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VETERANS HEALTH ADMINISTRATION

Transition to VA Health Care and Utilization of Benefits for Veterans Who Reported Sexual Assault During Military Service

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Executive Summary

The VA Office of Inspector General (OIG) conducted a review of VA healthcare and benefits utilization by veterans who reported sexual assault to the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) during military service or who later disclosed having experienced military sexual trauma (MST) to a Veterans Health Administration (VHA) healthcare provider.[1]

The OIG integrated data from the DoD's SAPRO and VA administrative databases for veterans discharged over a five-year period. This review is the first population-based, longitudinal review integrating VA and DoD SAPRO administrative data.

The OIG assessed the population of approximately 1.2 million veterans who were discharged from active military service from October 1, 2015, through September 30, 2020, retrospectively, for their utilization of VA health care and benefits that support transition from military to civilian life through September 30, 2020. The review also assessed whether these veterans were receiving service-connected disability benefits as of September 30, 2021.[2] The data were analyzed to quantitatively characterize demographic factors, healthcare enrollment, healthcare and benefits utilization, and prevalence of diagnoses among individuals who reported sexual assault to SAPRO during military service or later disclosed experiencing MST to a VHA healthcare provider.[3]

DoD and VA have implemented strategies aimed at addressing sexual assault and harassment during military service, increasing reporting, and providing support for recovery. The OIG evaluated available data to identify patterns in healthcare and benefits use after military discharge to assist VA in understanding the needs of veterans who have experienced sexual assault or MST.

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[1] DoD and VA data sources contain information relevant to veterans' reports of sexual violence during military service. However, the data collected are not entirely aligned or defined the same. DoD data contain reports of "sexual assault," whereas VA data contain reports of "MST," a term that includes both sexual assault and sexual harassment. Reports of sexual assault may be made directly to SAPRO or through indirect routes such as medical personnel or chain of command.

[2] "Eligibility for VA Disability Benefits," accessed June 27, 2023, https://www.va.gov/disability/eligibility. A service-connected condition is an illness or injury that was caused by or worsened by active military service.

[3] DoD SAPRO/ VA OIG, "Memorandum of Agreement Between Department of Defense Sexual Assault Prevention and Response Office and Department of Veterans Affairs Office of the Inspector General for Study to Assess Treatment of Unrestricted-Reporting Victims of Sexual Assault in the Department of Veterans Affairs VAOIG-2019-01," November 3, 2019. The Memorandum of Agreement, which allowed sharing of data, was limited to unrestricted, closed reports that post-dated the memorandum. A five-year period of data collection was allotted to compile sufficient data for reporting.

Although data limitations precluded identification of the full group of veterans within the study population who experienced sexual assault during military service, this review presents unique information by incorporating available SAPRO data with VA administrative data.[4] The population-based nature of the review precludes the potential selection bias from using only VHA patients and permits the use of appropriate subpopulations, allowing for assessment of veterans' transition to VA, based on sexual assault reporting status. The data presented cannot be used to assert causal relationships between reports of sexual violence to DoD or VHA and the other factors for which data were assessed. However, the data can clarify who is reporting and what VA health care and benefits they are accessing. This review may provide insight for DoD and VA collaboration on data collection and sharing to support efforts toward addressing the needs of servicemembers and veterans who experience sexual assault or MST.

The OIG found that the 5,101 veterans who reported sexual assault to SAPRO during the review period were more likely to be female, younger, and fall within the lowest pay grades at the time of discharge when compared with veterans who did not report to SAPRO.[5]

The OIG observed that veterans who reported sexual assault to SAPRO were more likely to apply and applied sooner for VA health care than veterans who did not report to SAPRO. Of the 690,998 veterans who applied for VA health care, the OIG found that approximately 3 in 5 (56.6 percent) became VHA patients with at least one VA outpatient visit (including VA Community Care) as of September 30, 2020. The OIG noted that not all veterans who applied for VA health care were eligible or chose to use VA for care. Female veterans who reported sexual assault to SAPRO had the highest rate of application for VA healthcare enrollment. The OIG's analysis revealed that, at the time of their first visit, VHA patients who reported sexual assault to SAPRO were five years younger (median age of 24 versus 29) than those who did not report.

This review also assessed VA healthcare utilization patterns of veterans who reported sexual assault to SAPRO. The OIG observed that VHA patients who reported sexual assault to SAPRO or MST to VHA were more likely to use and used VA health care more frequently, especially mental health care, compared with VHA patients who did not report to either. The OIG analysis showed that over half (53 percent) of the veterans who reported sexual assault to SAPRO utilized VA health care during the review period compared with 32.4 percent who did not report to SAPRO. Of those who used VA health care and reported sexual assault to SAPRO or MST to VHA, more than 90 percent utilized mental health care during the review period compared to 63 percent of those who did not report. Additionally, the OIG analysis revealed that among VHA

[4] Acknowledged data limitations include well-established underreporting of sexual assault and privacy restrictions that narrow data-sharing to closed, unrestricted SAPRO reports.

[5] The younger age at discharge may explain, in part, the lower pay grades.

patients who did not report sexual assault to SAPRO, 7 percent disclosed MST at VHA. As with SAPRO reporters, VHA patients who disclosed MST at VHA were more likely to be female.

Consistent with the high rate of mental health utilization, the OIG found that VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA were more likely to be diagnosed with mental health disorders. Rates of posttraumatic stress disorder (PTSD) and major depressive disorder were approximately twice as high for VHA patients who reported sexual assault to SAPRO or who disclosed MST at VHA compared with VHA patients who did not report either. Substance use disorder diagnoses were also more likely for VHA patients who reported sexual assault to SAPRO or disclosed MST at VHA than for those who did not (26.1 percent and 23.5 percent versus 18.9 percent).

Given that approximately half of the veterans who reported sexual assault to SAPRO did not use VA health care, the OIG recommends future studies to examine potential differences between veterans who reported sexual assault to SAPRO and used VA health care and those who did not. The results may help target outreach efforts to those who reported sexual assault to SAPRO and did not engage with VA health care. Targeted outreach may help these veterans by raising awareness and understanding of available VA healthcare resources to address their medical and psychological needs and support transition to civilian life.

Two percent of the study population used vet center counseling services following separation from active duty.[6] The OIG found that veterans who reported sexual assault to SAPRO were more likely to use vet center services than those who did not report sexual assault (5.7 percent versus 2.0 percent). Of those who reported sexual assault to SAPRO, approximately three out of four received sexual trauma counseling, making that the most utilized of the clinical, social, and economic counseling services offered at vet centers for this subpopulation. Similar to VHA mental health services, veterans who reported sexual assault to SAPRO also used clinical counseling services at vet centers more frequently when compared with those who did not.

Application data for selected VA benefits that support transition to civilian life were also reviewed. The OIG analysis showed that veterans who reported sexual assault to SAPRO were more likely to apply, and applied sooner, for education (64.4 percent versus 51.6 percent five years post-discharge) and Veteran Readiness and Employment (VR and E) (15.5 percent versus 8.5 percent five years post-discharge) benefits than those who did not report to SAPRO. Veterans who reported sexual assault to SAPRO applied for home loans at a comparable rate to veterans who did not report to SAPRO.

[6] "Vet Centers (Readjustment Counseling)," VA, accessed May 3, 2022 at https://www.vetcenter.va.gov. Vet centers are community-based counseling centers that offer readjustment counseling to help with "successful transition from military to civilian life or after a traumatic event experienced in the military."

The OIG's analysis showed that, as of September 30, 2021, veterans who reported sexual assault to SAPRO were more likely to have received a service-connected disability rating, have a higher service-connected disability rating, and have a mental health disorder component contributing to their service-connected disability rating than veterans who did not report to SAPRO**.** This was consistent with the finding that VHA patients who reported sexual assault to SAPRO and who disclosed MST at VHA were more likely to be diagnosed with mental health disorders. Among veterans in the study population who received a service-connected disability rating with a mental health disorder component, PTSD was the most common component, followed by anxiety and mood disorders. The OIG also noted that the prevalence of a service-connected disability rating was significantly higher among veterans who utilized VHA services compared with those who did not, regardless of sexual assault reporting status.[7]

The OIG found that 34 percent of veterans who reported sexual assault to SAPRO had not received a service-connected disability rating as of September 30, 2021. Given that veterans who experience sexual assault during military service may have significant and lasting mental and physical health consequences, it is important for the Veterans Benefits Administration (VBA) to understand and mitigate any barriers encountered by this population who have not applied for or received service-connected disability benefits.[8] The OIG recommends future studies to examine the claims process to identify potential barriers that may delay claims processing or discourage the application for service-connected disability for these veterans.

As a result of this review, and concerns regarding the low rate of veterans who reported sexual assault to SAPRO receiving service-connected disability ratings, a memorandum of agreement was signed by SAPRO and VBA, effective on November 22, 2022. The agreement established a mechanism by which SAPRO provides data from closed, unrestricted sexual assault reports to VBA as corroborating evidence to assist with MST-related claims processing.[9]

The OIG is confident that this review provides valuable information to assist in VA's ongoing efforts to meet the needs of veterans who experienced sexual assault and MST and support their successful transition from military service to civilian life.

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[7] A higher rate of service-connected disability among VHA patients is expected because veterans' service-connected disability ratings are a main factor in assigning priorities for receipt of VA health care and for patients' co-pay status. Veterans with higher service-connected disability ratings are assigned to the highest priority groups for VA healthcare services, while veterans who earn a higher income and who do not have any service-connected disability rating are assigned to lower priority groups. Veterans may be exempt from copays due to their service-connected disability rating, income level, and special eligibility factors.

[8] This observation is not intended to imply that all veterans who experience sexual assault during service incur persistent disabilities, but is intended to support ongoing efforts to ensure that those in need receive necessary services and benefits.

[9] DoD/VBA, "Memorandum of Agreement Between the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) and the Department of Veterans Benefits Administration (VBA) for Providing Data to Support Military Sexual Trauma Claims," VBA-2022-03, November, 2022.

The OIG made one recommendation to the Under Secretary for Health related to outreach directed toward veterans who reported sexual assault during military service who did not engage in VA health care. The OIG made two recommendations to the Under Secretary for Benefits related to the evaluation of the application and claims process and outreach for veterans who reported sexual assault during military service.

VA Comments and OIG Response

During VHA's review of an OIG draft report, it is usual practice for VHA to submit comments for consideration and discussion. For this report, VHA provided technical comments to the OIG during the draft phase. The OIG considered and reviewed the comments. Based on the review, some changes were made to the report for clarification, but no changes were made to OIG findings and recommendations.

The Under Secretary for Health concurred in principle with the recommendation related to outreach, explaining that several program improvements have been made and additional analysis of servicemembers who reported to SAPRO would be premature. Based on the information provided, the OIG considers the recommendation closed (see appendix J).

The Under Secretary for Benefits concurred with the recommendations and provided acceptable action plans. For the remaining recommendations, the OIG will follow up on the planned actions until they are completed (see appendix K).

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Contents

Abbreviations

DoD	Department of Defense
DSAID	Defense Sexual Assault Incident Database
FY	fiscal year
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
MST	military sexual trauma
OIG	Office of Inspector General
PTSD	posttraumatic stress disorder
RCSNet	Readjustment Counseling Service database
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office
VADIR	Veterans Affairs and Department of Defense Identity Repository
VADS	Veterans Assistance Discharge System VADS
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VR and E	Veteran Readiness and Employment

Introduction

The VA Office of Inspector General (OIG) conducted a review of VA healthcare and benefits utilization by veterans who reported sexual assault to the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) during military service or who later disclosed having experienced military sexual trauma (MST) to a Veterans Health Administration (VHA) healthcare provider.[1] The OIG analyzed DoD and VA datasets for veterans discharged over a five-year period, fiscal year (FY) 2016 through FY 2020, to gain insight about veterans who reported sexual assault to SAPRO and their use of VA health care and benefits.[2]

This report describes demographic and military service characteristics; VA healthcare enrollment applications; VA healthcare utilization; medical diagnoses in veterans who utilized VA health care; Vet Center Readjustment Counseling Services utilization; VA educational, vocational, and home loan benefit applications; and service-connected disability compensation for veterans who reported experiencing sexual assault or MST during their military service.[3] Sexual trauma may have significant and lasting mental and physical health consequences. Congressional focus on the detrimental effects of sexual trauma has led to VA and DoD initiatives to ensure access to care and benefits for these veterans and servicemembers. This report is intended to provide information to support VA's ongoing efforts to meet the needs of veterans who experience sexual assault or MST.

Sexual Violence and Related Definitions

The term sexual violence encompasses a range of unwanted sexual contact, characterized by the use of force, manipulation, or coercion, to commit acts of a sexual nature without consent or against a person's will. Forms of sexual violence include rape, sexual assault, unwanted sexual touching, sexual exploitation, and sexual harassment. Research suggests that individuals who

[1] Reports of sexual assault may be made directly to SAPRO or through indirect routes such as medical personnel or chain of command.

[2] The study population included veterans discharged from October 1, 2015, through September 30, 2020; A fiscal year is a 12-month period used for accounting purposes that in the federal government runs from October 1 through September 30. Pub. L. No. 93-344.

[3] The OIG recognizes data limitations, given well-established research on the underreporting of sexual assault, as well as certain privacy constraints on data sharing, which precluded identification of the full population of servicemembers who experienced sexual assault or MST. The OIG does not draw conclusions as to causes or further interpret the data but did seek to identify opportunities for improvement or further study, which may benefit veterans who experienced sexual assault or MST.

experience sexual violence are "at risk of a wide range of physical, mental, reproductive, and other health consequences over their lifetime" when compared with those who have not.[4]

Sexual violence is a widespread problem. Research estimates that nearly 1 in 2 women and 1 in 4 men in the United States experience some form of unwanted sexual contact in their lifetime, and approximately 1 in 4 women and 1 in 26 men have experienced completed or attempted rape.[5] Sexual violence is often underreported.[6] Survivors may be reluctant to report sexual violence to law enforcement, seek medical care, or disclose it to family or friends. Commonly cited reasons for not reporting or disclosing sexual violence include fear of not being believed, shame, embarrassment, fear of retaliation, pressure from others, and distrust of law enforcement.[7]

SAPRO's Definition of Sexual Assault and VHA's Definition of MST

Both DoD and VA collect information relevant to servicemembers' and veterans' self-reports of experiencing sexual violence during military service. However, the information collected and reported by DoD and VA is not equivalent. DoD collects and investigates sexual assault incidents reported by individuals serving in the military. In contrast, VA collects reports of "MST," a term that includes both sexual assault and sexual harassment, that a veteran reports as having occurred during military service. See figure 1.

[4] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, "National Intimate Partner and Sexual Violence Survey, 2010 Summary Report," accessed February 24, 2022, https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf; Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, "National Intimate Partner and Sexual Violence Survey, 2016/2017 Report on Sexual Violence," accessed September 18, 2023, https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf.

[5] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, "National Intimate Partner and Sexual Violence Survey, 2016/2017 Report on Sexual Violence," accessed September 18, 2023, https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf.

[6] US Department of Justice, "Criminal Victimization, 2020," accessed February 24, 2022, https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cv20.pdf.

[7] National Sexual Violence Resource Center, "About Sexual Assault," accessed February 24, 2022, https://www.nsvrc.org/; Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, "National Intimate Partner and Sexual Violence Survey, 2010 Summary Report," accessed February 24, 2022, https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf.

SAPRO Sexual Assault	VHA Military Sexual Trauma
Definition: "Intentional sexual contact characterized by use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent"*	***Definition:*** "Physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the former Service member of the Armed Forces was serving on duty, regardless of duty status or line of duty determination." [Sexual harassment is defined as "unsolicited verbal or physical contact of a sexual nature, which is threatening in character."]
Time Frame: Sexual assault that occurred during active duty military service‡	***Time Frame:*** Sexual assault and sexual harassment that occurred during military service
Identification of Incidents: Incidents reported through DoD's Sexual Assault Prevention and Response Office	***Identification of Incidents:*** Incidents disclosed at VA. VHA requires screening of all former servicemembers receiving VA health care.

Figure 1. *Reporting of sexual assault per DoD and reporting of MST per VHA.*
Sources: DoD Directive 6495.01. Sexual Assault Prevention and Response (SAPR) Program, January 23, 2012, Incorporating Change 5, November 10, 2021; 10 U.S.C. 47, Uniform Code of Military Justice; VHA Directive 1115(1) Military Sexual Trauma (MST) Program, May 8, 2018, amended December 1, 2021.
** The term sexual assault includes "a broad category of sexual offenses consisting of the following specific UCMJ [Uniform Code of Military Justice] offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these acts."*
‡ Servicemembers may also report sexual assaults that occurred prior to military service to SAPRO. However, the data presented within this review includes only closed, unrestricted reports of sexual assault that occurred during servicemembers' military service, which were collected and investigated by SAPRO.

DoD Sexual Assault Reporting

In 2004, the Secretary of Defense directed a review of how DoD addressed sexual assault, including reporting channels, treatment of, and care for victims of sexual assault with attention to meeting the medical and psychological needs of victims. DoD assembled a task force and, later in 2004, issued a report and recommendations, including an "immediate action" of establishing "a single point of accountability for all sexual assault policy."[8]

[8] DoD, "Task Force Report on Care for Victims of Sexual Assault," April 2004.

In 2005, DoD established SAPRO, which serves as the "single point of authority" for the sexual assault policy and oversees policy compliance.[9] SAPRO encourages reporting to ensure that servicemembers who experience sexual assault are able to access resources, such as medical and mental health care, to assist in their recovery, and provides opportunities to hold alleged offenders accountable.

The 2004 task force found that victims' concerns about confidentiality, fear of retaliation, and concerns about possible command responses, such as receiving disciplinary action for associated misconduct, contributed to reluctance to report sexual assaults. Subsequently, SAPRO implemented measures to improve confidentiality in the reporting process and encourage reporting to ensure victims' access to support services following a sexual assault.

Servicemembers who experience sexual assault can make either *restricted reports* (command and law enforcement are not notified) or *unrestricted reports* (command and law enforcement are notified).

