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WOMEN VETERANS'
HEALTH CARE

VA Efforts to Respond to
the Challenge of Providing
Sexual Trauma Counseling

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Women Veterans' Health Care: VA Efforts to Respond to the Challenge of Providing Sexual Trauma Counseling

Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss sexual trauma counseling services for women veterans in the Department of Veterans Affairs (VA). In the early 1990s, repeated allegations of sexual assault while serving on active duty were made by women veterans of the U.S. armed forces. A number of these women suffer from sexual trauma, including post-traumatic stress disorder (PTSD), and experience emotional and physical symptoms such as increased stress, impaired concentration, and nightmares, which can impede their daily lives.

While women represent a small segment of the nation's veteran population—less than 5 percent—their numbers are rapidly growing. In 1982, there were about 740,000 women veterans; by 1996, that number had almost doubled to over 1.2 million. It is expected that by 2010, the number of women veterans will increase an additional 7 percent to 1.3 million, which would represent 6.4 percent of all veterans. Thus, it is possible that more women veterans will be diagnosed with PTSD and other mental and health problems related to sexual trauma.

To help ensure these veterans receive the counseling care and services they require, the Congress enacted the Veterans Health Care Act of 1992 (P.L. 102-585), which in addition to authorizing new and expanded health care services, authorized VA to provide sexual trauma counseling for women veterans through 1995. The sexual trauma counseling provisions of this act were amended by the Veterans Health Programs Extension Act of 1994 (P.L. 103-452), which extended sexual trauma counseling care and services to all eligible veterans, not just women, through December 1998.

My remarks today will focus on (1) the extent to which sexual trauma counseling services are available in VA, (2) the extent to which women veterans use these services, and (3) what VA is doing to assess the effectiveness of its sexual trauma counseling programs. My testimony is based on our analysis of VA policy directives and VA sexual trauma counseling statistics; discussions with officials and staff in VA medical facilities, the Readjustment Counseling Service's Vet Centers, the Veterans Health Administration (VHA), and the Veterans Benefits Administration (VBA); and discussions with women veterans at five of the six locations we visited. (See app. I.)

In summary, VA, which began offering sexual trauma counseling services in 1993, offers these services at all of its 172 hospitals and 62 of its 206 Vet

Centers. Four VA hospitals offer specialized sexual trauma counseling programs through Women Veterans Stress Disorder Treatment Teams. These counseling programs provide care to women veterans who have been more severely affected by their traumatic experiences. VA has also conducted a number of outreach efforts to increase staff awareness and inform women veterans about available sexual trauma counseling services. These efforts have included segments on a national television program and letters to women veterans. Finally, to facilitate accessibility to sexual trauma counseling, VA has provided a toll-free number for women veterans to obtain information about available counseling services and has designated women veteran coordinators at medical facilities and VBA regional offices to assist women veterans in obtaining these services.

As a result of VA's efforts, women veterans are increasingly using VA's sexual trauma counseling services. Between fiscal year 1993 and fiscal year 1997, the number of women veterans receiving sexual trauma counseling has almost quadrupled, from about 2,350 to about 9,000. Although not yet done, VA plans to systematically evaluate the effectiveness of the sexual trauma counseling programs provided by the four Women Veterans Stress Disorder Treatment Teams and its Vet Centers.

VA's Provision of Sexual Trauma Counseling

VA has made sexual trauma counseling services available in all of its hospitals and nearly a third of its Vet Centers. VA also has provided training on sexual trauma for its clinicians and support staff to sensitize them to the issue and provide guidance on how to interact with trauma victims. In fulfilling its responsibility for providing sexual trauma counseling for women veterans, VA conducted outreach campaigns to inform women veterans of the counseling services available to them.

VA Offers Women Veterans Options for Sexual Trauma Counseling Services

VA offers sexual trauma counseling services at all of its 172 hospitals. Within VA hospitals, sexual trauma counseling is available in either its mental health clinics—psychiatry, psychology, or both—or in the women's clinic. Sexual trauma counseling is generally provided both individually and in group counseling sessions. Four of its hospitals—Boston, Massachusetts; Brecksville, Ohio; Loma Linda, California; and New Orleans, Louisiana—also have Women Veterans Stress Disorder Treatment Teams, which are specialized programs that provide sexual trauma counseling.

The Women Veterans Stress Disorder Treatment Teams were established in 1993 as part of a pilot program in accordance with the Veterans Health Care Act of 1992 and are reserved for individuals who have developed more severe disorders, such as PTSD, as a result of the stress or sexual trauma they experienced. The Women Veterans Stress Disorder Treatment Teams generally employ more intense treatment protocols and include such treatment services as individual psychotherapy, crisis management, drug therapy, and group therapy.

