

Lisa A. Wilken

I am a USAF Veteran. I was medically separated from the USAF after a sexual assault and am currently rated 100% Service Connected Disabled by the DVA. I am a wife of almost 18 years to my wonderful husband, Robert. We have been blessed with two sons, Joel, 12 and Benjamin, 3. I do Veteran Advocacy as a volunteer.

Thank you for giving me the opportunity to speak with you. I am a USAF Veteran and I am rated 100% Service Connected and I am a MST Veteran. I have struggled for many years to be proud of my service because of my experience, but by speaking out about my experience I hope to make a difference so that another young person in uniform won't feel the way I did for so long. I was 22 years old when I was raped. I am 42 now and a wife and mother of two sons. Not a day passes that I don't deal with something related to the assault.

Why is it so long lasting? I believe due to it not being treated properly from the time of the assault compounded the problem and lack of services by DOD magnifies the problem and by the time the VA receives us we are already behind in our recovery. Studies show that women are at a higher risk for PTSD due to trauma if their experience was severe or life threatening, were sexually assaulted, were injured, reacted severely at the time or experienced stressful events after the event or if there isn't a good social support network. MST Veterans have had all of those things on top of their assault.

Study us while we are in treatment. Studies are needed, but treatment needs to come with those studies.

We need groups at VAMC's and outside facilities. You will hear me bring up using our civilian medical professionals a lot. Some women are not going to come to the VA because of lack of treatment or a bad experience with the VA. Most people who have never been in the military don't realize how much the VA system mirrors it. That can be a negative when trying to get a MST Veteran to come in for treatment. There are programs for treatment through the VA, but there are not many and they are 6 weeks long. What mother can leave their family and would an employer tolerate it? What about shorter, more intensive therapy weekends that give MST Veterans the tools they need to deal with the results of years of unattended PTSD. There are things that need attention in most of their lives that are a result of their PTSD due to MST and some of them don't make the connection or realize that it can be better if they have the tools. Some have no support network and that is something that is crucial. To have someone to talk to about things you can't talk about with your spouse can save lives. Events could be held through each VAMC and coordinated with local health care providers. Using outside health care providers I believe would be a great asset to getting more women in for treatment and have a higher success rate as a local provider may not

trigger a trust issue that the VAMC may pose to a MST Veteran. I believe if you open up treatment for MST Veterans to go outside of the VA you will see a larger number of Veterans apply for those services.

Protocols need to be developed for MST Veterans and follow up to ensure that VAMC employee's understand PTSD due to MST and are aware of the Veterans they are giving care to and following VAMC standards. I hear from many women of how their MST symptoms are overlooked or even ignored while in VAMC's on other wards, but also when inpatient on psychiatric units. Group therapy requirements for MST Veterans need to be looked at. If you don't participate in group, you are seen as not cooperative; when it is just that you are not going to talk in an open group. Sleeping in a room with a stranger can be a problem. Some MST Veterans still sleep with the light or the TV or some sort of distraction mechanism to get to sleep. To be required to sleep with a stranger in your room, even of the same sex, can sometimes trigger other PTSD symptoms. Nightly checks of rooms that are done can trigger an MST Veteran. These are a few examples of issues that arise due to VAMC employees not being trained or recognizing MST Veteran issues.

As always, more GYN services need to be available at each VAMC, but here again is an area that our local medical community should be utilized.

Therapy for family and spouses is needed to help them to understand why they see some of the things they do and understand what is happening. Someone for family members to ask questions of other than their parents who are struggling with getting the answers right. Kids see and know more than any of us realize and sometimes when it is realized, it is too late and damage is done. My 12 year old son Joel has seen his mother many times upset or angry for reasons he is too young to understand fully.

Spouses need a support network also. Some may need more than others, but it takes a strong person to put up with PTSD from MST. There is no reasoning with PTSD. No matter how much love you give it, sometimes it won't let an MST Veteran love you back. Intimacy issues need to be addressed. It is an important part of marriage and is affected either physically or emotionally.

MST coordinators at VAMC need help. I am not sure if there is one at each facility, but I do know some have other duties. Our MST Coordinator, Laura Malone, is wonderful, but we need help for her. She is one lady and is overworked and under recognized for what all she does and for how many MST Veterans she helps and their families.

I can't stress enough how utilizing our local medical communities could be the answer to help the VA deal with the much needed addition of more treatment for MST. As always, money will be a big factor, but if the problem is going to be address, money will be spent on adding services at VAMC's or utilizing our civilian medical community and their

expertise. It may also serve a dual role and get more people informed about issues facing our men and women who volunteer to serve in our all voluntary forces.

Thank you for your time.

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