Restricted reports allow a servicemember who has been sexually assaulted to

> confidentially disclose the assault to specified individuals (i.e., SARC [sexual assault response coordinator], SAPR VA [sexual assault prevention and response victim advocate], or healthcare personnel). . . and receive medical treatment, including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an official investigation.[10]

When a restricted report is made, the official receiving the report provides data on the incident to SAPRO for inclusion in DoD sexual assault statistics. Additionally, command receives notification regarding occurrence of a sexual assault; however, personally identifiable information is not reported for the victim or alleged perpetrator.

Unrestricted reports made to SAPRO include personally identifiable information and are also included in DoD sexual assault statistics. Unrestricted reports allow a servicemember who has been sexually assaulted to

> access medical treatment and counseling and request an official investigation of the allegation using existing reporting channels (e.g., chain of command, law enforcement, healthcare personnel, the SARC) [sexual assault response coordinator].[11]

When an unrestricted report is made, the servicemember's commanding officer is notified, and the report typically triggers a formal investigation by one of the Military Criminal Investigative

[9] DoD Directive 6495.01.

[10] DoD Directive 6495.01.

[11] DoD Directive 6495.01.

Organizations.[12] Servicemembers who make a restricted report can convert their report to an unrestricted report at any time.

Following SAPRO's establishment, sexual assault reporting by servicemembers increased from an estimated 7 percent of sexual assaults being reported in 2006 to an estimated 30 percent of sexual assaults being reported in 2018.[13]

VHA MST Screening and Treatment

The VA recognized that sexual violence often goes unreported and that veterans are more likely to disclose having experienced MST if asked directly. Taking that into consideration, VHA implemented universal screening in February 2000, requiring all veterans seen at VHA be screened for MST.[14] In 2020, this requirement was expanded, with screening required for all former servicemembers seen at VHA, even if they did not have veteran status.[15] VHA has been providing treatment for mental and physical health conditions related to MST since being given the statutory authority to do so in 1992 and 1994, respectively.[16]

While survivors may differ in their reactions following traumatic events, the experience of sexual assault and sexual harassment during military service can have long lasting psychological and physical effects. The Veterans Health Care Act of 1992 authorized VA to provide outreach and establish MST counseling and treatment programs for women veterans who experienced incidents of sexual trauma while on active duty.[17] The Veterans Health Programs Extension Act of 1994 expanded VA's authority to include MST counseling and treatment for men.[18] The

[12] DoD Instruction 5505.03, *Initiation of Investigations by Defense Criminal Investigative Organizations*. August 2, 2023. Military Criminal Investigative Organizations include the Department of the Army Criminal Investigation Division, the Naval Criminal Investigative Service, and the Air Force Office of Special Investigations.

[13] DoD, "Annual Report on Sexual Assault in the Military, Fiscal Year 2019," April 17, 2020; DoD, "Annual Report on Sexual Assault in the Military, Fiscal Year 2020," March 15, 2021; DoD's annual reports indicate a continuing but modest increase in the number of reported sexual assaults occurring during military service—rising from 6,053 in FY 2018, to 6,236 in FY 2019, and to 6,290 in FY 2020. These numbers reflect servicemembers' reports of incidents occurring during service. Data are also tracked for servicemember reports of incidents that occurred prior to military service and for civilian and foreign national reports against servicemembers, which are not included within this review.

[14] VHA Directive 2000-008, *Sexual Trauma Counseling Section of the Veterans Millennium Health Care Act*; Pub. L. No. 106-117 (RCN-10-0905), February 29, 2000, rescinded March 25, 2005.

[15] VHA Directive 1601A.02, *Eligibility Determination*, July 6, 2020.

[16] Pub. L. No. 102-585; Pub. L. No. 103-452; VHA Directive 1115(1), *Military Sexual Trauma (MST) Program*, May 8, 2019, amended December 1, 2021. MST is an experience, not a diagnosis or a mental health condition, and individuals' responses to an experience of MST vary. However, MST is associated with a range of both mental and physical health concerns.

[17] Veterans Health Care Act of 1992, Pub. L. No. 102-585 (1992). This Act established the authority to provide sexual trauma counseling for women veterans through December 31, 1995; Title 10, U.S.C., § 101(d)(1). Active duty refers to military servicemembers serving full time under Title 10 of the United States Code.

[18] Veterans Health Programs Extension Act of 1994, Pub. L. No. 103-452 (1994). This Act expanded eligibility to include male veterans and extended the VA's authority to provide sexual trauma treatment to December 31, 1998.

Veterans Health Program Improvement Act of 2004 extended VA's authority to provide MST treatment permanently and extended MST counseling and related treatment to veterans whose MST occurred while serving on active duty or active duty for training.[19]

VHA provides veterans care for MST-related mental and physical health conditions free of charge.[20] "MST-related outpatient services are available at every VA medical center and many VA community-based outpatient clinics."[21] Inpatient and residential MST-related mental health services are also available for veterans in need of more intensive treatment. A veteran does not need to have reported sexual assault during military service or provide documentation of MST to be eligible for MST-related care through VA. A veteran also does not require a service-connected disability rating to receive care for MST. Veterans may be eligible for MST-related services even if they are not eligible for other VA care.

VA and DoD Study

The OIG proposed a review to DoD to integrate information from the DoD's SAPRO and VA's administrative databases to identify veterans who reported sexual assault that occurred during military service to SAPRO and veterans who disclosed MST at VHA. The DoD and OIG memorandum of agreement for the review, which allowed sharing of data, was limited to unrestricted, closed reports that post-dated the memorandum.[22] A five-year time frame of discharges was allotted to compile sufficient data for reporting. In this review, the OIG analyzed information from SAPRO and VA to quantitatively characterize demographic and military service characteristics; VA healthcare enrollment; VA healthcare utilization; medical diagnoses; applications for educational, vocational, and housing benefits; and receipt of service-connected disability compensation among individuals who reported sexual assault during military service or disclosed MST at VHA.

[19] Veterans Health Programs Improvement Act of 2004, Pub. L. No. 108-422 (2004).

[20] "Military Sexual Trauma," VA Mental Health, accessed May 18, 2022, https://www.mentalhealth.va.gov/msthome/treatment.asp. Current servicemembers can receive MST-related care at VA medical facilities, though a TRICARE referral is required in most cases and TRICARE copayments may apply. "Current servicemembers' records of services at VA medical facilities are available to DoD through the VA-DoD open healthcare record sharing." Current servicemembers can receive MST-related mental health counseling at VA Vet Centers confidentially, at no charge, without a TRICARE referral.

[21] "Military Sexual Trauma," VA Mental Health, accessed May 18, 2022, https://www.mentalhealth.va.gov/msthome/treatment.asp.

[22] DoD SAPRO/VA OIG, "Memorandum of Agreement Between Department of Defense Sexual Assault Prevention and Response Office and Department of Veterans Affairs Office of the Inspector General for Study to Assess Treatment of Unrestricted-Reporting Victims of Sexual Assault in the Department of Veterans Affairs VAOIG-2019-01," November 3, 2019.

Scope and Methodology

For this review, the OIG integrated administrative data from SAPRO and VA to quantitatively characterize aspects of healthcare and benefits utilization by a cohort of recently discharged veterans. Specifically, the OIG intended to

- identify veterans discharged from military active duty during the period from October 1, 2015, through September 30, 2020, and determine whether they reported sexual assault that occurred during military service to SAPRO;[23]
- compare demographic and service characteristics of veterans who reported sexual assault to SAPRO to those who did not at the time of discharge;
- describe patterns of application to the VA healthcare system for veterans who reported sexual assault to SAPRO and those who did not;
- identify veterans using VA health care and determine whether they reported sexual assault to SAPRO or disclosed MST at VHA;
- compare demographic characteristics among VHA patients for veterans who reported sexual assault to SAPRO, veterans who did not report to SAPRO and subsequently disclosed MST at VHA, and those who did not have documented reports of either;[24]
- characterize utilization of the VA healthcare system among VHA patients who reported sexual assault to SAPRO, patients who did not report to SAPRO and subsequently disclosed MST at VHA, and those who did not have documented reports of either;
- characterize medical diagnoses among VHA patients who reported sexual assault to SAPRO, those who did not report to SAPRO and subsequently disclosed MST at VHA, and those who did not have documented reports of either;

[23] Title 10, U.S.C. § 101(d)(1). Active duty refers to military servicemembers serving full time under Title 10 of the United States Code. A servicemember's discharge date from active duty was determined by the date of the servicemember's *Certificate of Release or Discharge from Active Duty*, known as DD Form 214 or simply DD214, issued by DoD to servicemembers upon their separation from DoD. The OIG obtained discharge data from VA administrative databases, including the Veterans Assistance Discharge System (VADS) and Veterans Affairs and Department of Defense Identity Repository (VADIR). Servicemembers who were deceased at the time of discharge were excluded from the OIG's analysis.

[24] The OIG defined a veteran as a VHA patient if the veteran made at least one outpatient visit at VA (including VA community care) occurring on or after the date of discharge as of September 30, 2020.

- characterize the study population's utilization of vet center counseling services by whether they reported sexual assault to SAPRO and those who did not;[25]
- describe patterns of application for VA benefits to support transition to civilian life (non-disability benefits), including educational, vocational rehabilitation, and VA home loan benefits, for veterans who reported sexual assault to SAPRO and those who did not; and
- characterize the status of service-connected disability benefits for veterans who reported sexual assault to SAPRO, veterans who did not report to SAPRO and subsequently disclosed MST at VHA, and veterans who did not have documented reports of either.

Figure 2 provides a representation of the study population referenced within this review. Details of methodology and statistical analyses are provided in appendix A.

[25] "Vet Centers (Readjustment Counseling)," VA, accessed May 3, 2022, https://www.vetcenter.va.gov. Vet centers are "community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active duty service members, including National Guard and Reserve components, and their families."

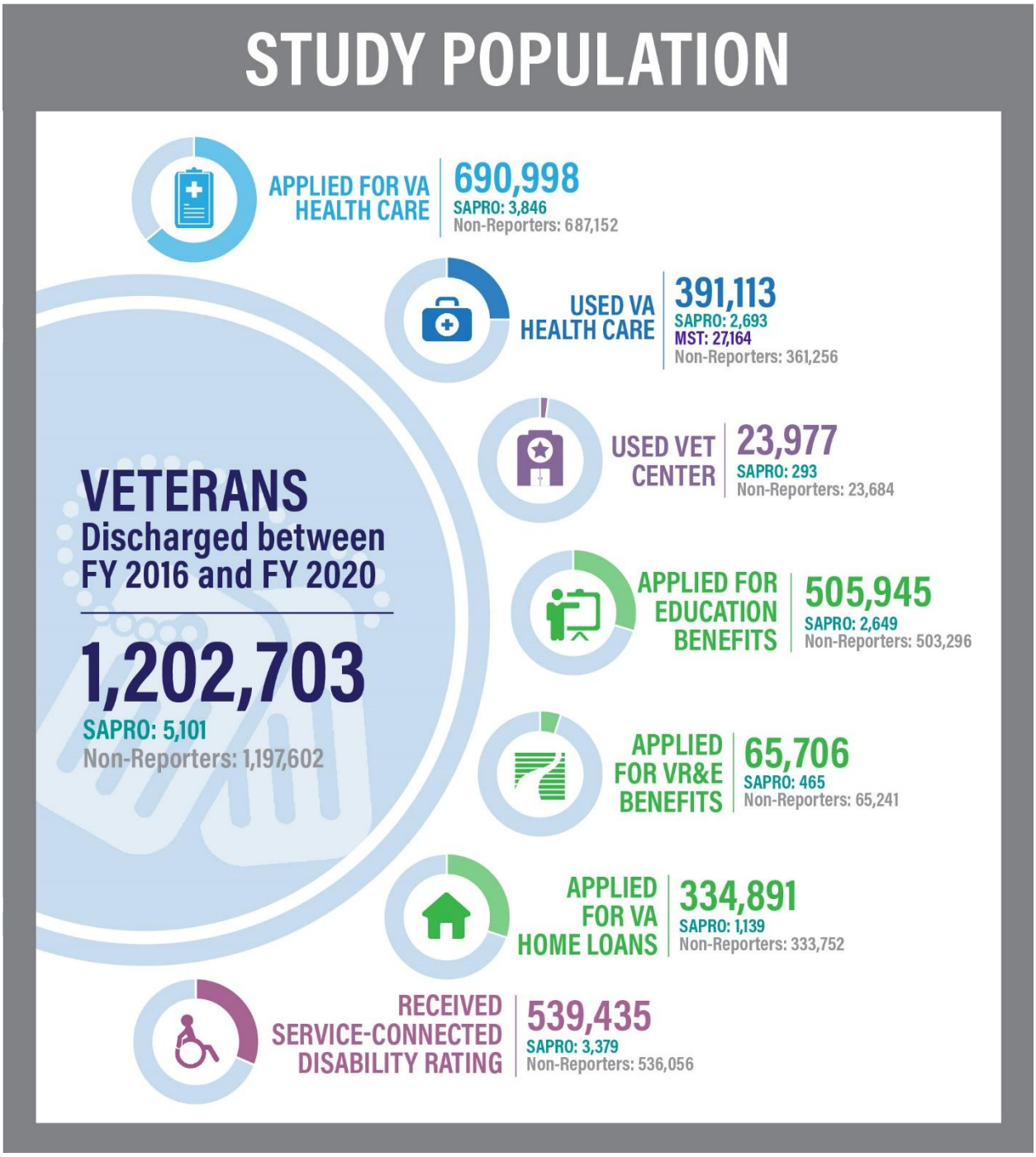

Figure 2. *Study population and data methodology.*
Source: OIG analysis of VA and DoD administrative data. See appendix A for methodology.

Under a DoD and OIG memorandum of agreement, SAPRO provided OIG with data compiled from unrestricted sexual assault reports maintained in the Defense Sexual Assault Incident Database (DSAID) with victims who are (1) no longer eligible for services through the Sexual Assault Prevention and Response (SAPR) program, and (2) do not have an ongoing investigation

regarding their report of sexual assault. These criteria indicate a closed case. The memorandum of agreement covers the sharing of DSAID datasets relating to closed cases of veterans who had filed an unrestricted report.[26] Thus, SAPRO data that the OIG used in the review omitted reports that were not recorded in DSAID or that remained either restricted or open as of September 30, 2020. For this reason, as well as the underreporting nature of sexual assaults, veterans who reported to SAPRO within this review do not encompass all veterans who experienced sexual assault during military service in the study population.[27]

The OIG noted that some VHA patients in the study population, who were not classified as members of SAPRO, were likely captured in the VHA MST group because of VHA MST screening practices, which may explain, in part, the comparable results between VHA patients who reported sexual assault to SAPRO and MST to VHA.[28] The OIG further noted that the differences in review results may be attenuated between the subpopulation of veterans who reported sexual assault to SAPRO and the subpopulation who did not report, due to the inherent underreporting nature of sexual assault.

The OIG did not independently verify DoD or VA data for accuracy or completeness.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

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[26] SAPRO, "Memorandum of Agreement Between the Department of Defense Sexual Assault Prevention and Response Office and The Department of Veterans Affairs Office of the Inspector General for Study to Assess Treatment of Unrestricted-Reporting Victims of Sexual Assault in the Department of Veterans Affairs VAOIG-2019-01," November 3, 2019. In accordance with the routine uses established in the DSAID system of records notice, DoD SAPRO is permitted to disclose records of closed cases of unrestricted reports to the VA to facilitate collaborative activities between the DoD and VA.

[27] Congressional Research Service, "Military Sexual Assault: A Framework for Congressional Oversight," updated February 26, 2021, accessed November 11, 2022. https://crsreports.congress.gov/product/pdf/R/R44944. The majority of sexual assaults experienced by servicemembers remain unreported. DoD, "Annual Report on Sexual Assault in the Military, Fiscal Year 2019," April 17, 2020; DoD, "Annual Report on Sexual Assault in the Military, Fiscal Year 2020," March 15, 2021.

[28] VHA patients who reported to SAPRO during military service, but whose reports were not recorded in DSAID or remained either restricted or open as of September 30, 2020, were not categorized as SAPRO in this study.

Review Results

The OIG assessed the study population of approximately 1.2 million veterans retrospectively for their transition to and use of VA health care and benefits. The data presented within this review provides a profile of characteristics for veterans who reported sexual assault to SAPRO, those who disclosed experiencing MST at VHA, and those who did not have documented reports of either. While research suggests associations between the experience of sexual violence and heightened risks for a range of mental, physical, and reproductive health concerns, the OIG is not suggesting a causal relationship between reports of sexual violence to DoD or of MST to VHA and the other factors for which data were assessed. The descriptive, population-based data provided within this review help clarify who is doing the reporting and what VA healthcare and benefits services they are using. The information is a starting point to identify areas that VHA may want to explore further.

Within the identified study population, less than 1 percent (0.4 percent) were identified as having closed, unrestricted reports of sexual assault to SAPRO. Of the veterans who had not reported sexual assault to SAPRO and utilized VA health care, 7 percent disclosed experiencing MST to a VHA healthcare provider. [29]

The analysis focused on

- demographics and military service characteristics;
- VA health care—enrollment applications;
- VA health care—utilization;
- medical conditions diagnosed in VHA patients;
- vet center readjustment counseling service utilization;
- applications for education, Veteran Readiness and Employment, and VA home loans benefits; and
- service-connected disability ratings.

[29] For the purposes of this review, VA healthcare utilization was identified as a healthcare visit between the discharge date through September 30, 2020. See appendix A for a more detailed description of methodology.

Demographics and Military Service Characteristics

Veterans who reported sexual assault to SAPRO were more likely to be female, younger, and in lower pay grades at the time of discharge.

Veterans who reported sexual assault to SAPRO were more likely to be female, younger (20–24 years old), and fall within the lowest pay grades (E1–4) at the time of discharge.[30] See appendix C for data on demographic and military service characteristics for the study population.

Women comprised 17.3 percent of the veterans who were discharged during the review period; however, 74.4 percent of veterans who reported sexual assault to SAPRO were female. Female veterans were 14 times more likely to have reported sexual assault to SAPRO compared with male veterans (1.82 versus 0.13 percent).[31] In examining VA data, 75.8 percent of VHA patients who did not report sexual assault to SAPRO but disclosed MST at VHA were women.