In addition, 62—or 30 percent—of VA's 206 Vet Centers offer sexual trauma counseling. Vet Centers that do not have a counselor qualified to provide treatment for sexual trauma provide psychosocial assessments and make appropriate referrals.

VA Provides Sexual Trauma Training and Education

In 1993, VA began a multifaceted training program to educate medical facility health care personnel—including mental health counselors, Vet Center clinicians, and primary care practitioners—as well as administrative personnel; veterans and their families; and the general public about sexual trauma. Training for clinicians includes modules on understanding the factors that influence the assessment, diagnosis, and treatment of women veterans who have been victims of sexual assault. The training is also designed to raise awareness of and increase sensitivity to sexual trauma among the general public. These training initiatives include face-to-face presentations, satellite broadcasts, conference calls, educational videos, and printed materials. In addition, to increase the effectiveness of women veterans' coordinators—who play a key role in helping women veterans obtain counseling—VA implemented a national training program to familiarize coordinators with women veterans' issues and increase awareness of their roles.

VA Outreach Efforts

In May 1995, VHA published a directive to implement the provision of P.L. 103-452, which required that information on counseling services for veterans who have experienced sexual trauma in the military be provided by telephone. VA used its general benefits information toll-free number to disseminate this information. When a veteran calls seeking information about sexual trauma services, the call is routed to the women veterans' coordinator at the nearest VBA regional office. If the veteran wishes to contact a VA hospital, a referral is made to the women veterans' coordinator at the VA hospital or the Vet Center team leader, if the Vet Center offers sexual trauma counseling.

Women veterans' coordinators are VA employees who have been tasked with conducting outreach to women veterans and helping them obtain VA benefits and services. VA increased the time allotted for some women veterans' coordinators to perform these duties by creating more full-time positions. As of January 1998, about 40 percent of the women veterans' coordinators in VA medical facilities were full-time. Women veterans' coordinators and VA clinicians have begun to screen women veterans for sexual trauma—asking them if they experienced sexual trauma while on active duty—when they come to VA for other health care services. The screening process has been an important and productive tool in allowing VA to identify trauma victims, especially since women veterans often do not reveal that they have been sexually traumatized.

In November 1996, a national television network's weekly news program aired two segments on sexual trauma in the military. In addition, VA sent letters to 400,000 women veterans informing them of the counseling services available to those who had experienced sexual trauma while on active duty.

The Number of Women Veterans Receiving Sexual Trauma Counseling Continues to Increase

The number of women veterans who seek sexual trauma counseling has dramatically increased over the past several years. This increase has caused concern among some sexual trauma counselors that they may not be able to meet the demand for care and services. However, women veterans who have received counseling are generally satisfied with the care and services they have received through VA.

Between fiscal year 1993 and fiscal year 1997, the total number of women veterans receiving sexual trauma counseling increased over 280 percent. The number of women veterans receiving sexual trauma counseling services from VA hospitals and outpatient clinics increased almost 230 percent, from about 2,100 to 6,900. The number who received counseling from Vet Centers increased about 375 percent, from about 270 to over 1,270. Between fiscal year 1994 and fiscal year 1997, the number of women veterans receiving counseling from the Women Veterans Stress Disorder Treatment Teams increased over 220 percent from about 270 to 870. (See app. II.)

Staff associated with the sexual trauma counseling programs at one of the five VA hospitals and two of the three Vet Centers we visited expressed some concern about their ability to adequately respond to the demand for sexual trauma counseling. Staff at one VA hospital explained that their

workload is not decreasing because sexual trauma patients remain in counseling for some time. Although it is too early to estimate how long sexual trauma patients will need to receive counseling, one clinician told us that literature suggests they would probably receive counseling for an average of about 2 years. The other locations we visited seemed to be managing their sexual trauma workload fairly well.

Women veterans we talked with liked having the different options available to them for sexual trauma counseling. Some veterans liked receiving their counseling in the women's clinics because they felt more comfortable going there than the mental health clinic. Their view was that mental health clinics were for "crazy" people and they were not crazy. Several women veterans preferred the more private, informal setting at the Vet Centers.

The women veterans we talked with told us they are grateful for the counseling services they have received and believe the counseling is helping them. One veteran commented that the counseling has saved her life. However, a few veterans expressed the desire to receive counseling more frequently than once a month. One veteran told us that she sometimes has difficult periods and finds it hard to get an appointment before her next scheduled visit. Yet she has found that the counselor is very committed and has helped her through crisis periods over the phone when an in-office appointment was not possible.

