

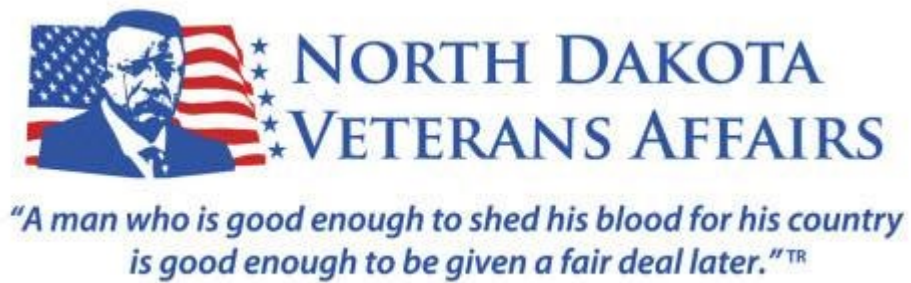


NORTH DAKOTA VETERANS AFFAIRS

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Military Sexual Trauma and the VA Claim Process

Calie Lindseth
ND DVA Women's Veteran Coordinator



MST Claim Process

- What is Military Sexual Trauma?
- Claim Development and Record Review
- Markers
- Formalize MST Claim



Military Sexual Trauma

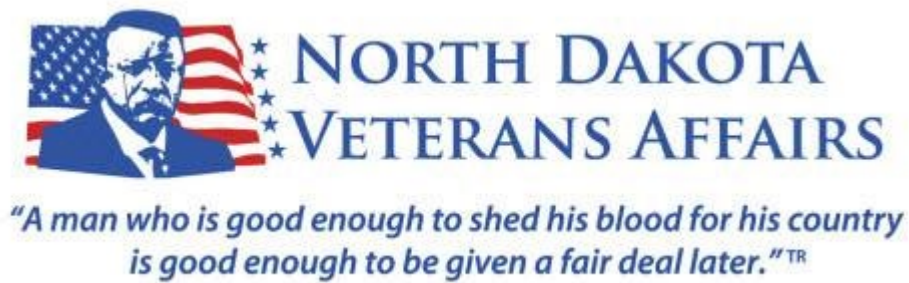
- Recognized by the VA as forced sexual contact, the threat of contact, harassment, threat of harassment, and battery sexual in nature while on active duty.
- MST is defined by Title 38 U.S. Code 1720D as “psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” Sexual harassment is defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.”
- Harassment, bullying as a result of someone’s gender or sexual orientation can qualify as a MST claim.



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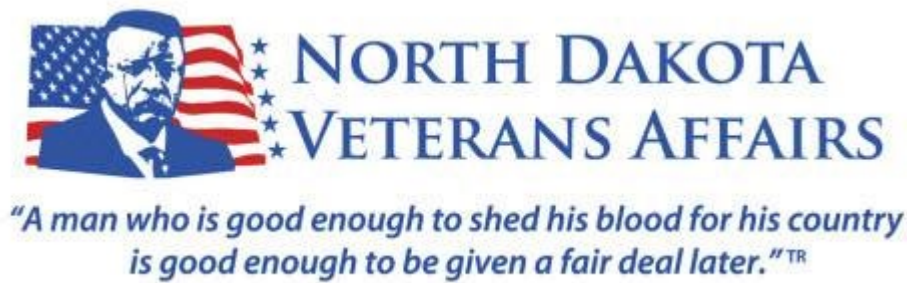
Military Sexual Trauma Myths

- The perpetrator does not have to be military-the assault must take place on an active duty status of some sort (include Guard status).
- The perpetrator can be a spouse
 - Domestic Violence is an example of MST.
- The assault does NOT need to be reported.
- Victims of harassment can file a claim for MST-often this can be just as damaging as an assault.



Impacts

- Mental Health Impacts
 - PTSD
 - Depression/Anxiety
 - Sleep Disorders
- Physical Health Impacts
 - High blood pressure
 - Heart Issues
 - Eating Disorders
- These can be additional claims secondary to MST, but will likely need medical opinions to continue.



Assaults DO NOT need to be reported

- In most cases, MST survivors do not report their assaults-this does not mean they cannot claim MST.
- It is not necessary to have a conviction/report of assault to file, however, if these records exist, they will help a claim.



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"Markers"

- The VA looks for signs, events, or circumstances that provides some indication that a traumatic event happened.
- These markers may be a 'bad' discharge, reduction in rank, Article 15's, etc. .
- Drug use, patterns of poor conduct, changes in conduct, etc.
- Interactions with medical staff, counseling resources.
- Pull the Veteran's Personnel file to look at evaluations, NCOER's, counseling statements, and other records that may be apart of their personnel file.