At the time of discharge from military service, the median age for veterans who reported sexual assault to SAPRO was 23 years and the median age for those who did not report sexual assault was 26 years, indicating that veterans who reported sexual assault separated from service at a younger age. Veterans who reported sexual assault to SAPRO were also more likely to fall within the lowest pay grades, with 75.8 percent at pay grades of E1–E4 at the time of discharge, compared with 50.2 percent of veterans who did not report sexual assault. The lower pay grade may be explained in part by their younger age at the time of discharge from service. See figure 3.

[30] The OIG used military discharge files from VA administrative databases to identify the population of veterans included within this review and demographic information for those veterans. Demographic information available in the military discharge records included birth sex, characterized as male or female, but did not include information on self-identified gender identity. Due to a high percentage of missing data, which precluded accurate identification of potentially significant differences, the OIG did not offer a summary comparison of racial demographics between veterans who reported sexual assault during military service (7.9 percent unknown) and those who did not (30 percent unknown). Demographic data on race is included in appendix C.

[31] As noted above, under the Memorandum of Agreement between the SAPRO and the OIG, the OIG received from SAPRO all closed investigation records of sexual assaults that active servicemembers reported as unrestricted between November 15, 2015, and September 30, 2020, including reports that were converted from restricted to unrestricted. Therefore, the rates of reported sexual assault are based on servicemembers who made unrestricted reports, and do not include those who made restricted reports to SAPRO.

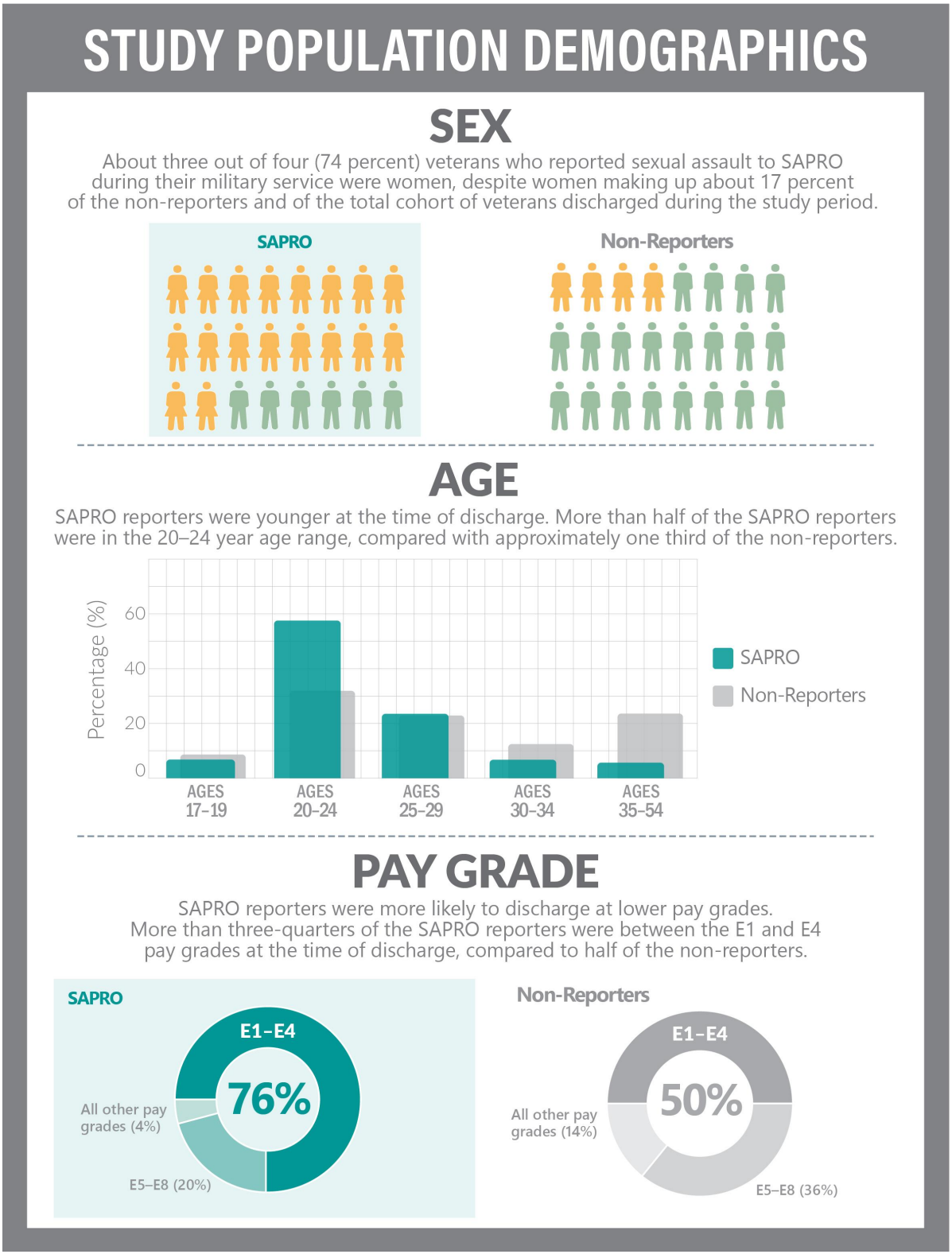

Figure 3. Servicemember demographics at discharge by sexual assault reporting status.
Source: OIG analysis of DoD administrative data. See appendix C, table C.1, C.2, and C.5.

VA Health Care—Enrollment Applications

Veterans who reported sexual assault to SAPRO were more likely to apply for VA health care and applied sooner after discharge.

Veterans who reported sexual assault to SAPRO were more likely to apply for VA health care and applied sooner after discharge than veterans who did not report sexual assault. Female veterans who reported sexual assault to SAPRO had the highest rate of application for VA health care. The application rates for VA health care were highest within the period from discharge to one-year post-discharge and continued to rise more slowly thereafter, for both SAPRO reporters and non-reporters.

Within the first month of separation from military service, 57.6 percent of servicemembers who reported sexual assault to SAPRO were estimated to apply for VA health care, compared with 39.5 percent of non-reporters.[32] One-year post-discharge, 74.9 percent of veterans who reported sexual assault to SAPRO were estimated to apply for VA health care, compared with 54.0 percent of non-reporters. By five years post-discharge, 83.6 percent of veterans who reported sexual assault to SAPRO were estimated to apply for VA health care compared with 63.0 percent of non-reporters. Figure 4 illustrates the patterns of applications for VA health care within the five years after separation from military active service for veterans who reported sexual assault to SAPRO and those who did not.

[32] To adjust for the different follow-up periods, the OIG applied the survival analysis statistical approach. The study population was evaluated for up to five years ending September 30, 2020.

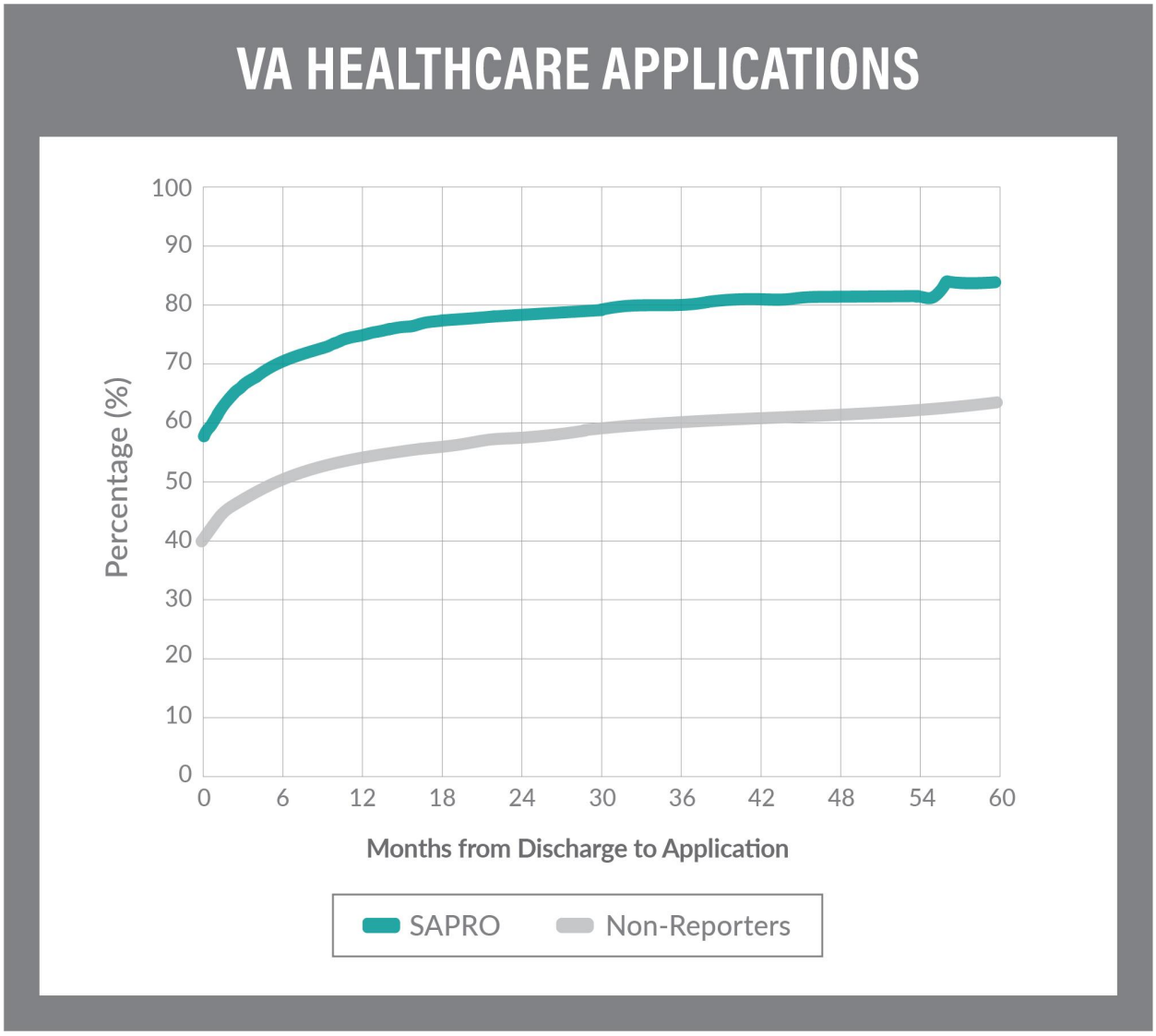

Figure 4. *Time from discharge to application for VA health care by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data.

Female veterans were more likely to apply for VA health care and applied sooner after discharge than male veterans. Female veterans who reported sexual assault to SAPRO were the most likely to apply for VA healthcare enrollment. Among veterans who reported sexual assault to SAPRO, 60.7 percent of female and 48.5 percent of male veterans were estimated to apply for VA health care within the first month of separation from service. This gender gap maintained over the first five years following discharge and by the end of five-year post-discharge, 83.4 percent of female and 79.9 percent of male veterans who reported sexual assault to SAPRO were estimated to apply for VA health care. See figure 5.

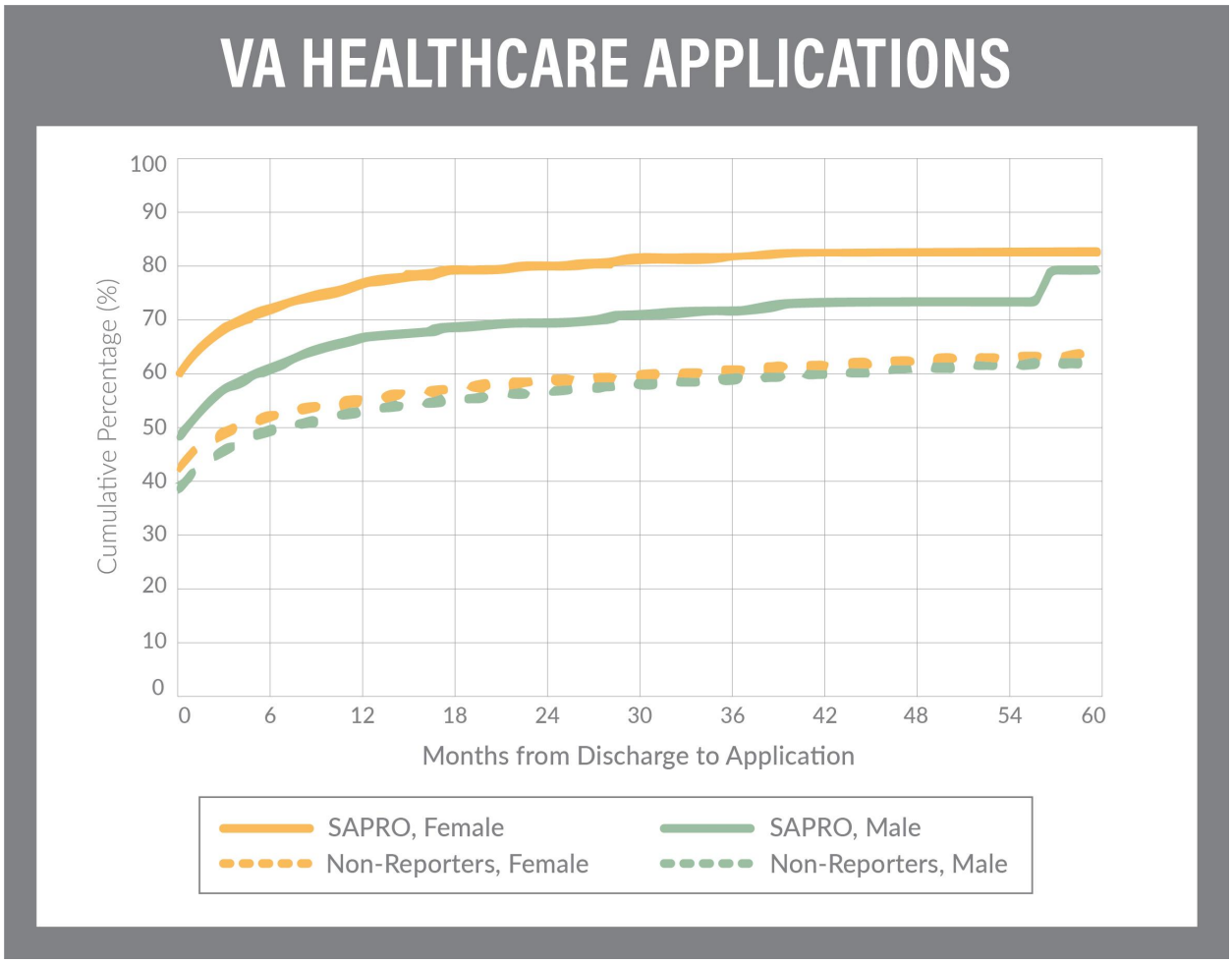

Figure 5. *Time from discharge to application for VA health care by sex and sexual assault reporting status. Source: OIG analysis of VA and DoD administrative data.*

VA Health Care—Utilization

VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA were more likely to use VA health care and more frequently utilized mental health care.

As of September 30, 2020, 391,113 veterans (32.5 percent of the total study population and 56.6 percent of those who applied for VA health care) had at least one VHA outpatient visit after

discharge from military service.[33] This included approximately half of veterans (52.8 percent) who reported sexual assault to SAPRO and one-third of veterans (32.4 percent) who did not report to SAPRO. [34] Of the 388,420 VHA patients who had at least one outpatient visit and did not report sexual assault to SAPRO, 27,164 (7 percent) disclosed MST at VHA. See appendix D and appendix E for baseline characteristics and VA healthcare utilization by VHA patients within the study population.

Despite women making up only about 18 percent of the total population of VHA patients in the review, more than three out of four VHA patients who reported sexual assault to SAPRO during their military service (78 percent) and those who disclosed MST at VHA (76 percent) were women, compared with those who reported neither (13 percent).

Similar to the observation that veterans who reported sexual assault to SAPRO were discharged at a younger age than those who did not by approximately three years, SAPRO reporters who used VA health care were approximately five years younger at the time of their first VA outpatient visit than non-reporters (median age of 24 versus 29). The median ages at the first VA outpatient visit were the same for those who had not reported to SAPRO, regardless of whether they disclosed MST at VHA or not (median age of 29). See figure 6.

[33] Not all veterans who apply for VA health care are eligible. Veterans who apply and are eligible for VA health care may or may not use VA for their health care. Outpatient visits include VA Community Care.

[34] The OIG defined healthcare utilization as the number of days in which a VHA patient had one or more outpatient visits to a VA facility or to a community facility paid for by VA. The OIG considered healthcare utilization based on International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes that occurred at a VA facility or a non-VA facility on or after military discharge date and through September 30, 2020, and excluded visits for laboratory or dental services only.

