

United States Senate

WASHINGTON, DC 20510

March 19, 2024

Secretary Denis R. McDonough
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20571

Dear Secretary McDonough,

Thank you for your hard work and dedication to our nation and its veterans. While the VA has made many improvements over the years, we are concerned that women veterans, specifically those who have experienced Military Sexual Trauma (MST), continue to face barriers to care. Healthcare access for women veterans is a growing area of importance, as women veterans are expected to comprise 18% of the veteran community by 2040. To address this, the VA must increase engagement with women veterans and build trust by enforcing accountability.¹

About one in three women veterans have experienced MST during their service in the military.² Veterans who have experienced MST may face difficulties with interpersonal relationships, have an increased risk of developing substance use disorder.³ These issues can significantly impact the veteran's quality of life, make it difficult to successfully transition into civilian life, and increase their risk of suicide. In fact, a recent VA report found that suicide rates among women veterans jumped over 24 percent between 2020 and 2021.⁴ Women veterans with histories of MST, in particular, are at a 65 percent increased risk of suicidal ideations compared with women who have not.⁵

While we commend the VA for providing free counseling and evidence-based treatment for women with MST, these services are clearly under-utilized, as only approximately half of female veterans with an MST history use VA healthcare.⁶ To inform these women of their VA benefits, the VA should consider employing the Women Veterans Call Center (WVCC) to conduct additional outreach tailored to women veterans with MST. Specifically, the VA should look to inform veterans about Vet Centers, which provide essential services regardless of the nature of their discharge.⁷

Once enrolled in VA care, many women veterans with MST report needing to justify and explain their request for treatment to their provider. This experience causes undue stress and places an unnecessary burden on the veteran. To reduce the stigma of seeking care for MST, the VA must

¹ U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, *2023 National Veteran Suicide Prevention Annual Report* (2023): 44,
<https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

² U.S. Department of Veterans Affairs, Military Sexual Trauma (2021): 1, https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf

³ "Resources for Military Sexual Trauma Survivors." *DAV*, www.dav.org/get-help-now/veteran-topics-resources/military-sexual-trauma-mst/#:~:text=What%20is%20Military%20Sexual%20Trauma,Forced%20or%20coerced%20sexual%20encounters. Accessed 27 Feb. 2024.

⁴ Office of Mental Health and Suicide Prevention. "Office of Mental Health and Suicide Prevention." *U.S. Department of Veterans Affairs*, [efaidnbmnnnibpcajpcglclefindmkaj/https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf). Accessed 27 Feb. 2024.

⁵ Volkens, Nancy. "Study Finds Strong Tie between Sexual Trauma, Suicidal Thoughts in Veterans with No History of Mental Health Care." *VA News*, 2 Feb. 2022, news.va.gov/99586/study-finds-strong-tie-between-sexual-trauma-suicidal-thoughts-in-veterans-with-no-history-of-mental-health-care/. Accessed 27 Feb. 2024.

⁶ Gilmore, Davis, Grubaugh, Resnick, Birks, Denier, Muzzy, Tuerk, Acierno, "'Do you expect me,'" 59-64.

⁷ Department of Veterans Affairs Veterans Health Administration. *VHA Directive 1601A.02(4)*. (Amended April 5, 2023): 1-2.

educate all providers about the high prevalence and complexities of MST. Staff at all levels of care should be well-versed in trauma-informed care, recognize the signs and symptoms of PTSD and MST, and understand how that impacts trust. This is especially important for women who report MST to military legal officials but experience significant secondary victimization, which often impairs later help-seeking in VA facilities.⁸

The environment in which veterans receive MST care may trigger post-traumatic stress symptoms.⁹ A large percentage of these women veterans anticipate harassment or associate harassment with VA facilities.¹⁰ Female-only waiting rooms for privacy, expanded VA telemedicine capabilities, and additional programming at Vet Centers for women would all work to create a more inclusive environment for women veterans.

Women veterans who have experienced MST already endure so many hardships – let’s work to eliminate any barriers to VA care so they can access the high-quality care that they deserve.

We ask that you answer the following questions:

1. What is the VA doing to reduce social stigmas that prevent veterans from accessing MST treatment?
2. Are women veterans who are ineligible for care at a VAMC informed of their eligibility for treatment at a Vet Center? If so, how are they informed?
3. What research is the VA currently conducting or planning to conduct to understand and prevent women veteran suicide, especially amongst younger and older veterans?
4. What additional resources and care are provided to women veterans who respond “yes” when being screened for MST?
5. Since launching the “Don’t Wait. Reach Out.” campaign in 2021, how many of the 2.8 million veterans who were made aware of the campaign and reached out for help were women?