The primary complaints we heard about VA sexual trauma services were directed at VA's claims process for awarding compensation related to sexual trauma. While documentation of sexual trauma is not required to receive counseling, it is required for filing claims for compensation. A women veterans' coordinator at VBA explained that it is sometimes difficult to document sexual trauma cases since personal assault is often not reported. VBA has developed guidance it hopes will help alleviate some of the problems associated with the documentary evidence that is required to apply for compensation related to sexual trauma. Veterans are now asked to provide any documentation that will help to substantiate their claims, which can cover primary evidence—such as service medical records and personnel records—or alternative sources, including civilian medical records, police reports, statements from others, or personal diaries.

VA Plans to Evaluate the Effectiveness of Some of Its Sexual Trauma Counseling Programs

The effectiveness of VA's various sexual trauma counseling programs is not yet known. Currently, VA plans to evaluate the effectiveness of its four Women Veterans Stress Disorder Treatment Teams and its Vet Center sexual trauma counseling programs. Based on fiscal year 1997 data, these evaluations would cover about 24 percent of the sexual trauma counseling services provided to women veterans. At this time, VA has no plans to systematically evaluate the effectiveness of the sexual trauma counseling programs provided by VA hospitals and outpatient facilities.

The Northeast Program Evaluation Center (NEPEC) will evaluate the effectiveness of the four Women Veterans Stress Disorder Treatment Teams. According to NEPEC's National Director of PTSD Program Evaluations, it is difficult to assess the effectiveness of mental health programs, including sexual trauma counseling, because treatments for sexual trauma counseling—like PTSD—are still evolving; therefore, absolute outcome standards have not been established. In addition, sexual trauma counseling effectiveness evaluations—like other effectiveness studies—are difficult to conduct because of the scientific challenges they present, such as implementing data collection in real-world settings as well as measuring an individual's emotional status. Further, it is difficult to define the treatment and determine whether a treatment—and not time or some other occurrence—caused the particular outcome.

To evaluate the effectiveness of the Women Veterans Stress Disorder Treatment Teams, NEPEC plans to use a protocol similar to the one it used to evaluate the effectiveness of VA's specialized intensive PTSD programs. NEPEC will use several data collection instruments that will be administered at admission and 4- and 8-month follow-up intervals to collect sociodemographic, symptom, social functioning, and military and clinical background information. NEPEC will also collect (1) more extensive data regarding traumatic exposure in the military, (2) information regarding personality characteristics and health beliefs, and (3) information on the number and type of VA and non-VA individual and group sessions received in the 4 months prior to admission to the specialized program. VA anticipates it will begin its evaluation some time during fiscal year 1998.

To determine the effectiveness of its counseling programs, Vet Centers will use the Global Assessment of Functioning (GAF) rating and a psychosocial rating. GAF rates a client's overall functioning, including psychological, social, and occupational. Vet Center staff will compare each veteran's GAF score before and after completing the sexual trauma

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counseling program. Vet Center staff will also compare women veterans' before and after psychosocial ratings, which assess the specific clinical problem areas addressed in the counseling session, their severity, and the level of resolution achieved. In addition, Vet Centers will conduct satisfaction surveys upon termination of sexual trauma counseling.

Mr. Chairman, this concludes my statement. I would be happy to respond to any questions you or the other Subcommittee Members may have.

VA Facilities Visited

Boston, Massachusetts

Women Veterans Comprehensive Health Center
Women Veterans Stress Disorder Treatment Team

Bay Pines, Florida

Women's Clinic

Tampa, Florida

Women Veterans Comprehensive Health Center

St. Petersburg, Florida

Vet Center (Tampa Vet Center representative also participated)

New Orleans, Louisiana

Women's Clinic
Women Veterans Stress Disorder Treatment Team
VBA regional office
Vet Center

Washington, D.C.

Women's Clinic
VBA regional office

Sexual Trauma Counseling Cases

Table II.1: Increase in Number of Sexual Trauma Counseling Cases Between Fiscal Year 1993 and Fiscal Year 1997

Source of treatment	Fiscal year					Increase FY1993-FY1997 (percent)
	1993	1994	1995	1996	1997	
VA hospitals and outpatient clinics	2,090	3,627	4,789	4,707	6,867	228.6
Vet Centers	268	1,442	^b	1,853	1,273	375.0
Women Veterans Stress Disorder Treatment Teams	^a	271	816	906	870	221.0
Total	2,358	5,340	5,605	7,466	9,010	282.1

^aWomen Veterans Stress Disorder Treatment Teams were not established until 1993.

^bIncluded in the VA hospital and outpatient clinic totals except for San Antonio.

Source: Department of Veterans Affairs, Veterans Health Administration, Office of Women Veterans Health Program.

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