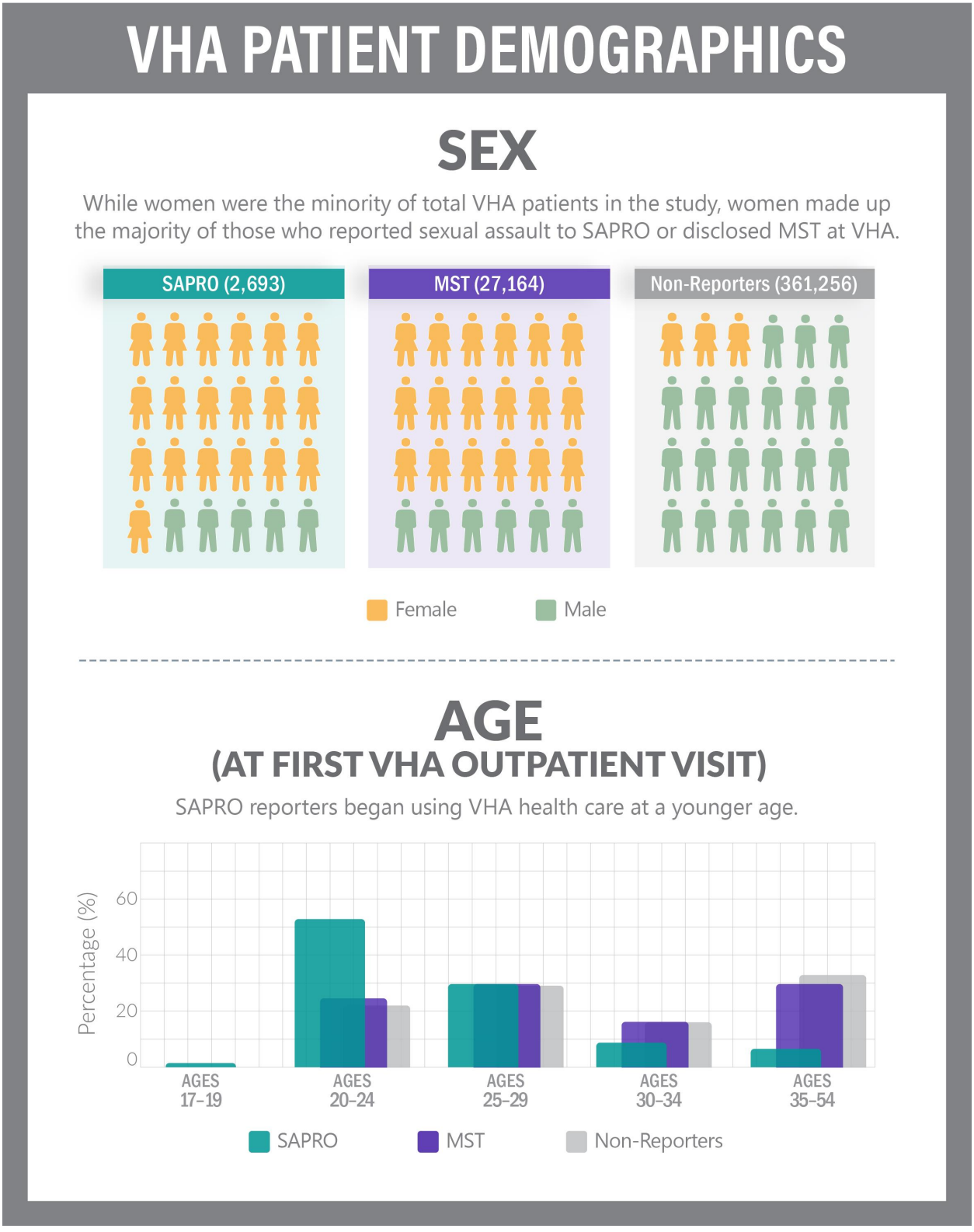

Figure 6. *VHA patient demographics by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data. See appendix D, table D.1.

VHA patients, regardless of sexual assault reporting status, received most of their healthcare services at VHA, with community providers delivering outpatient health care (not including mental health) for approximately 39 percent of VHA patients and mental health care for approximately 9 percent of VHA patients during the review period.

VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA were more likely to use mental health care and utilized mental health care more frequently compared with VHA patients who did not report either, regardless of sex.[35] Over 90 percent of VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA used mental health care, compared with 63 percent of VHA patients who reported neither. See figure 7.

[35] The OIG considered a visit as mental health-related if any diagnostic codes for that visit were within the category of Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99) of the ICD-10-CM. The OIG characterized visits for ICD-10-CM codes other than F01–F99 as non-mental health care. Utilization measures were calculated such that if a VHA patient had multiple appointments in a single day, both mental health and non-mental health-related visits were included in the analysis. Similarly, if a VHA patient had both VHA and non-VA appointments in a single day, both VHA and non-VA visits were included in the analysis. The OIG did not assess whether the purpose for the VA outpatient visits was for MST-related care.

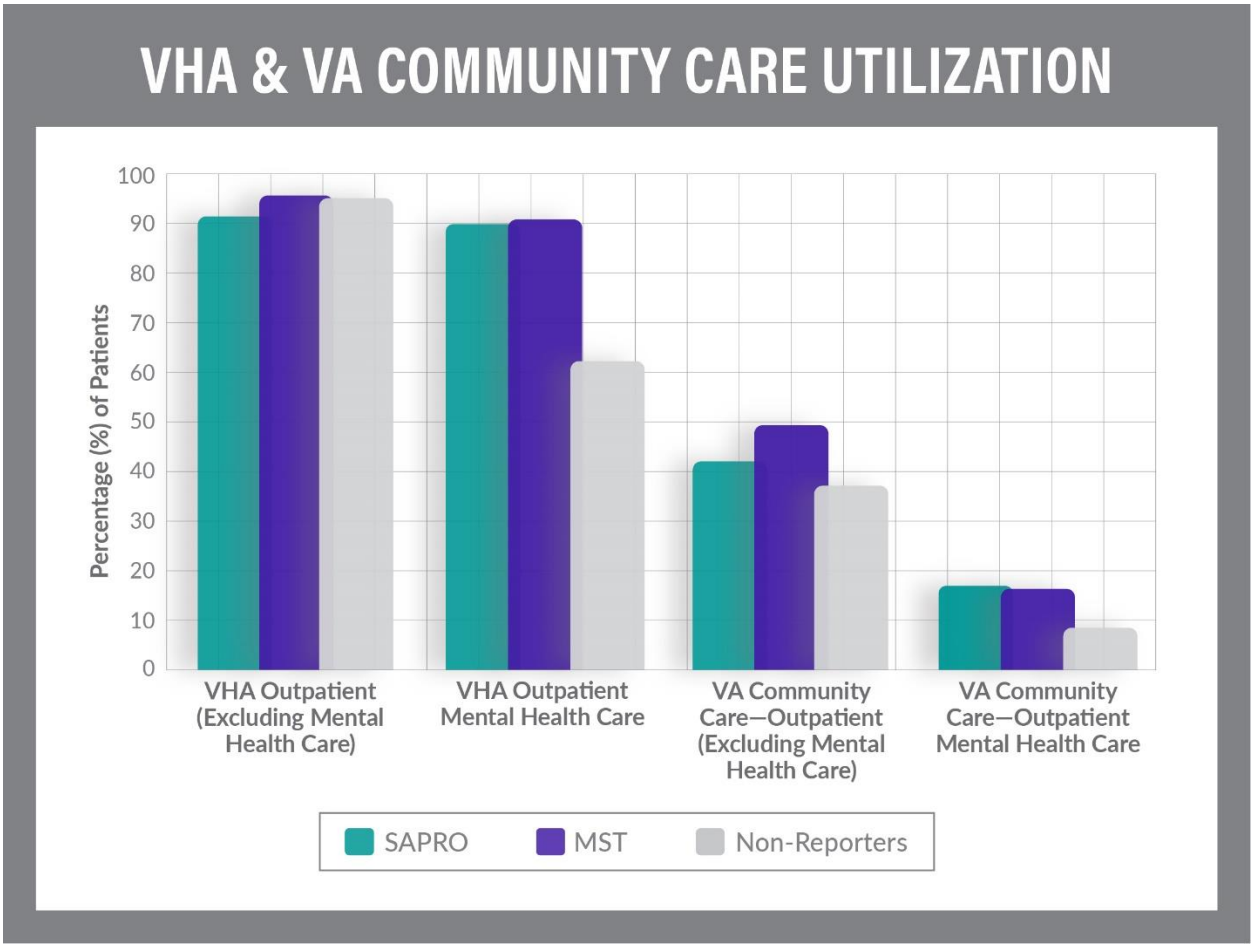

Figure 7. *VHA outpatient and VA Community Care outpatient utilization by sexual assault reporting status. Source: OIG analysis of VA and DoD administrative data. See appendix E, table E.1.*

The proportions of VHA patients utilizing health care (not including mental health) were generally comparable between those who reported sexual assault to SAPRO, those who disclosed MST, and those who reported neither, though VHA patients who reported sexual assault or MST had a slightly higher frequency of healthcare visits (not including mental health) than non-reporters.

On average, frequency of mental health outpatient visits was three times higher for VHA patients who reported sexual assault to SAPRO and over two times higher for those who disclosed MST at VHA as compared with VHA patients who reported neither (8.4, 6.9, and 2.8 visits per person per year, respectively). See figure 8.

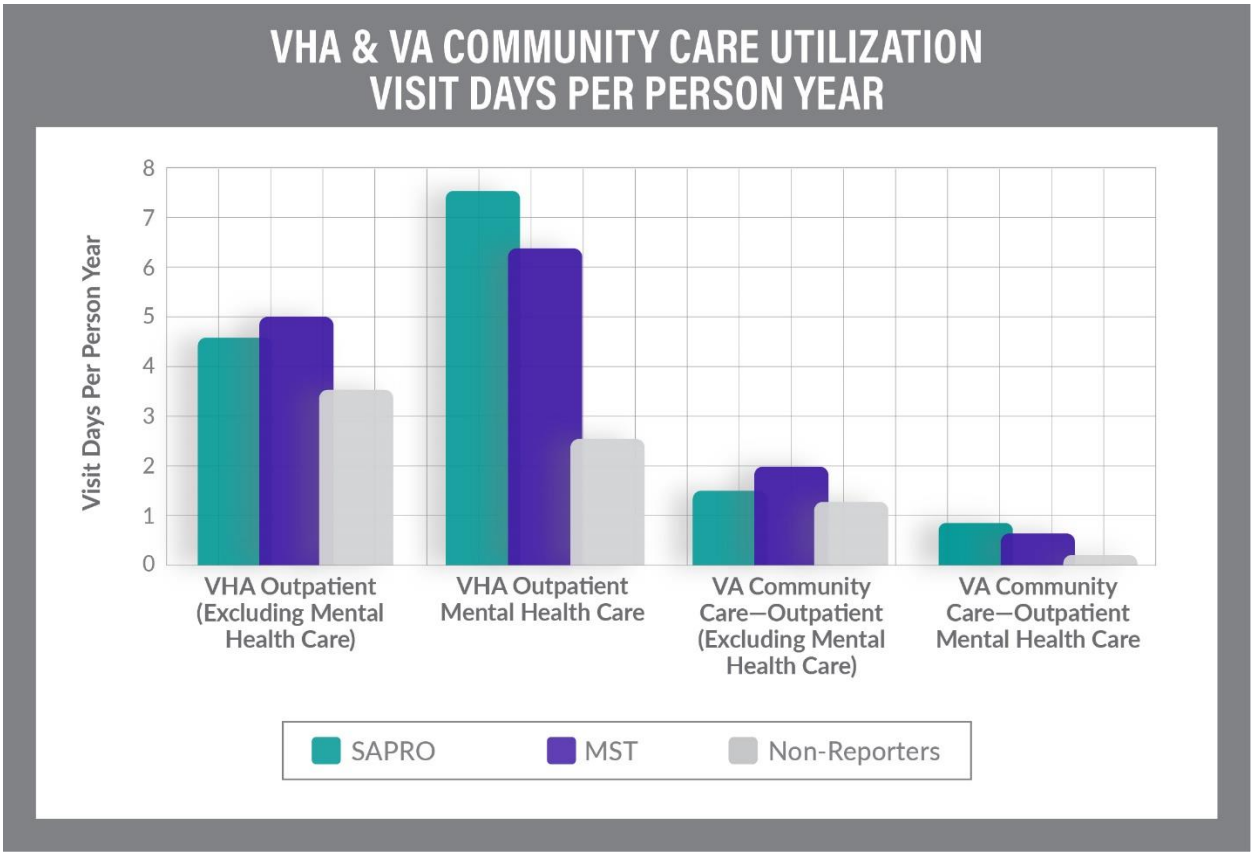

Figure 8. *VHA and VA Community Care utilization by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data. See appendix E, table E.3.

Just over half of the veterans who reported sexual assault to SAPRO utilized VA health care during the review period. Veterans utilizing VA health care and who reported sexual assault to SAPRO or MST at VHA had greater utilization of mental healthcare services than those who did not report sexual assault or MST.

Future studies to examine potential differences between veterans who use VA health care and those who do not, could assist with targeting outreach efforts to veterans who reported sexual assault to SAPRO and did not engage with VA health care (47 percent of the SAPRO reporters in the study population). These veterans may benefit from outreach to inform and promote engagement with VA services and programs to address medical and mental health needs and support successful transition from military to civilian life.

Medical Diagnoses in VHA Patients

VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA were more likely to be diagnosed with mental health disorders, particularly posttraumatic stress disorder and major depressive disorder.

The OIG analyzed the medical conditions diagnosed for VHA patients in the study population who received VA health care either at a VHA facility or via VA Community Care.[36] See appendix F for data on prevalence of medical diagnoses for VHA patients within the study population.

Diagnoses were classified into 18 specific broad diagnostic categories from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). The most prevalent diagnoses among VHA patients fell within three categories: (1) diseases of the musculoskeletal system and connective tissue; (2) mental, behavioral, and neurodevelopmental disorders; (3) and symptoms, signs, and abnormal clinical and laboratory findings.[37]

VHA patients who reported sexual assault to SAPRO or disclosed MST at VHA were more likely to be diagnosed with mental, behavioral, and neurodevelopmental disorders (90.8 percent and 91.6 percent, respectively) than VHA patients who reported neither (64.0 percent). The patterns were consistent for both female and male patients.

The differences in proportions of VHA patients with diagnoses in the SAPRO sexual assault and VHA MST groups compared with non-reporters was most prominent for the mental health category of diagnoses. For nearly all diagnostic categories, VHA patients who disclosed MST had the highest rates of diagnosed medical conditions, though the magnitude of differences between groups for some diagnostic categories may not represent clinically relevant

[36] The OIG considered that a medical condition was diagnosed if a patient had either an outpatient or an inpatient diagnosis documented, including those diagnosed in visits such as for purposes of research and compensation and pension exam.

[37] American Academy of Professional Coders, "What is ICD-10?", accessed July 12, 2022, https://www.aapc.com/icd-10/. The ICD-10-CM is a medical coding system that provides "a standardized classification system of diagnosis codes that represent conditions and diseases, related health problems, abnormal findings, signs and symptoms, injuries, external causes of injuries and diseases, and social circumstances," and is used for medical claim reporting in healthcare settings. See appendix F for the full diagnostic category listing, associated ranges of ICD-10 codes, and ICD-10 diagnostic codes included in each category.

differences.[38] See figure 9 for an illustration of the prevalence of diagnosed medical conditions among VHA patients in the study population.

[38] While differences may exist, it is not possible to assess the cause of the differences between groups, as factors other than SAPRO sexual assault and VHA MST reporting status may vary and contribute to observed differences.

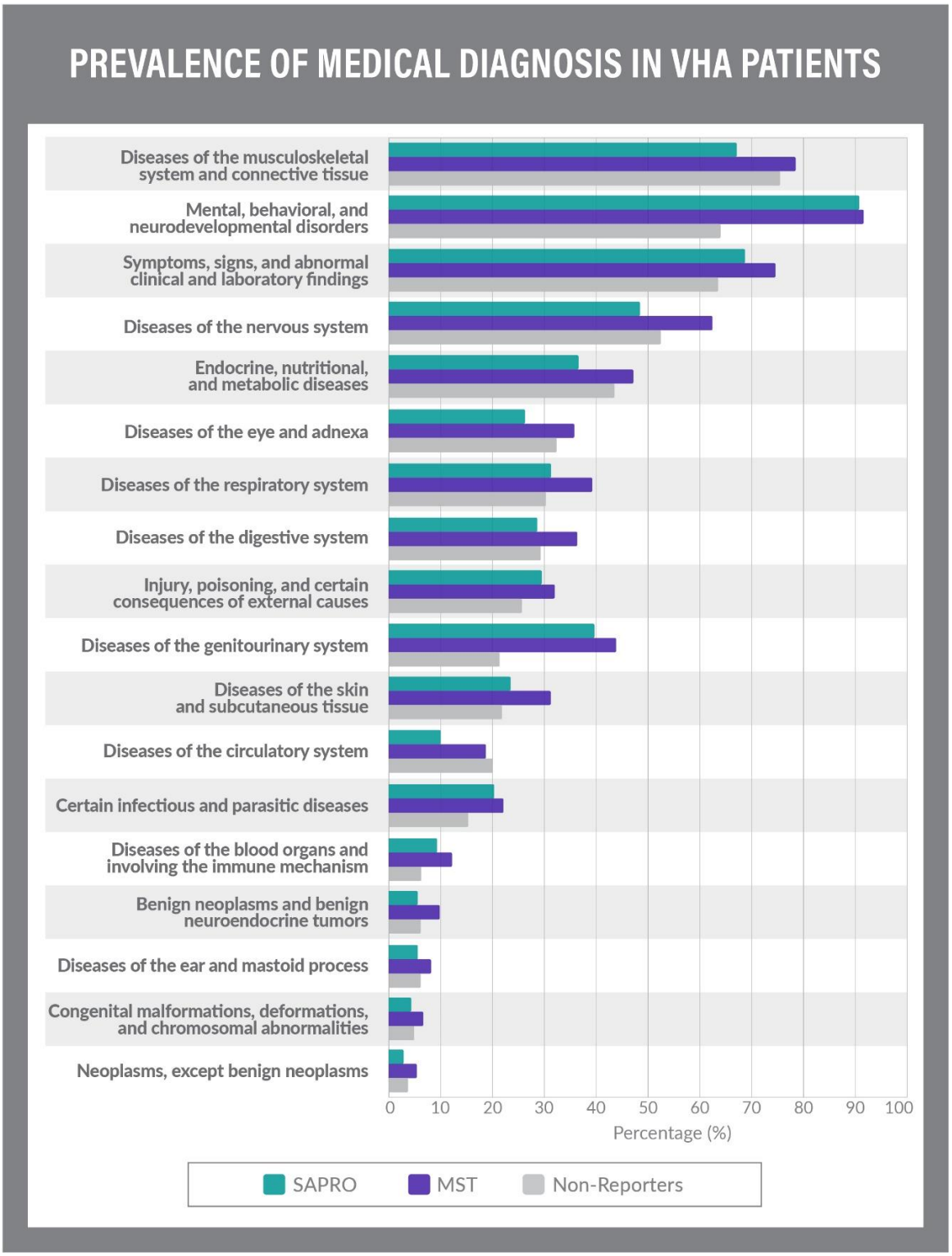

Figure 9. *ICD-10 diagnostic categories by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data.
Note: ICD-10 diagnostic categories are listed from highest to lowest prevalence for the total population of VHA patients in the study population. See appendix F, table F.1.

