

Military Sexual Trauma Development Checklist

STEP IN PROCESS	ACTION TO TAKE	DONE
RO Designated Woman Veteran Coordinator Actions		
Women Veteran Coordinator reviews the file and contacts the Veteran via telephone and ask if they've completed:	<input type="checkbox"/> DD Form 2910 <input type="checkbox"/> DD form 2911 <input type="checkbox"/> Other Similar Form_____	
If DD form(s) was completed, request:	<input type="checkbox"/> Name and location of military base where report filed <input type="checkbox"/> Copies of DD Forms/similar form <input type="checkbox"/> Whether restricted or unrestricted report	
If DD form not completed:	<input type="checkbox"/> Advise Veteran evidence from alternative sources/behavior changes may constitute credible supporting evidence of MST <ul style="list-style-type: none"> ▪ Alternative Military or non-military records ▪ A rape crisis center or center for domestic abuse, ▪ A counseling facility or health clinic, ▪ Statements from family members or roommates, ▪ A fellow service member ("buddy"), ▪ A faculty member, ▪ Civilian or military police reports, ▪ Medical reports from military or civilian physicians or hospital reports ▪ A chaplain or other clergy, ▪ Fellow service-persons, ▪ Personal diaries or journals, or ▪ Pregnancy tests or tests for STDs <input type="checkbox"/> Request evidence from sources by mail/fax	
Inform Veteran letter will be sent documenting request for info.	<input type="checkbox"/> Document contact on VA Form 21-0820	
RO Designated MST VSR Development Actions		
Review c-file for evidence (markers/behavior change) of in-service stressor, such as: <u>Remember:</u> One marker is sufficient to order a VA exam and medical opinion	<input type="checkbox"/> Visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment <input type="checkbox"/> Sudden requests for a change in occupational series (e.g. from mail personnel to a cook) or duty assignment without other justification <input type="checkbox"/> Increased use or abuse of leave without an apparent reason, such as family obligations or family illness <input type="checkbox"/> Changes in performance and performance	

	<p>evaluations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Episodes of depression, panic attacks, or anxiety without identifiable causes <input type="checkbox"/> Increased or decreased use of prescription medications <input type="checkbox"/> Increased use of over-the-counter medications <input type="checkbox"/> Substance abuse such as alcohol or drugs <input type="checkbox"/> Increased disregard for military or civilian authority <input type="checkbox"/> Obsessive behavior such as over-eating or under-eating, hand washing or bathing <input type="checkbox"/> Unexplained economic or social behavior changes <input type="checkbox"/> Breakup of a primary relationship <input type="checkbox"/> A quick decision to marry an individual <input type="checkbox"/> Getting pregnant and leaving service 	
If c-file does include credible supporting evidence claimed in-service stressor occurred:	<input type="checkbox"/> Order a VA exam (if needed)	
If c-file does not include credible supporting evidence claimed in-service stressor occurred:	<ul style="list-style-type: none"> <input type="checkbox"/> Send VA Form 21-0781a with <input type="checkbox"/> VCAA letter <input type="checkbox"/> Include M21-1M, IV.ii.1.D.17.f-g language regarding restricted/unrestricted DoD reports 	
Records Requests		
Obtain Veteran's medical records from all applicable facilities:	<ul style="list-style-type: none"> <input type="checkbox"/> Service treatment records <input type="checkbox"/> Mental health records (if sought treatment) <input type="checkbox"/> Private medical records 	
Obtain Veteran's military personnel file:	<input type="checkbox"/> PIES code 018 to acquire complete personnel record with performance ratings	
Obtain any military or civilian investigative reports or police records:	<ul style="list-style-type: none"> <input type="checkbox"/> Request release of information by letter or fax as dictated by the service department where Veteran served (at time of alleged incident) <input type="checkbox"/> Contact the military police to find out if an investigation was conducted <ul style="list-style-type: none"> <input type="checkbox"/> If yes, request the military police report <input type="checkbox"/> If Veteran reports the incident was reported to local civilian authorities, request a report from the civilian police authority 	
MST Exam Information		
Evidence of Markers for the Examiner	<input type="checkbox"/> Reminder: The examiner may establish the event in service based on marker(s) found in the evidence of record.	
Request an immediate medical examination if:	<ul style="list-style-type: none"> <input type="checkbox"/> All development action is complete, <input type="checkbox"/> All medical evidence requested has been received (or time limit for submitting evidence has expired), 	

	<ul style="list-style-type: none"> ❑ Evidence or records support stressor occurred, ❑ Evidence (to include lay statements) indicates the Veteran currently suffers from symptoms consistent with a diagnosis of PTSD, and ❑ Medical evidence adequate for rating purpose is not already of record. 	
If requesting VA exam:	<ul style="list-style-type: none"> ❑ Forward c-file to examining facility ❑ Request review as part of exam process anytime the issue is service connection for PTSD 	
Pose following questions to medical examiner:	<ul style="list-style-type: none"> ❑ When question whether evidence is consistent with the claimed MST occurrence, <ul style="list-style-type: none"> ○ “In your opinion, is it at least as likely as not that the Veteran’s record supports the occurrence of a military sexual assault?” ❑ When question either the diagnosis of PTSD or cause of PTSD, <ul style="list-style-type: none"> ○ “Veteran is claiming PTSD based on [assault referenced in records, indicate material is tabbed]. Does Veteran have PTSD as a result of this evidence?” ❑ When PTSD diagnosis based on MST confirmed, but need additional information for evaluation, <ul style="list-style-type: none"> ○ Request a “Review PTSD” examination 	
Ensure clinical diagnosis of PTSD:	<ul style="list-style-type: none"> ❑ Meets all diagnostic criteria of DSM-5 (includes Axis I-V diagnostic status), and ❑ Relationship (nexus) drawn by the examiner between the trauma and current diagnosis (furnished a complete rationale for the opinion). 	
If exam with PTSD diagnosis does not contain the essential of a diagnosis according to C&P Worksheet for PTSD:	<ul style="list-style-type: none"> ❑ return the examination as incomplete for rating purposes, ❑ note the deficiencies, and ❑ request reexamination. 	

Additional Resources

- M21-1MR IV.ii.1.D.17 Developing Claims for Service Connection for PTSD Based on Personal Trauma
- 38 CFR 3.304(f)(5) Posttraumatic stress disorder based on in-service personal assault
- Training Letter [\(TL\) 11-05](#) Adjudicating Posttraumatic Stress Disorder (PTSD) Claims Based on Military Sexual Trauma (MST) and its [Enclosure](#) and [Addendum](#).
- Fast Letter [\(FL\) 10-25](#), dated July 15, 2010, Corroborating (MST) Using DD Form 2910, *Victim Reporting Preference Statement*, or Similar Forms.
- [DoD Safe Helpline](#)
- [DD Form 2910](#)
- [DD Form 2911](#)