop a comprehensive, department-wide strategy, we urge policymakers to keep in mind that in some cases, patients who have traumatic brain injuries, dementia, or who are confused or impaired for other reasons may lack appropriate self-control or awareness that results in inappropriate behavior toward others. VA needs to understand the complex personal interactions of a health care setting when determining harassment policies.

This is also a good time for VA to review existing policies and procedures for reporting of sexual assaults within VA to ensure we are meeting the needs of reporting and capturing the full situation within its facilities. We hope part of the review process would include greater scrutiny of what, if any, protections are in place to promote the safety of catastrophically disabled veterans and ensure they are not re-victimized or assaulted for the first time while under VA care. At the same time, VA should also ensure that veterans service organizations have an active role in this process.

Thank you again for the opportunity to submit our view on VA's efforts to support survivors of MST.

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<sup>8</sup> Gorden, Melody L. (2013). Disabled Sexual Assault Victims: Perceptions of Sexual Assault Professionals on Barriers to Providing Services to Disabled Sexual Assault Victims. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/182](https://sophia.stkate.edu/msw_papers/182).

### **Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

#### ***Fiscal Year 2020***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

#### ***Fiscal Year 2019***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

#### ***Fiscal Year 2018***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$181,000.

### **Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.