The OIG further evaluated the categories for diagnoses of mental health disorders and found the rates of diagnoses across mental, behavioral, and neurodevelopmental disorders were higher among VHA patients who reported sexual assault to SAPRO or disclosed MST at VHA than those who did not.[39] The three most prevalent categories of mental health disorders, regardless of sexual assault group status, were (1) anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders; (2) mood (affective) disorders; and (3) mental and behavioral disorders due to psychoactive substance use. See figure 10 for an illustration of the prevalence of diagnosed mental health disorders among VHA patients in the study population.

[39] Research has established associations between sexual assault and increased risk for a range of mental health concerns, including acute psychological distress, posttraumatic stress, depression, anxiety, substance misuse, and suicidality. Anna Jaffe et al., "Acute Stress Symptoms After Forcible and Substance-Involved Rapes," Psychology of Women Quarterly, 43, No. 4, (2019): 485-493; Sharyn Potter et al., "Long-term impacts of college sexual assaults on women survivors' educational and career attainments," Journal of American College Health, 66, No. 6, (2018): 496–507; Lance Brendan Young et al., "Sexual Trauma and Addiction Severity in Military Veterans With Substance Use Disorder," Journal of Loss and Trauma, 26, No. 2, (2021): 153–165; Emily R Dworkin et al., "Associations Between Sexual Assault and Suicidal Thoughts and Behavior: A Meta-Analysis," Psychological Trauma: Theory, Research, Practice, and Policy, 14, No. 7, (2022): 1208-1211.

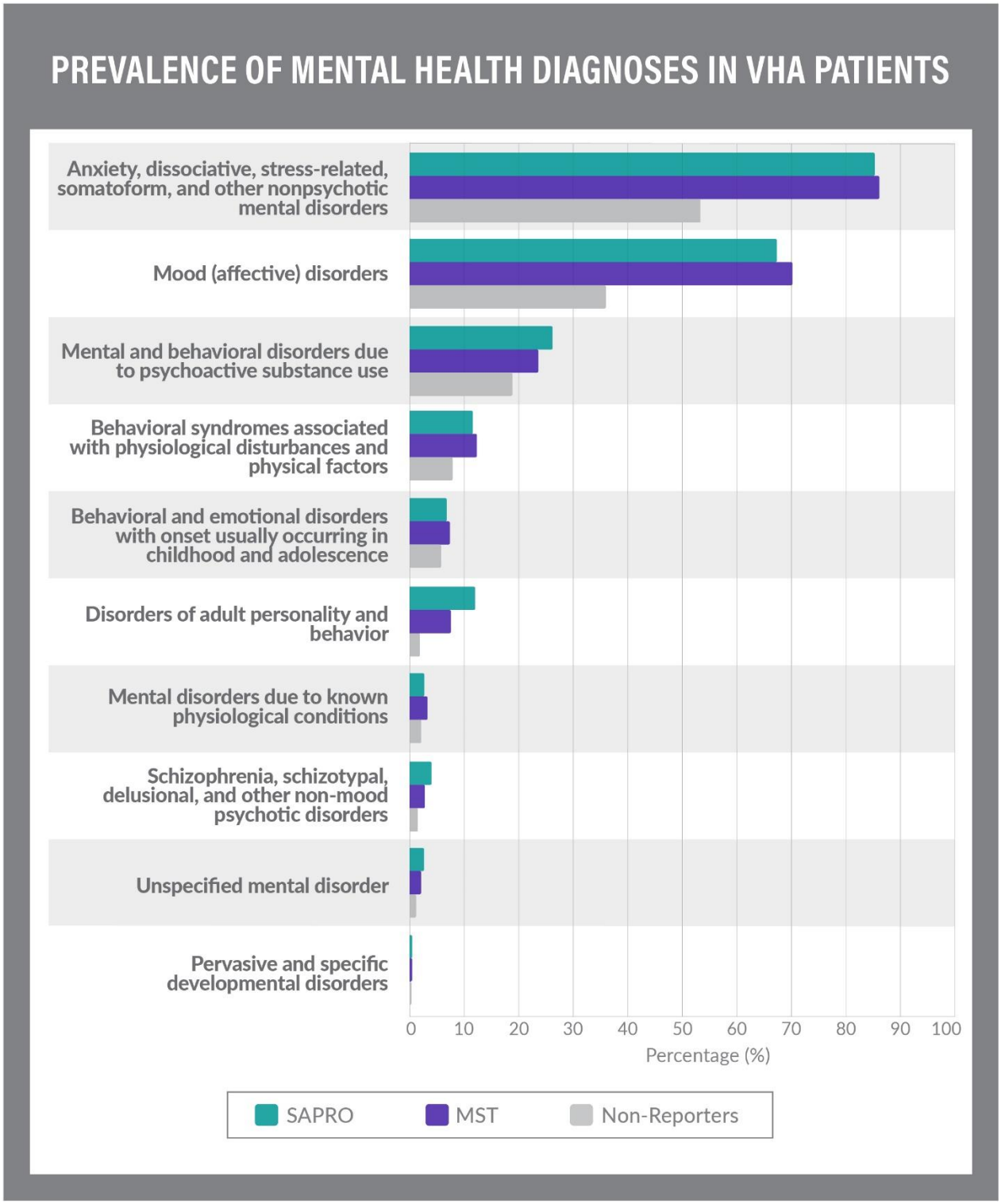

Figure 10. *Mental health disorders–ICD-10 diagnostic categories by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data.
Note: ICD-10 diagnostic categories are listed from highest to lowest prevalence for the total population of VHA patients in the study population. See appendix F, table F.3.

While group differences in these mental health diagnoses based on SAPRO sexual assault and VHA MST reporting status were more prominent, differences across groups based on sex were also noted. See appendix F, table F.4.

Posttraumatic stress disorder (PTSD) diagnoses contributed to the high prevalence of stress-related mental health disorders among VHA patients. PTSD diagnoses were found more than twice as frequently among VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA, when compared with those who reported neither (72.2 percent and 64.1 percent versus 26.7 percent). The difference in rates of PTSD diagnoses between VHA patients who reported sexual assault to SAPRO or MST and non-reporters was most prominent for female veterans. Female VHA patients who reported sexual assault to SAPRO or disclosed MST at VHA were diagnosed with PTSD at more than triple the rate of female VHA patients who reported neither. Male veterans who reported sexual assault to SAPRO or disclosed MST at VHA were diagnosed with PTSD at more than double the rate when compared with male VHA patients who did not report either. See figure 11.

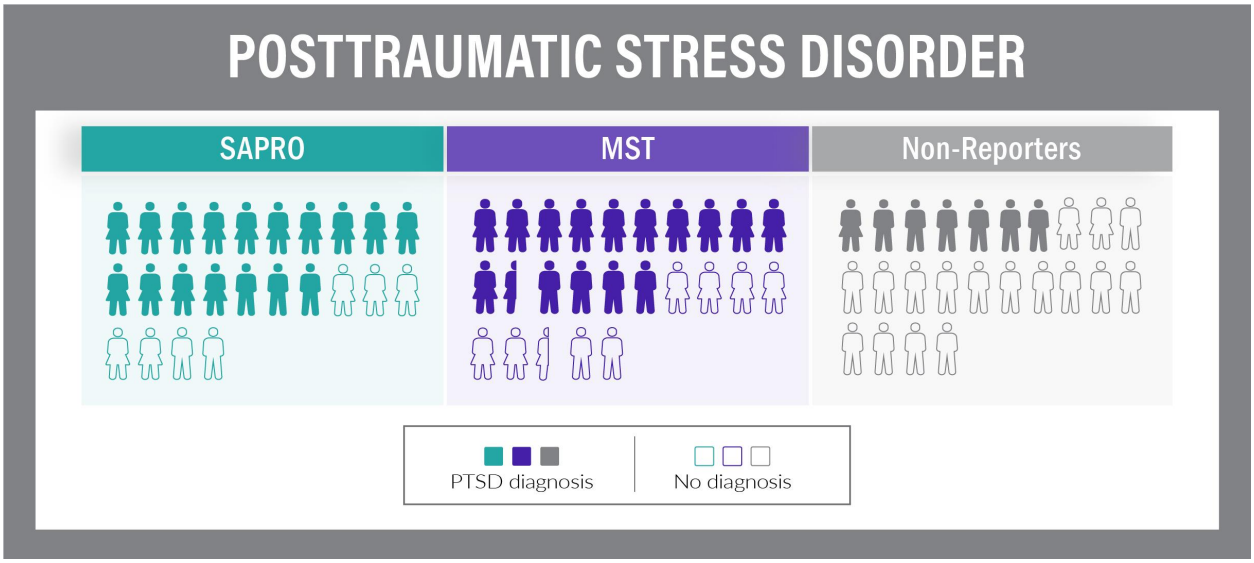

Figure 11. *PTSD diagnosis in VHA patients by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data. See appendix F, table F.4.

Major depressive disorder was the primary diagnosis contributing to the prevalence of mood (affective) disorders among VHA patients. Major depressive disorder diagnoses were nearly twice as high in VHA patients who reported sexual assault to SAPRO and those who disclosed MST compared with non-reporters (63.2 percent and 66.9 percent versus 34.6 percent). The increased prevalence of major depressive disorder for VHA patients who reported sexual assault to SAPRO or disclosed MST compared with non-reporters was slightly stronger for males than females, likely related to the higher prevalence of major depressive disorder in female non-reporters than male non-reporters. See figure 12.

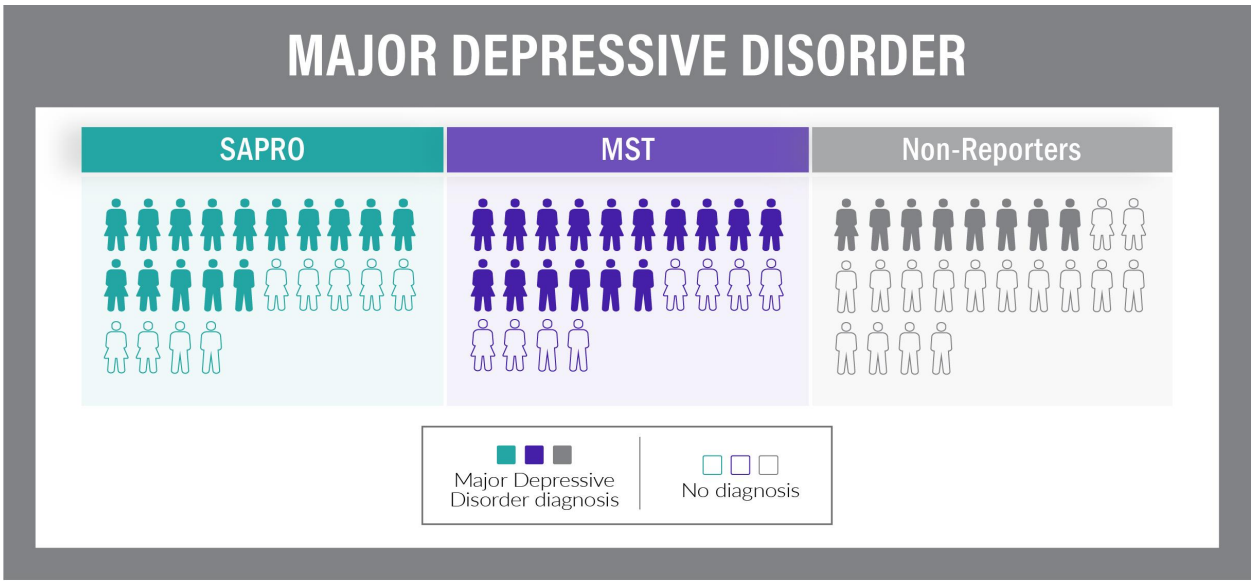

Figure 12. *Major depressive disorder diagnosis in VHA patients by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data See appendix F, table F.4.

Rates of substance use disorders were also higher among VHA patients who reported sexual assault to SAPRO and those who disclosed MST compared with non-reporters (26.1 percent and 23.5 percent versus 18.9 percent). Patterns were similar for alcohol and other drug-related disorders, with VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA being approximately one and a half times more likely to be diagnosed with alcohol-related disorders than those who reported neither (15.2 percent, 14.0 percent, and 10.1 percent respectively). They were also approximately twice as likely to be diagnosed with a drug-related disorder (11.6 percent, 9.3 percent, and 5.5 percent respectively).[40] The pattern of group differences based on SAPRO sexual assault and VHA MST reporting were comparable across sex for both alcohol and drug-related disorders, though within each group, male VHA patients were half again as likely as female VHA patients to be diagnosed with a substance use disorder. See figure 13.

[40] Drug-related disorders referenced combined ICD-10-CM codes for disorders related to opioids, cannabis, sedative, hypnotic or anxiolytic drugs, cocaine, other stimulants, hallucinogens, inhalants, and other psychoactive substances.

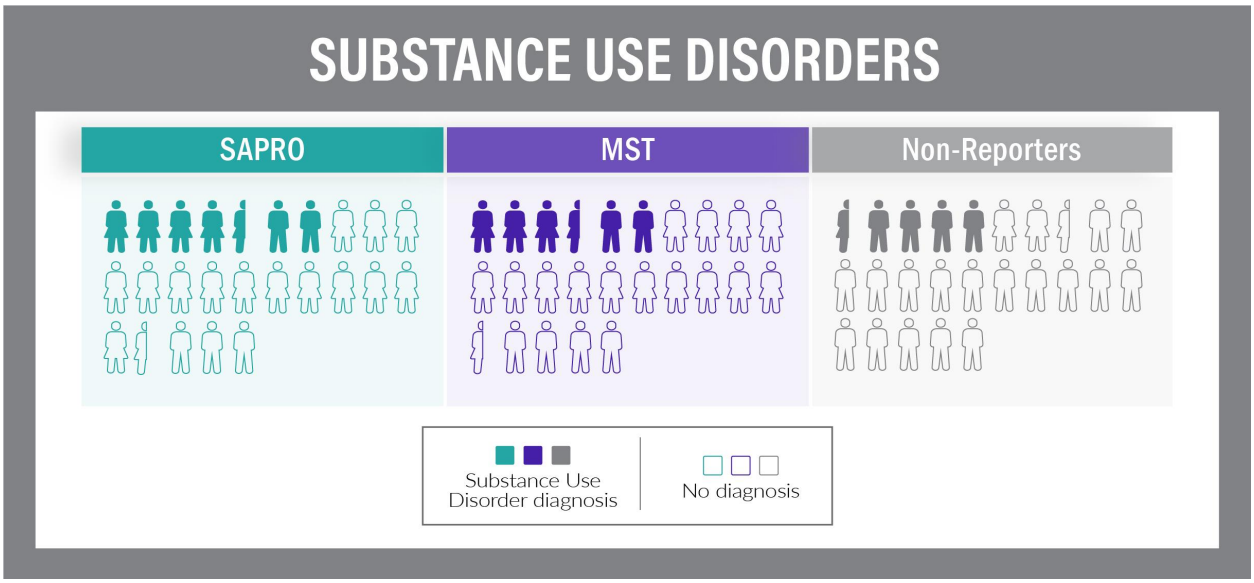

Figure 13. *Substance use disorder diagnoses in VHA patients by sexual assault reporting status.*
Source: OIG analysis of VA and DoD administrative data. See appendix F, table F.4.

Vet Center Readjustment Counseling Service Utilization

Veterans who reported sexual assault to SAPRO were more likely to use vet center services and more frequently utilized readjustment counseling.

Vet centers are community-based counseling centers that offer readjustment counseling to help with "successful transition from military to civilian life or after a traumatic event experienced in the military."[41] Vet centers provide a range of psychological and social counseling services, serving "eligible Veterans, active duty servicemembers, including National Guard and Reserve components, and their families."[42] Veterans do not need to be enrolled in care at a VA medical center or have a service-connected disability to receive services from a vet center. Vet centers offer individual, group, marital, and family counseling in addition to assisting veterans with

[41] "Vet Centers (Readjustment Counseling)," VA, accessed May 3, 2022 https://www.vetcenter.va.gov; The OIG implemented a cyclical Vet Center Inspection Program in FY 2020.

[42] "Vet Centers (Readjustment Counseling)," accessed May 3, 2022 https://www.vetcenter.va.gov; Active duty, National Guard, and Reserve component servicemembers can receive confidential healthcare services related to sexual assault and sexual harassment during their military service at vet centers without a referral from DoD.

connecting to other VA or community benefits and services. Services also include counseling for MST. The counseling is confidential and provided at no cost to the veteran.

Approximately 2.0 percent of veterans in the study population used vet center counseling services after discharge from military active duty.[43] See appendix G for vet center readjustment counseling service utilization data for the study population.

Servicemembers who reported sexual assault to SAPRO were more likely to use vet center services following discharge than those who did not report to SAPRO (5.7 percent versus 2.0 percent). Out of the range of clinical and social readjustment counseling services available at vet centers, sexual trauma counseling was the unique service most utilized by those who reported sexual assault to SAPRO. Of vet center users who reported sexual assault to SAPRO, 76.1 percent received sexual trauma counseling, compared with 9.4 percent of vet center users who did not report to SAPRO. See figure 14.

[43] Because the Readjustment Counseling Service database (RCSNet) uses masked social security numbers to protect the identity of clients who are currently serving on active duty, are VA employees, or are law enforcement officers, the OIG was not able to include counseling records for these clients in the analysis of vet center data.

