

“Making a Difference: Shattering Barriers to Effective Mental Health Care for Veterans”

Ohio Veterans Integrated Service Network 10

VA Healthcare System of Ohio

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Anderson Center

7850 Five Mile Rd

Anderson Township, Ohio 45230

Written testimony on MST (Military Sexual Trauma) given by:

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I would like to thank the panel for this opportunity to discuss the issues that veterans face when seeking mental health care services through the VA, especially for MST (Military Sexual Trauma). I will touch on the four particular topics of discussion that cause barriers for the veteran when trying to receive mental health and other care and also of specific cases/examples of these barriers that we have in my county and with the VA's in our area. I would like to begin by introducing myself and giving you the specific examples of problems that veterans are currently facing when trying to receive treatment for MST.

My name is Kristi Powell, I am a United States Air Force Veteran. I hold a Bachelor's Degree in Substance Abuse Counseling and a Masters Degree in Criminal Justice. I am currently employed at a job which allows me to assist in the needs of veterans. It is through my job and outside involvement with veterans' activities that I am able to hear veterans' stories, hold roundtable discussion groups, and help aid in their healthcare. I have also been blessed to have the opportunity to be their voice today. These examples are of different veterans of different ages, different eras served in the military and all separate times frames of when they experienced their problems within the VA as far as their health care.

Case/Example 1: A female veteran in her late 40's came into the office very distraught. She showed signs of anxiety; she was crying and it was very apparent that something was wrong. After talking for awhile, she confided in me what had happened that was making her so distraught. She began to tell me how she was raped in the military by an officer and that it has impacted her life so severely that she can hardly function. She cannot work, she doesn't leave her

apartment very often and she is on numerous medications just so she can get through the day and also to be able to sleep at night. Through the VA she learned of a program referred to as PR RTP (Psychosocial Residential Rehabilitation Treatment Program) that could possibly help her with her MST. She also felt that if she went to this program that it would help her in getting her service connected claim for MST/PTSD so at least the VA would know that she has severe problems with the MST that she was trying to address. She entered the PR RTP program at the VA hoping to receive the care that the VA claimed that they could give her and that they advertise. (Note: when referring to the care that the VA advertises I am specifically referring to the Department of Veterans Affairs website on MST in which it gives the following information that I copied and pasted):

Outpatient

- Every VA health care facility has providers knowledgeable about treatment for problems related to MST. Because MST is associated with a range of mental health problems, VA's general services for [posttraumatic stress disorder \(PTSD\)](#), [depression](#), [anxiety](#), [substance abuse](#), and others are important resources for MST survivors.
- Many VA facilities have specialized outpatient mental health services focusing specifically on sexual trauma.
- Many Vet Centers also have specially trained sexual trauma counselors.



Residential/Inpatient Care

- VA has programs that offer specialized MST treatment in a residential or inpatient setting. These programs are for Veterans who need more intense treatment and support.
- Because some Veterans do not feel comfortable in mixed-gender treatment settings, some facilities have separate programs for men and women. All residential and inpatient MST programs have separate sleeping areas for men and women.



How can I get more information about services?

- Knowing that MST survivors may have special needs and concerns, every VA health care facility has an MST Coordinator who serves as a contact person for MST-related issues. He or she can help Veterans find and access VA services and programs.

So the veteran enters the VA PR RTP program as inpatient treatment for MST/PTSD. The veteran's anxiety began immediately upon arriving. After being admitted to the program the VA told her she was done for the day and that she go get chow. Upon entering the chow hall, she noticed that she was the only female veteran in the dining facility with all males. The veteran returned to her floor where she immediately found a VA nurse. She told the VA nurse she was having extreme anxiety and that she was told that the VA could help her with her MST/PTSD. The veteran felt betrayed that the VA would enter her in a program and then put her around all males throughout the day. On her first day of the program, she reported to where they told her to go, again she walked in the room to discover that she was the only female. Although confused and very uneasy about the situation she told herself that she had to stay because the VA briefed

