PODCAST TRANSCRIPT

Challenges for Military Sexual Trauma Coordinators and Culture of Safety Considerations

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Introduction

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Sami Cave:

This is Sami Cave. I'm a director of a hotline inspections team within the VA Office of Inspector General. Joining me is Dr. Terri Julian, the director of VA OIG's mental health programs, to discuss the recently published report, *Challenges for Military Sexual Trauma Coordinators and Culture of Safety Considerations*.

We will use the acronym MST periodically when referring to military sexual trauma during our discussion. This report focused on the OIG's review of select activities and challenges facing MST coordinators at the Veterans Health Administration and the culture of safety for patients requesting MST-related care.

Dr. Julian, why did the OIG conduct this review?

Dr. Terri Julian:

At the February 2020 House Veterans Affairs Committee hearing on VA's response to MST, Dr. Julie Kroviak, deputy assistant inspector general for the Office of Healthcare Inspections, committed to the OIG's monitoring of care and services provided to veterans who suffered MST. Congressman Chris Pappas, chair of the House Veterans' Affairs' Subcommittee on Oversight and Investigations, and Congresswoman Julia Brownley, chair of the Women Veterans Task Force, requested additional review of the military sexual trauma program.

Sami Cave:

Can you tell us about military sexual trauma and how individuals are affected by it?

Dr. Terri Julian:

Sure, sexual trauma experienced while serving in the military affects both men and women with potentially serious and long-term consequences. VA defines military sexual trauma as a psychological trauma that resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving in the military.

Sami Cave:

Are there other health considerations associated with MST?

Dr. Terri Julian:

MST is not a mental health condition or diagnosis, although individuals who have experienced MST develop mental health conditions such as posttraumatic stress disorder, depression, and substance use disorders. In addition to contributing to the development of mental health conditions, psychological trauma, such as MST, can increase the risk of physical health conditions such as cardiovascular disease, stroke, and diabetes.

Sami Cave:

How big a problem is MST?

Dr. Terri Julian:

Among veterans receiving VHA care from October 1, 2019, through September 30, 2020, 141,365 or about 32 percent of female veterans, and nearly 2 percent or 77,309 of male veterans reported experiencing sexual trauma while serving in the military. In January 2021, VHA reported that over the prior 10 years, the number of veterans receiving MST-related outpatient mental health care increased by 158 percent for female veterans and by 110 percent for male veterans.

Sami Cave:

That's telling. So, awareness of MST among veterans is increasing as is their comfort level in reporting it to VHA. How is the VA determining if a veteran receiving health care experienced MST during their military service?

Dr. Terri Julian:

In 2000, VHA, began screening every veteran receiving VA health care for MST experiences. Further, VA provides free treatment for MST-related physical or mental health conditions. Veterans do not need to be eligible for other VA services or have a VA disability compensation rating or documentation of MST experiences to access MST-related care.

Sami Cave:

The Veterans Health Administration requires each facility to have a designated MST coordinator. Can you tell us about the role and responsibilities of MST coordinators?

Dr. Terri Julian:

Yes, of course. VHA requires that each facility have a designated MST coordinator who is a clinician or who has extensive knowledge of issues associated with the clinical care of MST survivors. The MST coordinator is responsible for such things as supporting implementation of MST-related policies, serving as the point of contact for veteran and staff MST issues, and establishing and monitoring staff training. Each facility must give the MST coordinator protected work time of at least 20 percent to perform administrative responsibilities. For example, an MST coordinator who works a full-time, 40-hour week should have eight hours a week dedicated to MST administrative work.

Given the needs of this growing veteran community, the MST coordinator role is especially critical.

Sami Cave:

Completely agree. From the report and our conversation here, it's very clear that the MST coordinator position is critical and growing in importance. Your team looked at duties and roles of MST coordinators, going as far as surveying currently employed coordinators to evaluate their duties and identify any perceived challenges. What were the results of the national survey?

Dr. Terri Julian:

We found that the biggest challenge facing the MST coordinators was inadequate resources to fulfill responsibilities. Specifically, many MST coordinators told us that they did not have sufficient protected administrative time, support staff, or adequate funding and outreach materials to fulfill their responsibilities. We also found that the amount of dedicated time for MST coordinator responsibilities did not necessarily correlate with the number of patients in MST-related care at a specific facility. In fact, an MST coordinator who serves at a facility with one of the largest populations of patients receiving MST-related care reported dedicated time of 30 percent, while some of the MST coordinators who are assigned full-time to the role are at facilities with fewer MST-related care patients.

Sami Cave:

So, we found an MST coordinator that can only dedicate 30 percent of their time to serving one of the largest populations of patients receiving MST-related care while we have other MST coordinators working full-time in facilities with smaller populations of patients receiving similar care. Sounds like VHA needs to take a look at its MST-related policies and possibly make adjustments to staffing guidance and MST coordinator duties.

Dr. Terri Julian:

Exactly, the OIG made one recommendation to the Under Secretary for Health to evaluate the sufficiency of current guidance and operational status regarding protected administrative time, administrative staff support, and funding for outreach, education, and special project resources, with consideration of the MST coordinators' responsibilities.

Sami Cave:

Your team also assessed the culture of safety surrounding patients requesting MST-related care. What does that mean for the patient?

Dr. Terri Julian:

We did look at that. For patients, a culture of safety means a healthcare environment that identifies and honors their preferences, to the maximum extent possible. VHA patients who have experienced MST should have a comfortable physical environment. During our research, we interviewed 18 MST coordinators across VHA and asked specific questions on the culture of safety.

Sami Cave:

Interesting. What were the major takeaways from those interviews?

Dr. Terri Julian:

For starters, VHA requires that MST-related services be provided in a gender-sensitive manner, with accommodations made to honor patient preference for gender-specific treatment providers, and that treatment environments are sensitive to gender-related concerns.

In our interviews with MST coordinators, we found that they had established procedures to assess patients' preferences for gender of treatment provider, such as a screening question or phone call to the MST coordinator. Additionally, once the patient's gender request for a treatment provider was known, a scheduling referral or formal consult was submitted to the schedulers so it could be honored.

We also learned through these interviews that the waiting and treatment areas were not separated solely for MST-related care. Instead, they were located within clinical areas such as mental health and primary

care. MST coordinators reported that the most frequent patient complaint was discomfort in having to wait in an area with patients of the opposite gender. However, patients who expressed discomfort were accommodated with an acceptable alternative waiting space, such as an empty office or hallway.

Sami Cave:

Dr. Julian, thank you for discussing this important report today. What's are the next steps for VHA?

Dr. Terri Julian:

No problem. Thank you for setting this up. As of now, the VA has submitted actions plans to address the recommendation OIG made, and the OIG will follow up on the planned actions until they are completed satisfactorily.

Sami Cave:

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