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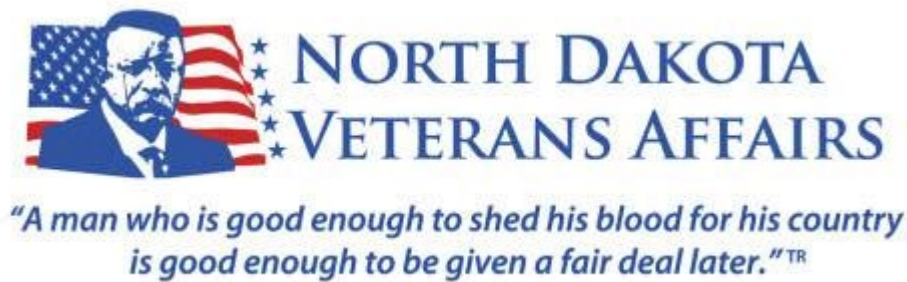
Less Traditional "Markers"

- They may be less clear such as health issues while in the service, going to sick hall more often than before, seeking medical care.
- Statements from battle buddies that may know of the assault, family members, etc. are helpful as well.
- Relationship changes, divorces, substance abuse, economic issues, STI's, etc.
- Exceptional academic performance before the military and poor academic performance after the military. (or work performance/attendance).



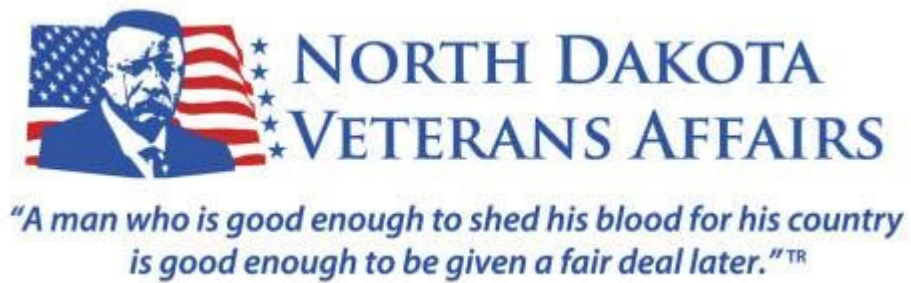
Previous Denials of MST

- Many past MST claims had been denied under too stringent of PTSD rules, however, the VA relaxed its processing of MST/PTSD related claims in 2002.
- They now stress the use of non-military evidence such as civilian mental health counselors and opinions to be utilized as evidence.
- Stress that it is worth refiling a denied claim with new evidence.
- VA claim specialists received MST specific training starting in 2011 to improve competency; hoping to improve claim approval rates and improve veteran representation.
- Fargo VARO has a new MST VSR.



MST Claim Process

- 21-0781a
 - PTSD Statement for Personal Assault
- Do your best to identify ‘markers’ for the VA
 - Prepare this in a statement on a 21-4138
- Help the veteran compile statements from others that may support the claim
- Ideas for supportive evidence such as school attendance before and after the assault, employment history, counseling records.
- Same claim forms aside from 0781a



What can I do to help?

- Help develop your claims.
- Work directly with your veterans if they feel more comfortable working with a female advocate.
- Provide outreach and education to area veterans.
- Increase awareness about this important issue.



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Professional Referrals

- Fargo VA MST Coordinator/Social Worker-Susan Thompson
701-239-3700 9-4523
- Calie Lindseth Women's Veteran Coordinator/ND DVA 701-
451-4645



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Gender Specific Claims Issues

- Record Review
- Identify gender specific issues
- Loss of a creative organ/Special Monthly Compensation
- Refer to VA Peer Support and Population Specific Advocates



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Record Review

- As with any claim, record review is important.
- Challenge yourself to identify gender specific/reproductive specific issues.
 - If you don't feel comfortable or it isn't appropriate to have the conversation, feel free to refer to myself or a different VSO.
- File an Intent to File if record isn't available to review
 - Request record via SF 180 or from last duty station



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Female Specific Claims Issues

Women:

- Reproductive Issues/Hormone Concerns
- Post-Partum Depression, complications from pregnancy
- Examples of female specific claims that are often missed: Endometriosis, Polycystic Ovary Syndrome (PCOS), Pelvic Inflammatory Disease, Ovarian Cysts, Pelvic Congestion Syndrome, heavy periods, lack of periods.
- Hysterectomy scars
- Female arousal disorder-secondary to hormonal conditions

Men:

- Testicular damage, absence of sperm count, prostate, urethral cancers (more common in men), breast tissue conditions
- Can you think of other examples?



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Loss of a Creative Organ/SMC

- Erectile dysfunction-most common, often secondary to prostate issues
- Loss of testicles
- Loss of one or both ovaries (oophorectomy)
- Loss of uterus (hysterectomy)
- Loss of 25% or more of tissue from a single breast or both breasts in combination, including loss by mastectomy or partial mastectomy, or loss of breast tissue mass following radiation treatment.
 - Loss of breast tissue can happen after service as the result of service connected issues such as fibrous breast conditions.



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Refer to VA Peer Support and Population Specific Advocates

- Refer veterans to population specific advocates for services such as:
 - Fargo VA MST Coordinator-Susan Thompson 701-200-4971
 - Fargo VA Women's Program Manager-Margaret Leas-701-239-3700 9-3893
 - Fargo VA Women's Clinic-701-239-3700 9-4585
 - Minority and American Indian Veteran Program Manager Harold Lindsay-701-239-3700 9-3562 and Julia Shreve -701-239-3700 9-2796
 - **Peer Support Specialists: Need Number**
 - Patient Advocate: Jake Larson-701-239-3700 9-3738

Questions?



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Feel free to contact me with any questions!

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