her that if she left the program early then she would not be allowed to be readmitted later and she still believed at the time she had to do it for her pending claim. In these group sessions she was told to participate, participation including stating the reason that you are there. She stated, when it was her turn, that she was there for MST. The males in the group automatically started in on insults and taunting her with comments about MST. A male in the group even stated to her “why would you put yourself in that position by joining the military knowing that would happen.” The same male then started bashing homosexuals by calling them derogatory names. This veteran responded by saying that it offended her and he responded back by saying “you don’t get excited by men?” The facilitator of that group allowed this to go on and did nothing to stop or correct the conversation. After the group session was over, the female veteran went over to the facilitator and asked if there was a female psychologist that she could speak to. The facilitator gave her a name and so the female veteran immediately went and told the psychologist what transpired in group. The psychologist said that she would refer the veteran to the PCT program (PCT programs I was told specialize in the treatment of combat-related PTSD). Even after this horrific event, the veteran still continued on with group. She completely isolated herself and refused to participate anymore while suffering severe anxiety attacks from being surrounded by all men. The same male from the group started following her around and making comments to her. He triggered her anxiety associated with her rape so much that the psychologist and the social worker stated that maybe this was not the program for her. The next morning the social worker came and talked to the veteran about what had transpired and what some options were. The comments continued by the male in the group in front of everyone, these comments were usually sexual in nature and as before, the facilitator did nothing to object to it. Finally the veteran had enough, she checked herself out of the VA and came back home. While at home, the veteran could not get the male or his comments to leave her mind. Something told her to Google his name, when she did numerous things came up. She noticed one was a mug shot so she clicked on it and it was that same male that taunted her in her group. He was listed as a convicted sex offender. He had raped a woman in Mansfield, Ohio and had his address listed on the website as the VA’s. This VA allowed an MST survivor who suffers from severe mental health conditions associated with her rape to be in a group counseling session and freely around a convicted rapist. This veteran is now so traumatized that she refuses to go back to the VA for any type of healthcare. This event has completely set her back in any progress that the veteran had made prior to entering the VA for help.

Case Example 2: A female veteran in her 20’s came into the office. After talking to her, she disclosed that she was living in the homeless shelter and that she had a substance abuse problem. She was crying and stating that she did not know what she was going to do. I told her about the programs that are being offered at the VA and asked her if she would like me to help her see if one of the programs was open for her to enter treatment. She told me that she was already in a program up there and left and that she was not allowed back into any of them

because of leaving. I asked her which one and what happened. She told me that she was raped while deployed to Afghanistan by her Lt. After being raped and her being harassed continually by him she started self medicating when she returned to the states. Her performance declined at work and she was eventually discharged from the military. When she came home, her substance abuse continued as she tried to mask her pain. She started using harder drugs such as heroin just to deal with life. Her parents did not know how to handle her so they kicked her out which forced her into the homeless shelter. She entered the VA in hopes of getting help with her MST and substance abuse problem. While at the VA, she also was put into an all male group session in which the taunting began immediately with name calling. They would call her “princess” and tell her to sit down when she told the group that she was there for MST. The taunting from the males became so bad that she left treatment and immediately got high to deal with pain that resurfaced from being raped. It was with this second veteran that I realized that this is not a coincidence; this is an on-going and unchanging issue at the VA. Since this vet was going through withdraws I took her back to the VA. While waiting for her to be admitted through Urgent Care, I took her with me to talk to the patient advocate. My first stop was the OEF/OIF patient advocate since she was from that era. I told the patient advocate that this was the second case that I knew of and that it was a severe problem. I asked him because I wanted to know what I personally had to do or who I had to talk to for this issue to be addressed and so it would not happen to another veteran trying to receive care. The patient advocate looked at me and asked “at what point do you feel that these MST veterans would be able to attend group sessions?” I honestly looked at him in disbelief, I could not believe that this was his first question and only concern. My reply was “probably never. It would only be when the veteran states for themselves that they are ready.” I then got up, left his office and went to the next person in line which was the Women’s Health Social Worker. The social worker listened to my concerns and complaints about how MST veterans are being treated and the lack of care that they are receiving; she could not however give me any explanation to why this was happening but more or less said that the VA does not have the space or resources to have an all-female area. I stated to her although I completely understood budget restraints, as soon as a veteran discloses that they are a MST victim/survivor that should be the red flag for the VA to do an ITP (Individualized Treatment Plan). Under no circumstances should the veteran be subjected to the same sex and/or race of the person that sexually harassed and/or assaulted them. The social worker agreed and said she would definitely let the director of the VA know. The social worker gave me her word that she would find the appropriate care for my fellow young veteran that was suffering from so many mental health and substance abuse issues. The catch to waiting for new treatment would be that it might take some time to find something so she would be stuck at the VA in the same scenario with all men until then. I talked to my veteran and I asked her what she wanted to do, she agreed stating it’s either this, the homeless shelter or die. Since I admitted her through the urgent care, the standard rule from what I understand is that the veteran goes to the psych ward for 3 days. I escorted this vet up to the psych ward and it was filled again with all male vets that were in their for numerous different types and levels of mental illness with no separate section for female and/ or male vets

