

Statement of
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of the
Committee on Veterans' Affairs
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Chair Takano and Representative Pingree and Members of the Subcommittee,

Thank you for introducing House Bill 1092 to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma and for other purposes. I am honored to testify at today's hearing.

My name is Sharyn Potter, I am a professor of sociology and co-founder and executive director of research at the Prevention Innovations Research Center at the University of New Hampshire. I have spent the last 20 years developing, administering, and evaluating sexual violence prevention and response strategies. The focus of my recent work has been the economic impact of sexual assault. My research shows the devastating cost of sexual violence and its catastrophic impact on victims' health, education, and career trajectories.

House Bill 1092 will amend the evidentiary standards that veterans need to prove in-service Military Sexual Trauma (MST). Presently, veterans are eligible for disability benefits from the PTSD they suffer as a result military sexual assault only if they reported the crime at the time it occurred. House Bill 1092 will enable the Department of Veteran Affairs VA to accept secondary markers, including behavior changes, requests to transfer, reporting to a friend, or obtaining testing for pregnancy or sexually transmitted infections. These secondary markers are well documented in the research as legitimate substantiation of victimization and will provide an easier path for veterans to prove they were victims of MST, making them eligible to receive disability benefits. Additionally, the proposed bill's inclusion of technological abuse is critical for addressing the increasing prevalence of technology as a tool for perpetrators to control and cause fear in their victims. While I have developed a technology application that assist victims, I

have also seen how the technology that we use every day is used by perpetrators to isolate, control, and intimidate victims, adversely affecting victims' daily work and personal interactions.

The proposed bill would provide economic assistance to veterans suffering from MST. In the 2018 Department of Defense report on Sexual Assault in the Military, 0.7% of enlisted men and 6.2% of enlisted women reported an assault. In other words, approximately 7,500 men and 13,000 women were sexually assaulted in 2018 (United States Department of Defense Sexual Assault Prevention and Response, 2018). However, only one-third of these victims reported their assault to a Department of Defense authority. The low incidence of reporting is consistent with research in other areas including colleges and universities. There are many sound reasons that victims choose not to report, including blaming themselves for the crime committed against them, not wanting to jeopardize their careers, fear of retaliation, and shame. Furthermore, the Office of Inspector General (OIG) found that, of the incidences that were reported, nearly half of denied MST-related claims were not properly processed following Veterans Benefits Administration (VBA) policy (Department of Veterans Affairs, Office of Inspector General, 2018).

The mental and physical health consequences that MST victims suffer in the aftermath of sexual assault, including drug abuse and suicide, are well documented in the research (Office of Women's Health, 2019), as are the long-term health impacts (Thurston, Chang, & Matthews, 2019). Additionally, victims face substantial impediments to completing their education and meeting their career goals, further undermining their economic success. A non-representative study of campus sexual assault victims, now ages 24 to 65 years, highlights the economic and human-capital losses: One-third of the participants never finished college, over half took longer than normal to earn a degree, and many recounted serial low-wage jobs with limited health-care coverage (Potter, 2018; Potter, Howard, Murphy, & Moynihan, 2018). Centers for Disease Control and Prevention researchers estimate the measureable costs (e.g., medical care costs, lost productivity) per rape victim are \$122,461, while the life time societal costs for 25 million U.S. rape victims are approximately \$3.1 trillion dollars (valued in 2014 dollars) (Petersen et al., 2017).

In my research, I have interviewed both veterans and civilians who were sexually assaulted as they pursued their military careers and their education. Many of these survivors describe the spectrum of long-term health impacts and how these health problems hinder their ability to maintain stable employment. Victims of sexual trauma are often triggered or re-traumatized by incidents in the workplace, including being alone in an office or dealing with a boss, client, or customer who behaves inappropriately. These are factors that employees who have not suffered sexual trauma acknowledge, but which usually do not cause them to leave their positions. When people transition in and out of the workplace or rotate among low-wage positions, they face both economic instability and limited access to health care for themselves and their families. This economic instability resonates when we think about veterans trying to cope with the impact of MST while trying to support themselves and their families with housing, groceries, and transportation. Access to disability benefits will reduce the MST burden for veterans and allow them to secure medical assistance and support themselves financially.

Furthermore, the personal and economic impacts of not treating MST for an individual are unimaginable, but they are also quite costly for society as we calculate the societal costs of drug addiction, homelessness, and incarceration. In a recently published study, researchers find that veterans who were victims of MST were 50% more likely to be homeless 30 days, 1 year, and 5 years after their discharge date when compared to veterans who did not suffer MST (Brignone et al., 2016). Finally, in a review of the research on MST, compared to female veterans who were victims of MST, male veterans who suffered MST reported higher rates of suicide, alcohol abuse, and other psychiatric health problems (Suris & Lind, 2008). Yet, providing help for male veterans who are victims of MST poses unique challenges, as military culture expects men “to be hypermasculine, physically strong, and heterosexual” (Turchik et al., 2013, p. 214). Therefore, male victims of MST are less likely than their female counterparts to report and seek treatment (Eckerlin, Kovalesky, & Jakupcak, 2016), which exacerbates the impact of the MST in all areas of the veteran’s life (e.g., health, relationships, work).

Veterans who suffer injuries by an improvised explosive device (IED), or in a vehicle crash during active duty are eligible for disability benefits. However, the shame of being a victim of MST prevents the majority of victims from coming forward. Yet, we know that when MST victims receive help, even belatedly – their lives, the lives of their families, and our society are improved. Amending evidentiary standards in claims for compensation for MST-induced psychological trauma is critical in the effort to support our service members who have suffered sexual assault while serving their country. Thank you.

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