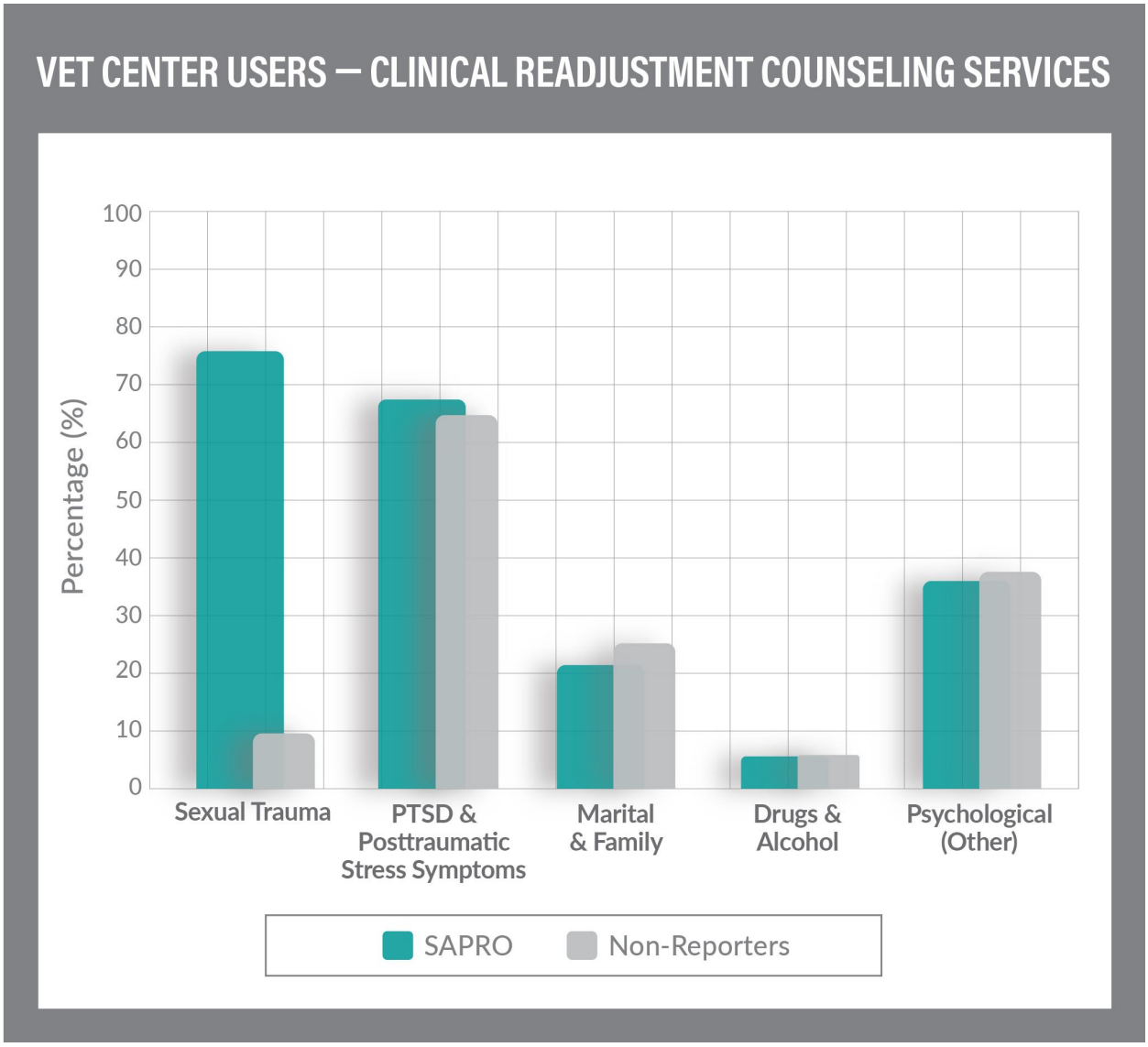

Figure 14. *Vet center users utilization of readjustment counseling service by sexual assault reporting status. Source: OIG analysis of VA and DoD administrative data. See appendix G, table G.1.*

SAPRO reporters accessed counseling for other clinical issues and for social and economic needs (e.g., benefits, medical, basic needs, employment) at similar rates to those who did not report sexual assault. However, vet center users who reported sexual assault to SAPRO visited the vet center for clinical issues almost twice as frequently as those who did not report to SAPRO (3.9 versus 2.2 visits per person per year), with sexual trauma counseling being the most frequently utilized service for vet center users who reported sexual assault to SAPRO. Counseling for clinical issues (e.g., sexual trauma, PTSD and sub-PTSD, and other psychological issues) was utilized over four times more frequently than counseling for social and economic issues by all vet center users, regardless of sexual assault reporting status. Benefits were the most frequent focus of social and economic counseling for vet center users, regardless

of whether they reported sexual assault during service or not (22.2 percent and 27.7 percent, respectively).

Applications for Education, Veteran Readiness and Employment Benefits, and VA Home Loans

VA offers a variety of benefits to eligible veterans to support servicemembers' transition to civilian life after discharge from military active duty. The OIG examined veterans' applications for education benefits, Veteran Readiness and Employment (vocational) benefits, and VA home loans, during the period between discharge and September 30, 2020. See appendix H for benefits applications data for the study population.

Education Benefits

Veterans who reported sexual assault to SAPRO were more likely to apply for education benefits and applied sooner after discharge.

VA provides education benefits to eligible active duty military, members of the National Guard or Reserve, veterans, and eligible family members.[44] Veterans who reported sexual assault to SAPRO were more likely to apply, and applied sooner, for education benefits. After adjusting for different follow-up periods, 16.6 percent of veterans who reported sexual assault to SAPRO were estimated to apply for education benefits within the first month of separation from military service, compared with 11.7 percent of non-reporters, rising to 64.4 percent and 51.6 percent, respectively, by five years post-discharge.

Female veterans were more likely to apply for education benefits and apply sooner than male veterans, both within the population who reported sexual assault to SAPRO and within the non-reporters. Among servicemembers who reported sexual assault to SAPRO, 17.5 percent of female and 14.0 percent of male servicemembers were estimated to apply for education benefits

[44] As of May 2022, VA offered five educational benefits programs including (1) Post-9/11 GI Bill (Chapter 33), (2) Montgomery GI Bill-Active Duty (Chapter 30), (3) Montgomery GI Bill-Selected Reserve (Chapter 1606), (4) National Call to Service program (an alternative to the Montgomery GI Bill), and (5) Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) (Chapter 32). The programs provide financial assistance towards tuition and fees, and the Post-9/11 GI Bill also provides support for books and supplies, and a monthly housing allowance. Unused educational benefits may be transferable to an eligible spouse or child of a servicemember or veteran. "Education and Training," VA Education Programs website, accessed May 9, 2022, https://benefits.va.gov/gibill/.

within the first month of separation from service, with the gender gap increasing over the five years following discharge. Female veterans who reported sexual assault to SAPRO had the highest rate of applications for education benefits. By the end of the five-year follow-up, 67.3 percent of female and 56.0 percent of male veterans who reported sexual assault to SAPRO were estimated to have applied for education benefits. See figure 15.

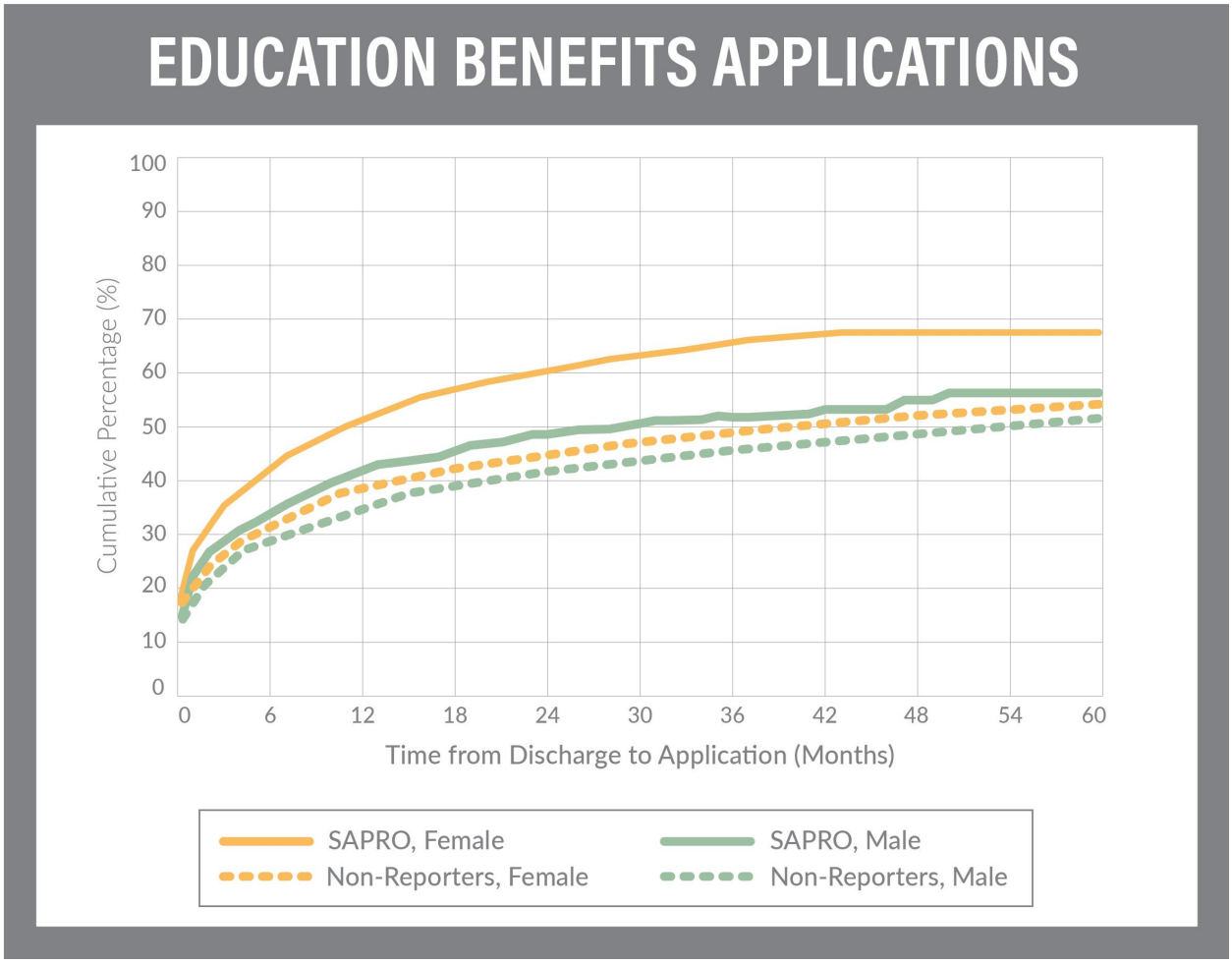

Figure 15. *Education benefits applications by sexual assault reporting status and sex.*
Source: OIG analysis of VA and DoD administrative data.

Veteran Readiness and Employment (VR and E) Benefits

Veterans who reported sexual assault to SAPRO were more likely to apply for VR and E benefits and applied sooner after discharge.

VR and E (Chapter 31) benefits support veterans with service-connected disabilities that limit or prevent them from working, and offer program tracks that provide assistance with "learning new skills, finding a new job, starting a business, getting educational counseling or returning to [a] former job." [45] Veterans who reported sexual assault to SAPRO were more likely to apply, and applied sooner, for VR and E benefits. After adjusting for different follow-up periods, 0.9 percent of servicemembers who reported sexual assault to SAPRO were estimated to apply for VR and E benefits within the first month of separation from military service, compared with 0.4 percent of non-reporters, rising to 15.5 percent and 8.5 percent, respectively, by five years post-discharge.

Female veterans were more likely to apply for VR and E benefits and apply sooner than male veterans. This held true for both those who reported sexual assault to SAPRO and non-reporters. Among servicemembers who reported sexual assault to SAPRO, 0.9 percent of female and 0.7 percent of male servicemembers were estimated to apply for VR and E benefits within the first month of separation from service. The gender gap broadened over the five years following discharge. Female veterans who reported sexual assault to SAPRO had the highest rate of application for VR and E benefits. By the end of five-year follow-up, 17.7 percent of female and 10.0 percent of male veterans who reported sexual assault to SAPRO were estimated to apply for VR and E benefits. See figure 16.

[45] "VR&E support-and-services tracks," VA, accessed May 9, 2022, https://www.va.gov/careers-employment/vocational-rehabilitation/programs/. Veteran Readiness and Employment was formerly called Vocational Rehabilitation and Employment.

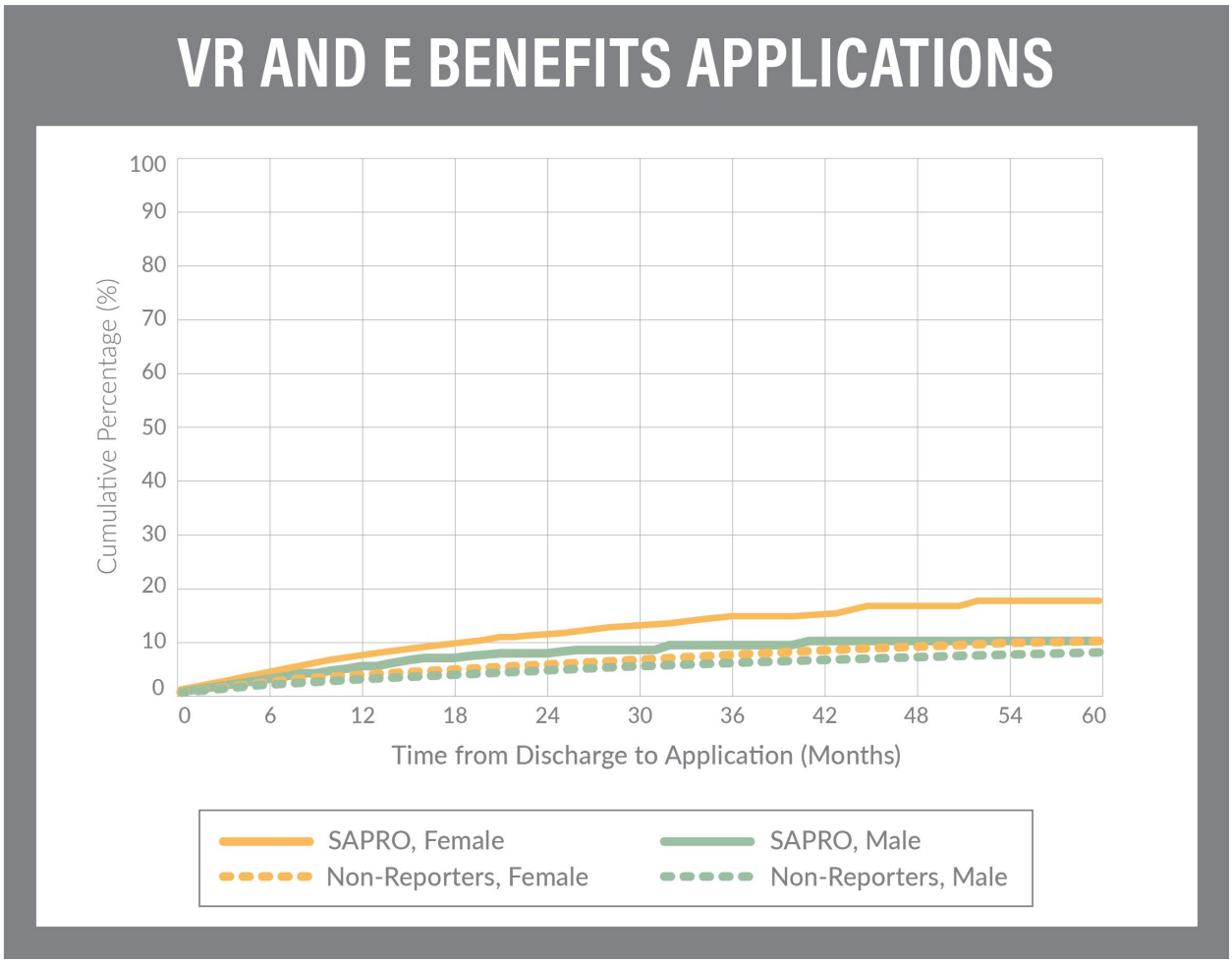

Figure 16. *Time to VR and E applications by sexual assault reporting status and sex.*
Source: OIG analysis of VA and DoD administrative data.

VA Home Loans

The likelihood of applying for a VA home loan and the time from discharge to home loan application was similar for veterans who reported sexual assault to SAPRO and those who did not.

VA helps servicemembers and veterans become homeowners by providing a home loan guaranty to receive better loan terms from private lenders.[46]

The likelihood of applying for a VA home loan and time from discharge to home loan application was similar for veterans who reported sexual assault to SAPRO and those who did not. After adjusting for different follow-up periods, approximately 2 percent were estimated to apply for a VA home loan within the first month of separation from military service, rising to 47 and 46 percent, respectively, by five years post-discharge.

Unlike the applications for education and VR and E benefits, applications for VA home loans showed a mixed pattern by sexual assault reporting status and sex. Female veterans who reported sexual assault to SAPRO had the highest rate of application for VA home loans, while male veterans who reported sexual assault to SAPRO had the lowest rate of application for VA home loans. See figure 17.

[46] "Veterans Benefits Administration," VA, accessed November 21, 2022, https://benefits.va.gov/benefits/. In addition to purchase loans, VA benefits include Interest Rate Reduction Refinance Loans, the Native American Direct Loan Program, Adapted Housing Grants, and Foreclosure Avoidance Assistance.

