



Best Practices: Trauma-Informed Interactions and Communications with Veterans who Experienced Military Sexual Trauma (MST)

Every VA staff member who interacts with Veterans who experienced MST can help have a positive impact on their experience of engaging in the claims process. First and foremost, using your good customer service skills, as you would with any Veteran, demonstrates that VA cares about MST survivors, is sensitive to their needs, and is here to help. In addition, applying a trauma-informed approach is essential. This means understanding how trauma affects people and then acting in ways that are sensitive to that. The principles and questions below can help you make sure your interactions and communications reflect a trauma-informed approach. It is recommended that you become familiar with these principles and, on an ongoing basis, self-evaluate your interactions and communications with Veterans with MST-related claims.

Principle 1

As much as possible, minimize pressure on the Veteran to provide details about their MST event(s) that have already been provided or are not needed to process the claim.

Sharing details of a traumatic event is difficult for many trauma survivors and may lead to increased symptoms and distress. At the same time, having certain details related to a Veteran's MST event(s) is important to appropriately process claims. Additionally, some Veterans who experienced MST may worry that if they do not provide extensive details about their experience of MST, their claim will be denied. It's important to be sensitive to these issues in discussions with the Veteran and especially when requesting information about personal traumatic events (for example, when asking a Veteran to complete VA Form 21-0781). Ask yourself: Is the information I am requesting necessary to process this claim? Have I reviewed the evidence of record for the needed information before I ask the Veteran to provide it?

Principle 2

Minimize pressure on the Veteran to provide information about their MST event(s) that they may not be able to recall.

Trauma is often stored in memory in a fragmented manner, meaning that some pieces of information can be missing or more difficult to recall. Also, trauma survivors often go to great lengths to avoid thinking about their experiences of trauma – in fact, this is a symptom of posttraumatic stress disorder (PTSD). As a result, the Veteran may not readily know things like exact dates or locations of the MST event(s). Pressure to report information the Veteran does not have, particularly if they fear that their claim will be denied if they cannot provide this information, can increase distress. It's important to ensure language in communications conveys what information VA needs in a non-threatening manner. Consider the following:

- If you are asking questions about details of an MST event, like a date or location, have you clearly communicated that while such information is helpful, it is okay to provide approximations? Is an explanation provided for why this information is being requested?
- Does your communication avoid language implying or directly stating that not providing information that the Veteran may not recall will negatively affect the outcome of the Veteran's claim?

Principle 3

Avoid language that states or implies that the MST event(s) did not occur or that the Veteran is not being truthful.

Unfortunately, some MST survivors have had their report of experiencing MST doubted by others. Experiences of being not believed can increase distress and may lead a survivor to expect that others will automatically dismiss their reports.

- As needed, have you communicated that the claim is not evaluating the Veteran's credibility or whether the MST event(s) actually occurred, but rather the evidence available to support the claim?
- When discussing evidence in letters to or conversations with the Veteran, have you taken care not to imply that a lack of markers or other evidence means that the Veteran is not trustworthy or credible, that the Veteran's report of the MST event(s) is not believed, or that the MST event(s) did not occur?
- Have you taken care to avoid words and phrases that convey doubt, like, "alleged", "if it actually occurred", "did not occur", "contradict", and "not believable"?

Principle 4

Use language that avoids commands and instead invites collaboration between VA and Veterans.

MST is an experience of having one's control and choice taken away by another person. As a result, interactions in which one person has more power over the other or situations in which someone commands a survivor do something, even when meant to be in the Veteran's best interest, can be distressing. In contrast, interactions that provide choice and invite partnership can decrease distress.

- Are requests that the Veteran complete an action related to their claim – such as submitting certain evidence or completing paperwork – phrased as a request, with details on why the request is being made, rather than phrased as a command?

Tip: sentences that start with a verb, like "Give us...", "Send in..." and "Show me..." tend to be heard as commands. Better options are: "*It is helpful if you can complete...*" and "*You may wish to include additional statements that may support your claim, such as...*"

- As appropriate, are options presented to the Veteran so they may choose not to take a certain action or provide certain information?

Principle 5

Be sensitive to gender-related concerns and preferences.

Veterans of all genders experience MST – it is not just a women’s issue. Some (though not all) MST survivors have preferences for the gender of individuals with whom they interact around the topic of MST, and it may be difficult for them to work with someone of another gender.

- Does the communication either use gender-inclusive words (e.g., they, Veteran), or if gender-specific (e.g., he, she, sir, madam, Mr., Ms.), has care been taken to correctly reflect the gender and preferred pronouns of the Veteran?
- Has care been taken to not communicate or imply that MST is women’s-only issue?
- Has the Veteran been offered a choice regarding the gender of VBA MST Outreach Coordinator (or, as appropriate, other staff) who will contact them? Does the communication reflect this choice?

Principle 6

Provide clear information on contacts for support.

The claims process can include potentially distressing experiences for Veterans like the need to revisit memories of trauma, feeling like their credibility is being evaluated, and having others make decisions that can have a strong impact on their lives. Not every MST survivor will need or want treatment, but helping Veterans who are interested to connect with available support and treatment can be key not only in helping them navigate the claims process, but also in helping them in their healing more generally. Also, knowing who to go to in order to get answers to questions they may have about the claims process can help greatly in reducing confusion and distress.

- Has the claimant been provided with information about individuals they can contact about any claims-related questions they may have?
- Has the claimant been provided with information about MST-related treatment available through VHA?

- Are all references in the communication to the “MST Coordinator” clear about whether this means the VHA MST Coordinator (a point person for VHA care) or the VBA MST Outreach Coordinator? A best practice is to use full titles (including VHA or VBA in the title) and not just “MST Coordinator.”

Here is approved information that can be included in communications about how to access VHA’s MST-related care:

“VA provides free treatment for mental and physical health conditions related to experiences of MST. These services are available to individuals with Veteran status and most former Service members with an Other Than Honorable or uncharacterized (entry-level) discharge, even if your claim for service connection is denied. To learn more, including how to access this care, go to www.mentalhealth.va.gov/mst or contact the Veterans Health Administration (VHA) MST Coordinator at a VA medical facility near you. A list of VHA MST Coordinators is available at www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp or you can contact your local VA medical facility and ask to speak to the MST Coordinator.”