that were survivors of MST. I informed the staff on the ward that she was suffering from MST. The one guy that was working that floor did not even know what MST was. I told the vet to call me at anytime if she felt she could not handle it and it was triggering her anxiety or want to use drugs or anything else. She did call me but she also made it through her three days. The social worker did keep her promise to me and this vet by later transferring her to New York State where she has been referred to an all-female treatment facility with other female vets where she gets to stay for a year. In her correspondence she tells me that I saved her life by being active in her health care and being her voice when no one cared. She loves the facility where she is at and she celebrates every day that she is alive and sober and getting help for all the pain that she has hidden within herself. This worked out for this particular veteran but not all veterans are given this opportunity for treatment.

Case/Example 3: Due to the problems that I have seen within the VA when it comes to women's healthcare, I had participated in a Roundtable discussion with an Ohio Senator. Again I voiced my concerns about what was taking place and what I was witnessing at the VA when it came to treatment for MST. Months later, a representative from his office called and asked if I would be interested in hosting another roundtable in which she could come down and sit with me and about 10 other women veterans to discuss problems they are having in receiving care. I started calling women veterans from the area. I picked one (the veteran from case #1) to join me to discuss MST. The other four female veterans were random and I had never met them nor knew anything about their time in service or if they even utilized the VA. I called random women veterans in hopes of creating a roundtable full of different women to voice their concerns about VA healthcare. After meeting and talking for awhile, I brought up MST to the representative and started voicing my concerns. As soon as I opened this discussion up and the other women veterans knew that this was my passion and my new fight, they began to open up and all five women veterans were MST victims/survivors. As I listened to what they were willing to share, it occurred to me that this problem has been present for quite sometime and although progress is occurring, the VA is still not where it should be with the number of MST statistics that they are reporting on their website. According to the Department of Veterans Affairs website, "About 1 in 5 women and 1 in 100 men seen in VHA respond "yes" when screened for MST. Though rates of MST are higher among women, there are almost as many men seen in VA that have experienced MST as there are women. This is because there are many more men in the military than there are women."

With the statistics that the VA has provided and from what I have witnessed in my county alone, I am in hopes that positive changes occur. Men and women who served their country and are victims/survivors of MST/PTSD should not be left to fight this battle alone. The VA should do the necessary steps to develop Individualized Treatment Plans and separate wings/facilities that are specially staffed to meet the needs of MST victims/survivors. Women veterans should not have to worry about encountering all men when they go to the VA for treatment; with separate wings/facilities a female could feel more confident in choosing to get care through the

VA without fear. The services provided for MST/PTSD should be available at every VAMC. At the present time, only certain locations throughout the United States have all-female treatment areas and the wait time for a veteran to get into the program is very lengthy (6 months or more). The veteran also has to apply and be accepted into the program and they are then placed on a waiting list. Even in the cases I mentioned above, the drive one way to this particular VA is one hour. In some areas of Ohio, a female veteran is expected to drive 3 plus hours one way for a gynecology exam.

The VA is the federal agency responsible for serving the needs of veterans by providing health care, disability compensation and rehabilitation, education assistance, home loans, burial in a national cemetery, and other benefits and services. The VA bears the words, "*To care for him who shall have borne the battle and for his widow, and his orphan.*" Not only are these words a reminder to the VA of the commitment they made to care for those injured in our great nation's defense but I am here as well to remind them and let them know that more needs to be done to fulfill their commitment to the veterans of this country.

I thank you again for allowing me this opportunity to speak before you.

Sincerely,

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Kristi D. Powell