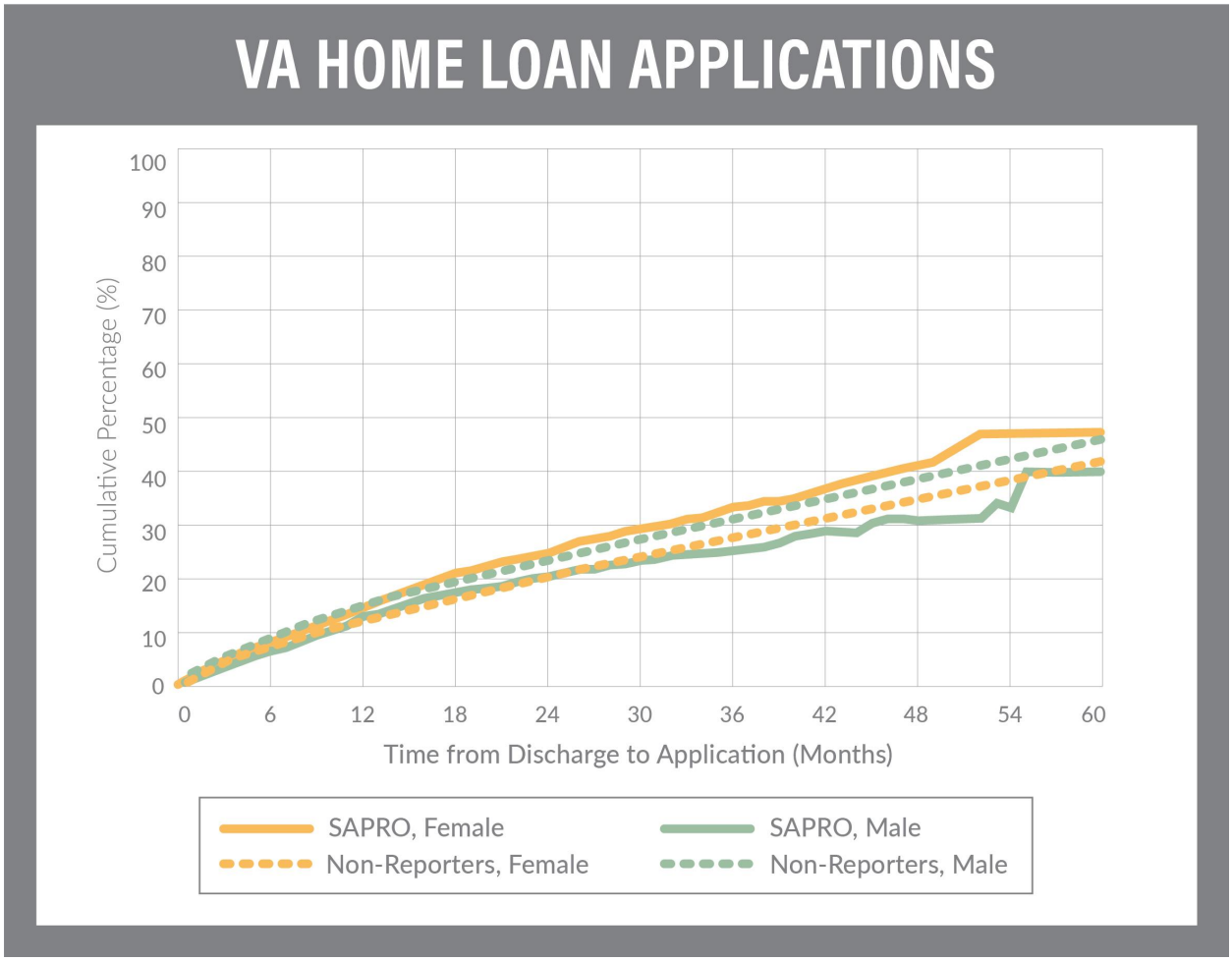

Figure 17. *Time to VA home loan applications by sexual assault reporting status and sex.*
Source: OIG analysis of VA and DoD administrative data.

Service-Connected Disability Rating

Veterans who reported sexual assault to SAPRO and those who disclosed MST at VHA were more likely to receive service-connected disability compensation, receive a higher service-connected disability rating, and have a mental health disorder component in the service-connected disability rating.

VA service-connected disability compensation is a benefit that offers a monthly tax-free payment to veterans who incurred illness or injury while serving in the military or whose service worsened an existing condition. Disability ratings are based on the severity of the veteran's service-connected condition(s) and are used to determine the amount of monthly compensation. Veterans may receive service-connected disability compensation for physical conditions and mental health disorders. In addition, veterans' service-connected disability ratings determine assignment to priority groups for receiving VA health care, as well as co-pay responsibilities or exemptions for healthcare services.[47] See appendix I for service-connected disability rating data for the study population.

Veterans who reported sexual assault that occurred during military service to SAPRO were more likely to receive a service-connected disability rating compared with veterans who did not report sexual assault during service (66.2 percent and 44.8 percent, respectively). Veterans who reported sexual assault to SAPRO were also more likely to receive higher service-connected disability ratings than veterans who did not report sexual assault during service. The OIG observed that three out of five (60.4 percent) veterans who reported sexual assault to SAPRO, in comparison to one out of three (34.5 percent) veterans who did not report sexual assault, received service-connected disability ratings of 50 to 100 percent, placing them in the highest VA priority group for receipt of healthcare services. See figure 18.

[47] Veterans with higher service-connected disability ratings are assigned to the highest priority groups for VA healthcare services, while veterans who earn a higher income and who do not have any service-connected disability rating are assigned to lower priority groups. Veterans may be exempt from copays due to their service-connected disability rating, income level, or special eligibility factors.

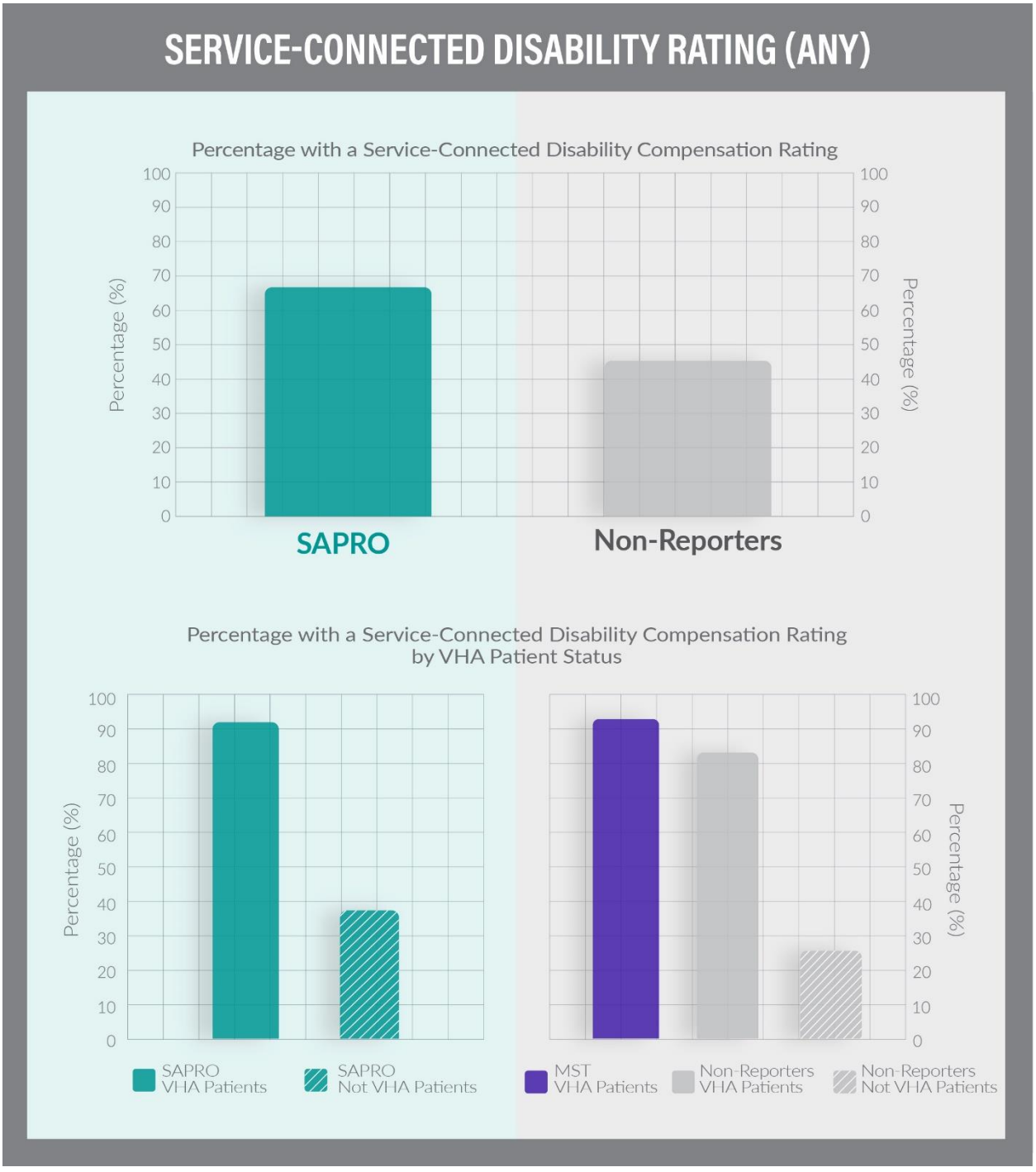

Figure 18. *Service-connected disability rating by sexual assault reporting and VHA patient status.*
Source: OIG analysis of VA and DoD administrative data. See appendix I, table I.1.

The OIG noted that VHA patients, regardless of whether they reported sexual assault to SAPRO or disclosed MST at VHA, were approximately two to three times more likely to receive a service-connected disability rating and received a higher rating than veterans who were not VHA

patients. A higher rate of service-connected disability among VHA patients is expected because veterans' service-connected disability ratings are a main factor in assigning priorities for receipt of VA health care and for patients' co-pay status.

Among veterans in the study population who utilized VA health care, those who reported sexual assault to SAPRO or disclosed experiencing MST at VHA were more likely to receive service-connected disability compensation than veterans who did not report these incidents (91.2 percent and 91.9 percent versus 83.7 percent). They were also more likely to have disability ratings of 50 percent or higher (85.2 percent, 85.8 percent, and 69.6 percent, respectively).

Similarly, among veterans who did not use VA health care, those who reported sexual assault to SAPRO were more likely to receive service-connected disability compensation than non-reporters (38.3 percent versus 25.8 percent) and were almost twice as likely to have a service-connected disability rating in the 50 to 100 percent range (32.8 percent versus 17.4 percent). See figure 19.

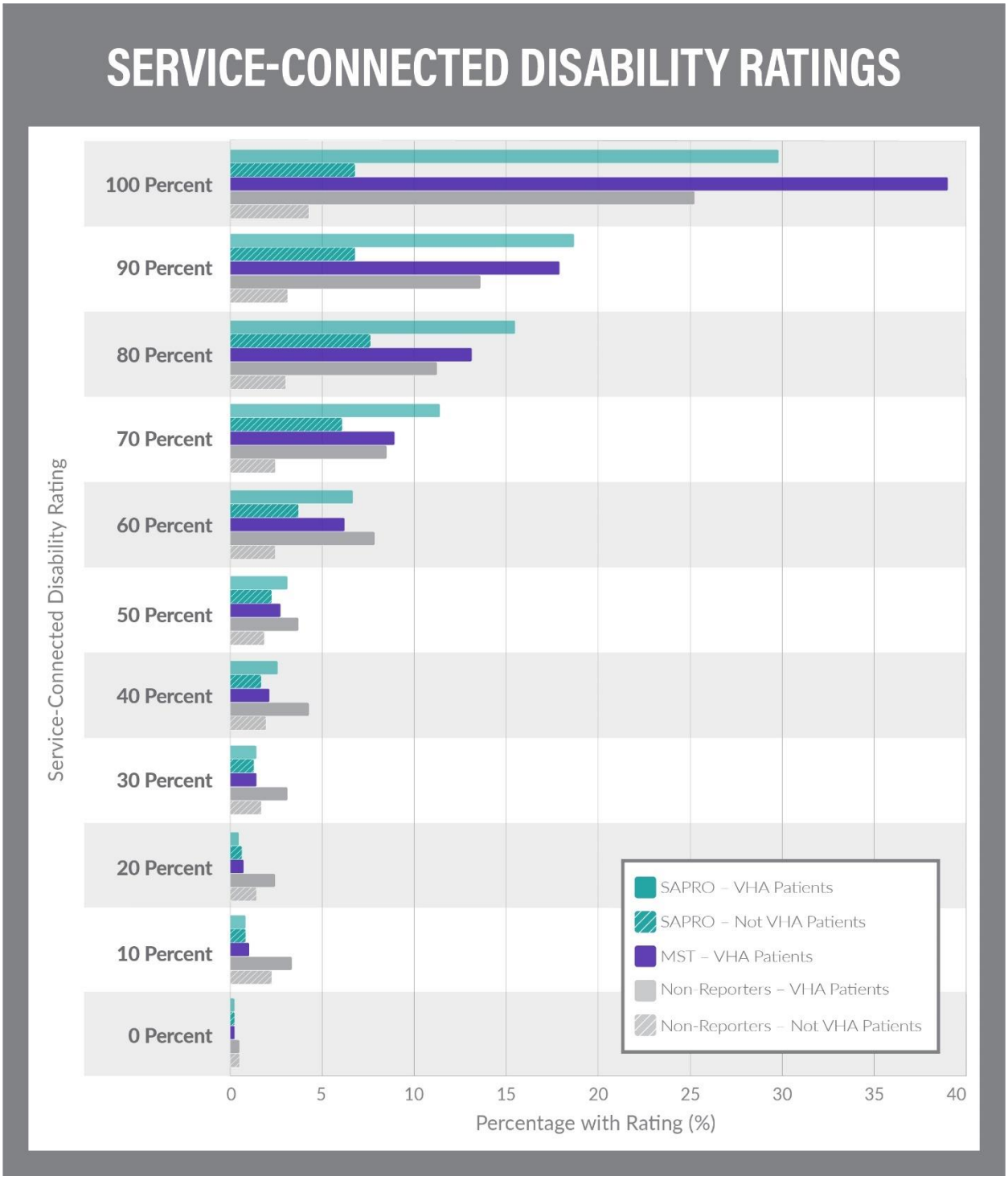

Figure 19. *Service-connected disability rating by sexual assault reporting and VHA patient status.*
Source: OIG analysis of VA and DoD administrative data. See appendix I, table I.1.

Veterans who reported sexual assault to SAPRO were more likely to receive service-connected disability ratings with a mental health disorder component than veterans who did not report to

SAPRO (60.2 percent versus 26.5 percent).[48] Among veterans who received service-connected disability ratings with a mental health disorder component, PTSD was the most common component, followed by anxiety and mood disorders, respectively. Additionally, VHA patients were more likely to receive service-connected disability ratings with a mental health disorder component as compared with those who were not VHA patients, regardless of sexual assault reporting status.

The OIG observed that 34 percent of veterans who report sexual assault to SAPRO did not have a service-connected disability rating as of September 30, 2021. Future studies could help to examine the application and claims process and determine whether potential barriers exist that might discourage veterans who are experiencing continuing difficulties associated with sexual assault or MST from filing for or receiving service-connected disability for related conditions.[49]

Conclusion

In this first population-based, longitudinal review integrating VA and DoD SAPRO administrative data, the OIG assessed the population of approximately 1.2 million veterans who were discharged from active military service from October 1, 2015, through September 30, 2020. Specifically, the OIG analyzed three cohorts of the study population: veterans who reported sexual assault to SAPRO; veterans who did not report sexual assault to SAPRO; and for VHA patients, veterans who disclosed MST at VHA but had not reported to SAPRO. The population was analyzed retrospectively for their application and utilization of VA health care and benefits that support recovery and transition from military to civilian life through September 30, 2020. The review also included whether these veterans had service-connected disability ratings as of September 30, 2021.

The OIG found that the 5,101 veterans who reported sexual assault to SAPRO during the review period were more likely to be female, younger, and fall within lower pay grades at the time of discharge when compared with those who did not report to SAPRO. The younger age at discharge may explain, in part, the lower pay grades.

The OIG observed that veterans who reported sexual assault to SAPRO were more likely to apply and applied sooner for VA health care than veterans who did not report to SAPRO. Of the

[48] VA and DoD Joint Executive Committee FY 2020 Annual Report, "Military Sexual Trauma: Transition of Health Care and Assistance with Disability Claims," accessed on November 22, 2022. As of September 28, 2023, this website is no longer available. "MST is an in-service event, not a condition; therefore, Veterans do not file disability claims for MST, but rather for physical or mental health disabilities caused (or aggravated) by an in-service MST event. The most claimed disability is Post-Traumatic Stress Disorder, but Veterans may also submit claims for depression, other mental disorders, or physical disabilities that may have developed as a result of MST."

[49] This observation is not intended to imply that all veterans who experience sexual assault during service incur persistent disabilities, but is intended to support ongoing efforts to ensure that those in need receive necessary services and benefits.

690,998 veterans who applied for VA health care, the OIG found that approximately 3 in 5 (56.6 percent) became VHA patients with at least one VA outpatient visit (including VA Community Care) as of September 30, 2020. The OIG's analysis revealed that, at the time of their first visit, VHA patients who reported sexual assault to SAPRO were five years younger (median age of 24 versus 29) than those who did not report.

The OIG observed that VHA patients who reported sexual assault to SAPRO or MST to VHA were more likely to use and used VA health care more frequently, especially mental health, compared with VHA patients who did not report to either. The OIG analysis showed that over half (53 percent) of the veterans who reported sexual assault to SAPRO utilized VA health care during the review period compared with 32.4 percent who did not report to SAPRO. Of those who used VA health care and reported sexual assault to SAPRO or MST to VHA, more than 90 percent utilized mental health care during the review period compared to 63 percent of those who did not report. Additionally, the OIG analysis revealed that among VHA patients who did not report sexual assault to SAPRO, 7 percent disclosed MST at VHA. Similar to SAPRO reporters, VHA patients who disclosed MST at VHA were more likely to be female.

Consistent with the high rate of mental health utilization, the OIG found that VHA patients who reported sexual assault to SAPRO and those who disclosed MST at VHA were more likely to be diagnosed with mental health disorders. Rates of PTSD and major depressive disorder were approximately twice as high for VHA patients who reported sexual assault to SAPRO or who disclosed MST at VHA compared with VHA patients who did not report either.

Given approximately half of the veterans who reported sexual assault to SAPRO did not use VA health care, the OIG recommends future studies to examine potential differences between the veterans who reported to SAPRO and used VA health care and those who did not. The results may help target outreach efforts to those who reported to SAPRO and did not engage with VA health care. Targeted VA outreach may help these veterans by raising awareness and understanding of available VA healthcare resources to address their medical and psychological needs and support transition into civilian life.

The OIG observed that 2 percent of veterans in the study population received vet center counseling services following discharge from military active duty, as of September 30, 2020. The OIG found that veterans who reported sexual assault to SAPRO were more likely to use vet center services than those who did not report sexual assault (5.7 percent versus 2.0 percent). Of those who reported sexual assault to SAPRO, approximately 3 out of 4 utilized sexual trauma counseling.