Thank you for your prioritization of the health and well-being of women veterans. Please reach out to our staff, Rowland Robinson (Rowland_Robinson@king.senate.gov) or Olivia Elkins (Olivia_Elkins@murray.senate.gov).

Sincerely,

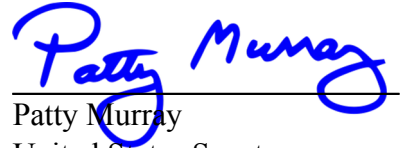
⁸ Calhoun, Patrick S., Amie R. Schry, Paul A. Dennis, H. Ryan Wagner, Nathan A. Kimbrel, Lori A. Bastian, Jean C. Beckham, Harold Kudler, and Kristy Straits-Tröster. "The association between military sexual trauma and use of VA and non-VA health care services among female veterans with military service in Iraq or Afghanistan." *Journal of Interpersonal Violence* 33, no. 15 (2018): 2439-2464, <https://doi.org/10.1177/0886260515625909>

⁹ Gilmore, Davis, Grubaugh, Resnick, Birks, Denier, Muzzy, Tuerk, Acierno, "'Do you expect me,'" 59-64.

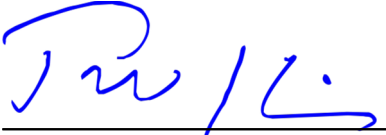
¹⁰ U.S. House of Representatives, Committee on Veterans' Affairs, *Women Veteran Task Force Report* (2023), https://veterans.house.gov/uploadedfiles/118th_congress_wvtf_report.pdf



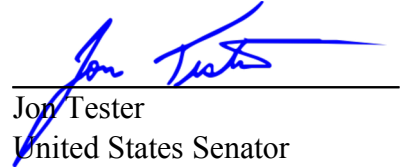
Angus S. King, Jr.
United States Senator



Patty Murray
United States Senator



Tim Kaine
United States Senator



Jon Tester
United States Senator



Kevin Cramer
United States Senator



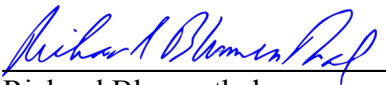
John Hickenlooper
United States Senator



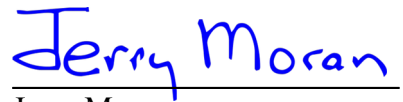
Richard J. Durbin
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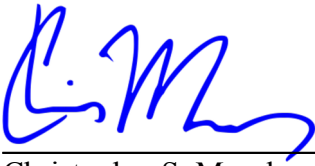
Kyrsten Sinema
United States Senator



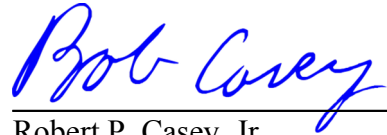
Richard Blumenthal
United States Senator



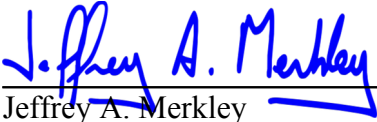
Jerry Moran
United States Senator



Christopher S. Murphy
United States Senator



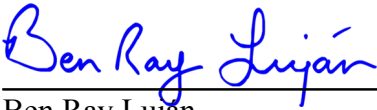
Robert P. Casey, Jr.
United States Senator



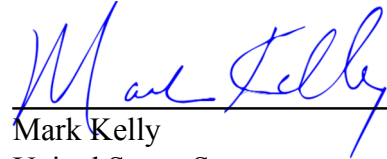
Jeffrey A. Merkley
United States Senator



Bernard Sanders
United States Senator



Ben Ray Lujan
United States Senator



Mark Kelly
United States Senator



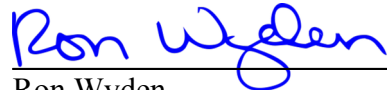
Catherine Cortez Masto
United States Senator



Tammy Baldwin
United States Senator



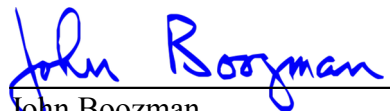
Tina Smith
United States Senator



Ron Wyden
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Jacky Rosen
United States Senator



John Boozman
United States Senator



Debbie Stabenow
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Margaret Wood Hassan
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