



IRAQ *and* AFGHANISTAN VETERANS *of* AMERICA

**U.S. HOUSE COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEES ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS AND HEALTH
"HEALING THE WOUNDS: EVALUATING MILITARY SEXUAL TRAUMA"**

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**TESTIMONY OF JENNIFER HUNT
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Chairmen, Ranking Members, and members of the subcommittees on Disability Assistance and Memorial Affairs and Health, on behalf of Iraq and Afghanistan Veterans of America's one hundred and eighty thousand members and supporters, I would like to thank you for inviting us to testify today. "Healing the Wounds: Evaluating Military Sexual Trauma" is a critically important topic. The issue of sexual assault has deeply affected IAVA membership, the military and veterans' community as a whole, and me personally. I would like to point out that my testimony today is on behalf of IAVA and does not reflect the views and opinions of the United States Army.

My name is Jennifer Hunt, and I am a Sergeant in the U.S. Army Reserves. I grew up in Shelton, CT and enlisted in the Army Reserves shortly after September 11th. I've served combat tours in Iraq and Afghanistan as a Civil Affairs Specialist and, in Iraq, I earned a Purple Heart when my Humvee was struck by a roadside bomb, causing shrapnel injuries to my face, arms and back.

Whether deployed or drilling stateside, I also serve as my unit's designated Victim Advocate, as part of the Army's Sexual Assault Prevention and Response program. I sincerely hope that my duties as Victim Advocate are ones that I will never have to perform.

But if I was called upon to serve as a Victim Advocate my official responsibilities would include: acting as the first point of contact for the victim; counseling them on what their options are for reporting the attack; notifying the installation's Sexual Assault Response Coordinator; and accompanying victims to medical appointments or related meetings. And I am ready, should the need arise, to provide personal support to the victim. I know first-hand how difficult and frustrating the healing process can be, because I was a victim of sexual assault as a civilian.

Unfortunately, the reality is that servicemembers have been coping with significant and underreported sexual assault and harassment in the military for decades. While sexual assault disproportionately affects female troops, male servicemembers are impacted too. And they may face even greater stigma when deciding whether to report it or seek care. In FY2009, there were more than 3,200 reports of sexual assault involving servicemembers. Even in the warzone, troops cannot escape the threat of sexual assault; there were 279 reported sexual assaults in combat areas last year. While these numbers are alarming, they grossly underestimate the severity of the issue. According to the Defense Department,

only 20 percent of all unwanted sexual contact is reported to a military authority. This must change—and the time is now.

But despite the urgency of the issue, it has taken several congressional hearings, extensive media attention, and the increasing number of victims coming forward to share their trauma publicly for the military and the Department of Veteran Affairs to finally respond to the staggering number of incidents. In recent years, both departments have taken commendable steps. The military introduced a “restricted reporting option” to encourage more victims to seek care and counseling and completed its long awaited review of the issue by the Defense Department Task Force on Sexual Assault in the Military Services.

MST can lead to the development of major health problems, such as depression, eating disorders, miscarriages, and hypertension. Victims may also be eligible for disability compensation from the VA. Consequently, the VA began universally screening all veterans seeking care at the VA for Military Sexual Trauma in 1999 and the VA provides care to any veteran who has experienced MST. However, as is the case with other VA health care, treatment is inconsistent and not all veterans receive the care they deserve. IAVA was extremely concerned to learn that the VA’s Inspector General had to review the billing practices of VA health facilities and clinics after it was revealed that patients at one Texas clinic were being improperly charged copays for MST-related care. VA hospitals need to be trained in the proper treatment of and benefits for MST victims.

These steps are an improvement over the years of inaction, but much more must be done to adequately prevent and respond to Military Sexual Trauma. Our women warriors deserve the best treatment and support on the planet. Therefore, IAVA recommends the following steps to “Help Heal the Wounds”:

For the Department of Defense--

- Adequately fund the Department of Defense’s Sexual Assault Prevention and Response Program (SAPR) to achieve its mission of prevention, response, training and accountability. As recommended by the DOD’s Task Force on Sexual Assault, the Secretary should include the SAPR Program in its Program Objective Memorandum budgeting process ensuring a separate line of funding is allocated to the services.
- Conduct a study to identify a more comprehensive system that will accurately measure the incidence of sexual assault within the military—not just reported assaults. DOD should also conduct its gender relations survey bi-annually to more accurately assess the rate of sexual harassment.
- Require the Secretary of Defense to review sexual assault prevention and response efforts in the Reserve Components—which is not happening now.
- Require all military installations to have a Sexual Assault Response Coordinator (SARC) and deployable SARC on base. SARCs must be full-time military or DOD civilian personnel.
- Ensure all servicemembers have access to a restricted reporting option, and improve avenues for restricted reporting by allowing victims to reserve their right to a restricted report even after disclosing an assault to a third party, with the exception of chain of command or law enforcement. Additionally, a hotline should be established to allow victims to report sexual assault and harassment even when in-theatre. And that hotline must be connected with a local Sexual Assault Response Coordinator.

- Guarantee that all military personnel have access to qualified medical personnel to conduct evidence collection in sexual assault cases in a safe, timely, confidential, and gender –unbiased manner, even in deployed and remote locations.

For the Department of Veterans Affairs—

- Expand availability of specialized sexual trauma treatment inpatient and residential settings.
- Ensure that victims have access to preferred treatment settings and providers. For example, victims should not have to settle for mixed-gender treatment facilities because there are no facilities with separate programs for males and females in their area.
- Conduct a fully independent review of VA medical facilities to assess whether or not they are adequately complying with VA standards for safety and privacy for MST victims.
- Ensure the use and implementation of a method specifically designated to track MST-related care at all VHA medical facilities, so that MST treatment data are readily accessible across the VA system, as recommended by the VA's Office of Inspector General.
- Identify, track and report to Congress the outcomes of disability claims that involve MST. This will better measure the number of MST-related claims submitted annually, length of processing times, denial rates, and the types of disabilities that are associated with MST.

These recommendations are urgent. And IAVA encourages you to enlist the support of the President and the first lady to help make them happen.

Sexual Assault is a violation of military values and professionalism. It undermines unit cohesion, morale and effectiveness. The majority of assailants are older and of higher rank than their victims. They abuse not only their authority, but the trust of those they are responsible for protecting.

Sexual assault, whether it occurs in the military or in the civilian world, is also a crime. It is a crime that threatens the individual victim and the strength of the United States military.

Sexual assault is a crime that has gone on for too long, with too little done to stop it. While not all of IAVA's recommendations fall in the jurisdiction of these subcommittees, we look forward to working with you to fully address the issue of Military Sexual Trauma. Our women warriors have served nobly. And I am here today on behalf them all, to issue to you a call to service. We have done our part. Now it's time for you to do yours.

Thank you.