To determine if veterans applied for VA benefits that support transition into civilian life, the OIG completed an analysis of application data for selected VA benefits. The analysis showed that veterans who reported sexual assault to SAPRO were more likely to apply, and applied sooner, for education and VR and E benefits than those who did not report to SAPRO. Veterans who

reported sexual assault to SAPRO, applied for home loans at a rate comparable to veterans who did not report to SAPRO.

The OIG's analysis showed that, as of September 30, 2021, veterans who reported sexual assault to SAPRO were more likely to receive service-connected disability compensation, had a higher service-connected disability rating, and had a mental health disorder component contributing to their service-connected disability rating than veterans who did not report to SAPRO. This was consistent with the finding that VHA patients who reported sexual assault to SAPRO and who disclosed MST at VHA were more likely to be diagnosed with mental health disorders. Among veterans who received service-connected disability ratings with a mental health disorder component, PTSD was the most common diagnosis, followed by anxiety and mood disorders, respectively.

The OIG found that 34 percent of veterans who reported sexual assault to SAPRO had not received a service-connected disability rating as of September 30, 2021. The OIG recommends future studies to examine the claims process to identify potential barriers that may delay claims processing or discourage the application for service-connected disability for these veterans.

The SAPRO data used in this review did not include reports of sexual assault that were not recorded in DSAID or that remained either restricted or open as of September 30, 2020. For this reason, as well as the underreporting nature of sexual assaults, veterans who reported to SAPRO within this review did not encompass all veterans who experienced sexual assault during military service in the study population.[50] However, the OIG noted that some VHA patients in the study population, who were not classified as members of SAPRO, were likely captured in the VHA MST group because of VHA MST screening practices, which may explain, in part, the comparable review results between VHA patients of SAPRO and VHA MST.[51] The OIG further noted that the differences in review results may be attenuated between the subpopulation of veterans who reported sexual assault to SAPRO and the subpopulation who did not report, due to the inherent underreporting nature of sexual assault.

The OIG presented interim results of this review to VA, including Veterans Benefits Administration (VBA), and DoD (SAPRO) on August 15, 2019. During the presentation, the OIG raised concern regarding the low rate of veterans who reported sexual assault to SAPRO receiving service-connected disability ratings. Subsequently, a memorandum of agreement was signed by SAPRO and VBA, effective on November 22, 2022. The agreement established a

[50] The majority of sexual assaults experienced by servicemembers remain unreported. Congressional Research Service, "Military Sexual Assault: A Framework for Congressional Oversight," February 26, 2021, accessed November 11, 2022. https://crsreports.congress.gov/product/pdf/R/R44944.

[51] VHA patients who reported to SAPRO during military service, but whose reports were not recorded in DSAID or remained either restricted or open as of September 30, 2020, were not categorized as SAPRO in this review.

mechanism by which SAPRO provides data from closed unrestricted sexual assault reports to VBA as corroborating evidence to assist with MST-related claims.[52]

The OIG is confident that this review provides valuable information to assist in VA's ongoing efforts to meet the healthcare needs of veterans who experienced sexual assault and MST and support their successful transition from military service to civilian life.

Recommendations 1–3

1. The Under Secretary for Health examines potential differences between the veterans who reported to Sexual Assault Prevention and Response Office and used VA health care and those who did not in order to improve outreach efforts to the nearly half who did not engage with VA health care.
2. The Under Secretary for Benefits evaluates the service-connected disability application and claims process for veterans who reported sexual assault that occurred during military service to identify and mitigate potential barriers.
3. The Under Secretary for Benefits examines potential differences between the veterans who reported to Sexual Assault Prevention and Response Office and used VA benefits and those who did not in order to improve outreach efforts.

[52] DoD/VBA, "Memorandum of Agreement Between the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) and the Department of Veterans Benefits Administration (VBA) for Providing Data to Support Military Sexual Trauma Claims," VBA-2022-03, November 2022.

Appendix A: Methodology

Study Population Data

In 2017, OIG proposed to SAPRO a public health surveillance effort concerning the special care needs of veterans who reported sexual assault that occurred during military service and their transition to civilian life. For this study, the OIG integrated administrative data from SAPRO and VA to quantitatively characterize aspects of a cohort of recently discharged veterans while transitioning from military service to VA.

Study Population and Identification

The study population included all veterans discharged from military active duty between October 1, 2015, and September 30, 2020. Servicemembers who were deceased at the time of discharge were excluded. Active duty included military servicemembers serving full time under Title 10 of the United States Code.[53] Certificate of Release or Discharge from Active Duty, known as DD Form 214 or simply DD214, issued by DoD to servicemembers upon their separation from DoD, determined a servicemember's discharge date from active duty.

To identify the population of veterans, the OIG used the following military discharge files from VA administrative database and files:

- Veterans Assistance Discharge System (VADS)
- Veterans Affairs and Department of Defense Identity Repository (VADIR)

VADS files are maintained by VBA. VADS captures information from copies of the Certificate of Release or Discharge from Active Duty (DD Form 214). VADS then disseminates this information to be used for determining and processing benefits and entitlements that VA is responsible for administering to veterans. Reserve and National Guard members may be issued multiple DD214 forms, one for each time they were discharged from active duty.

The VADIR database was established to consolidate data transfers between DoD and VA. DoD's Defense Manpower Data Center transmits data to VADIR. The VADIR data are used to assist in determining veterans benefits.

The OIG extracted all DD214 records with a discharge date from active duty from October 1, 2015, through September 30, 2020, from VADIR and VADS files. The discharge dates are from the Active Duty End Date in VADIR files and the Released Active Duty Date in VADS. The OIG established the population file by keeping only records with an exact match on social

[53] 10 U.S.C. § 12304. "Selected Reserve and certain Individual Ready Reserve members; order to active duty other than during war or national emergency."

security number, date of birth, and sex if in both VADIR and VADS files or the social security number was found in only one of the files. The OIG kept only one record with the earliest discharge date if the population file contained more than one record for a given social security number.

Military Component

The OIG used VADIR service records to classify veterans as having served either in a Reserve component or Regular service. The OIG classified a veteran as having served in the Reserves or National Guard if the veteran had a Reserve or National Guard service record beginning any time prior to DD214 date; otherwise, the veteran was classified as having served in a Regular component.

Determination of Veterans Who Reported Sexual Assault that Occurred During Military Service to SAPRO

Under the DoD and OIG memorandum of agreement, SAPRO provided OIG with data compiled from unrestricted sexual assault reports maintained in the DSAID with victims of sexual assault who (1) are no longer eligible for services through the Sexual Assault Prevention and Response program, and (2) do not have an ongoing investigation regarding their report of sexual assault. These criteria indicate a closed case. This memorandum of agreement covers the sharing of DSAID datasets relating to closed cases of Veterans who had filed an unrestricted report by signing a DD Form 2910 after the System of Record Notice (SORN) effective date of November 15, 2015. Thus, SAPRO data that the OIG used in the study precluded those reports that were not recorded in DSAID or that remained either restricted or open as of September 30, 2020.

The OIG defined a veteran in the study population as reporting sexual assault that occurred during military service to SAPRO, if the veteran's social security number, date of birth, and sex were exactly matched to the SAPRO data and the reported sexual assault incident date was prior to the veteran's discharge date.

Transition to VA Health Care

The Administrative Data Repository is the authoritative source for VA healthcare enrollment and is based on applications submitted by veterans. Veterans apply for enrollment to VA health care by completing VA Form 10-10EZ. Veterans can supply the information required on Form 10-10EZ in one of three ways: the VA website, calling a national toll-free telephone number, or in person at a VA medical center.

The Administrative Data Repository did not contain veteran social security numbers. To identify whether and when a veteran applied for enrollment to the VA healthcare system, the OIG first matched each veteran in the study population, via social security number, date of birth, and sex

to their official identifying information within the Master Veteran Index to attain their unique veteran identifier. The OIG then linked veterans in the study population to the Administrative Data Repository using the unique veteran identifier, to search and obtain each veteran's initial application record for VA healthcare enrollment prior to September 30, 2020. If a veteran's initial application for VA healthcare enrollment occurred before military discharge, the OIG used the discharge date as the application date. If a veteran did not apply for enrollment to the VA healthcare system but utilized VA health care, the OIG used the first VA outpatient visit date as the application date. The OIG used either September 30, 2020, or the date of death, whichever occurred earlier, as the end of follow-up period for all veterans. If a veteran did not apply for enrollment to the VA healthcare system and did not utilize VA health care by the end of follow-up, the OIG treated the veteran as "did not apply for VA health care." In the analyses of enrollment to the VA healthcare system, the OIG applied a statistical approach to account for the different follow-up periods after discharge date and before September 30, 2020.[54]

VHA Patients

The OIG defined a veteran as a VHA patient if the veteran made at least one outpatient visit at VA (including VA Community Care) occurring on or after the date of discharge as of September 30, 2020. These outpatient visits excluded visits for compensation and pension evaluation, research, dental services, or auxiliary services such as laboratory or pharmacy. To determine whether veterans in the study population were VHA patients, the OIG linked the study population to VHA administrative data. The OIG classified veterans as VHA patients if they had at least one matched outpatient visit, based on social security number, date of birth, and sex.

Determination of VHA Patients Who Reported MST at VA

VHA policy requires screening of all former servicemembers who are seen in VHA for a history of MST.[55] Rescreening for MST should occur within one year of a veteran declining to answer or after additional military service, resulting in some veterans having multiple screening records with potentially different answers. The OIG classified patients as reporting MST at VHA if they ever responded affirmatively to any screening question at least once.

[54] The OIG calculated the time elapsed from the discharge date to either the application date or the end of follow-up period if the veteran did not apply for enrollment to the VA healthcare system or did not utilize VA health care. The survival analysis method was used for this time-to-event measure to estimate the expected proportion of a population having the event at a certain time point.

[55] VHA Directive 1115(1), *Military Sexual Trauma (MST) Program*, May 8, 2018, amended December 1, 2021; VHA Directive 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, amended November 16, 2015.

Outpatient Care Utilization

The OIG defined utilization as the number of days in which a veteran had one or more outpatient visits to a VA facility or through VA Community Care, excluding visits for compensation and pension evaluation, research, dental services, or auxiliary services such as laboratory or pharmacy (visit days). Qualified outpatient visits for this study were those that occurred on or after military discharge date and through September 30, 2020.

The OIG calculated utilization measures separately for qualifying outpatient visits that were mental health related, non-mental health related, occurring at a VA facility, and occurring at a non-VA facility. The OIG considered a visit as mental health related if any diagnosis codes for that visit were within the category of Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99) of the ICD-10-CM. These utilization measures were calculated separately, so that a single day in which a veteran had both mental health and non-mental health related visits would count for both mental healthcare and non-mental healthcare utilization. In other words, the two measures were not mutually exclusive and did not necessarily add up to the number of visit days for mental health and non-mental health related visit days combined. In the same way, a day in which a veteran had visited both VA and community facilities counted toward the number of VA facility visit days and toward the number of non-VA facility visit days. Multiple visits within a single day for the same type of care (mental health related or non-mental health related) in the same location (occurring at a VA facility or occurring at a non-VA facility) is counted as one visit day.

Medical Diagnoses

The OIG categorized medical conditions using ICD-10-CM diagnosis codes. The OIG classified patients as having medical conditions if they had diagnosis codes for the underlying medical condition at least one time, in either inpatient or outpatient setting, including those diagnosed in other visits such as for purposes of research and compensation and pension exam.

Vet Center Utilization

Vet centers provide individual, family and group counseling services to veterans and their families at stand-alone vet centers, mobile clinics, over the phone, or at alternate sites such as vet center outstations and community access points. The OIG linked the study population on social security number, date of birth, and sex to the Readjustment Counseling Service database (RCSNet) for confidential counseling services provided by vet centers. The OIG extracted all records of counseling sessions for veterans in the study population occurring during the period beginning each veteran's discharge date through September 30, 2020. Because RCS uses masked social security numbers to protect the identity of clients who are currently serving on active duty, are VA employees, or are law enforcement officers, the OIG was not able to include counseling records for these clients in the analysis of vet center data.

The vet center classifies counseling services as either clinical or social economic in nature. Clinical counseling includes the following focus areas: PTSD, sub-PTSD, drug and alcohol, marital and family, sexual trauma, and other psychology. Social economic counseling has focus areas: employment, benefits, basic needs, medical, legal, homeless, crisis, bereavement, and other. A counseling session can be identified for both clinical and social economic reasons, in the form of individual, family, couples, or group. The OIG explicitly excluded counseling sessions without any focus areas from consideration. Therefore, the OIG defines veterans as vet center users if they received at least one counseling session with focus areas after discharge from military service.

Benefits Utilization

VA offers a variety of financial benefits to veterans to support servicemembers' transition to civilian life after separation from military active duty. The OIG ascertained whether veterans in the study population applied for education benefits to pay for college education or applied for home loan through the VA Guaranteed Home Loan Program. In addition, OIG determined whether veterans applied for Veteran Readiness and Employment (VR and E), formerly called Vocational Rehabilitation and Employment) services that helped support veterans in re-entering the workforce.

For education and VR and E benefits, the OIG extracted application records with a claim date from discharge through September 30, 2020, for each veteran in the study population from VBA administrative data. For home loan benefits, the OIG extracted application records with an application date from discharge through September 30, 2020, from the VBA Loan Guaranty database. The OIG then linked these records to the study population using social security number, date of birth, and sex (if applicable), and kept the record with the earliest date of claim received or application date. The OIG defined a veteran in the study population as applied for education, VR and E, or home loan, if the veteran's social security number, date of birth, and sex (if applicable) were exactly matched to the corresponding VBA administrative record, prior to September 30, 2020, or date of death, whichever occurred earlier. In the analyses of benefits applications, the OIG applied the survival analysis approach to account for the different follow-up periods after separation date and before September 30, 2020.

Service-Connected Disability Rating

The OIG defined a veteran in the study population as receiving a service-connected disability rating, if the veteran's social security number, date of birth, and sex were exactly matched to the VBA service-connected disability administrative record and the veteran received a disability rating as of September 30, 2021.

Veterans may receive service-connected disability compensation for physical conditions and mental health conditions. Of particular interest for this study are disability ratings with a mental

health disorder component or a neurological component. The OIG used 38 CFR Book C, Schedule for Rating Disabilities, 4.130 Schedule of ratings—mental health disorders to determine the specific ratings of mental health disorder components. The OIG defined veterans as receiving disability ratings related to mental health disorders if the veteran's social security number, date of birth, sex, and disability codes were exactly matched to the following VBA disability condition codes for mental health disorders:

- 9411 for PTSD
- 9400, 9403, 9404, 9410, 9412, 9413 for anxiety disorders
- 9431–9435 for mood disorders
- 9440 for chronic adjustment disorder
- 9201–9205, 9208, 9210, 9211, 9300, 9301, 9304, 9305, 9310, 9312, 9326, 9327, 9416, 9417, 9421–9425, 9520, 9521 for other mental health disorders
- 8045 for residuals of traumatic brain injury

Statistical Analysis

OIG analyses included the study population of veterans who were discharged alive from military active duty from October 1, 2015, through September 30, 2020.

For comparability between veterans who reported sexual assault to SAPRO and those who did not report, the OIG analysis excluded the following veterans at the time of discharge:

- Age was under 17 years or over 54 years
- Branch of service was other than Army, Air Force, Navy, and Marines
- Pay Grade was of C1, E9, O7–O10, W5, or Unknown

After exclusions, OIG grouped pay grades into five categories: E1–E4, E5–E8, O1–O3, O4–O6, and W1-W4.

The DoD "authorizes six characterizations of service for military servicemembers to receive on discharge: (1) Honorable; (2) Under Honorable Conditions (General); (3) Under Other Than Honorable Conditions; (4) Bad Conduct; (5) Dishonorable; and (6) Uncharacterized."[56] The OIG grouped the records without character of service listed as "Unknown." Note that "Bad Conduct/Dishonorable" discharges issued by general court-martial may bar veterans from receiving VA benefits. Therefore, veterans separated administratively under "Other Than

[56] US Department of Labor, "VETS USERRA Fact Sheet #3," accessed on September 27, 2023, https://www.dol.gov/sites/dolgov/files/VETS/files/USERRA-Fact-Sheet-3-Separations.pdf.

Honorable" conditions may request that their discharge be reviewed for possible re-characterization for the purpose of obtaining VA benefits.

OIG performed data analyses using SAS® statistical software (SAS Institute, Inc., Cary, North Carolina), version 9.4 (TS1M7).

Appendix B: Study Exclusions and Population

Table B.1. Study exclusions of veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020.

Characteristics	Number	%
All veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020	1,252,063	100.0
Exclusions (Total)	49,360	3.9
Age under 17 or over 54 at time of discharge	13,606	1.1
Service Branch other than Army, Air Force, Navy, and Marines	22,578	1.8
Pay Grade of C1, E9, O7–O10, W5, or Unknown	13,176	1.1
Study Population	1,202,703	96.1

Source: OIG analysis of VA and DoD administrative data.

Table B.2. Study population of veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, following exclusions.

Reporting Status	Number	%
Study Population	1,202,703	100.0
Reported to SAPRO	5,101	0.4
Did Not Report to SAPRO	1,197,602	99.6
VHA Patients	391,113	32.5
Reported to SAPRO	2,693	0.2
Did Not Report to SAPRO	388,420	32.3
VA Screen Identified MST	27,164	2.3
VA Screen Did Not Identify MST	361,256	30.0
Not VHA Patients	811,590	67.5
Reported to SAPRO	2,408	0.2
Did Not Report to SAPRO	809,182	67.3

Source: OIG analysis of VA and DoD administrative data.
Note: As previously indicated, under the memorandum of agreement between SAPRO and the OIG, the OIG received from SAPRO all closed investigation records of sexual assaults that servicemembers reported as unrestricted, including reports that were converted from restricted to unrestricted. Therefore, the groups of veterans identified as SAPRO reporters include only veterans who made unrestricted reports.

Appendix C: Baseline Characteristics at Discharge

The following tables provide baseline (at discharge) characteristics of veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in the military.

Sex

Table C.1. Sex by status of reporting sexual assault to SAPRO while in military.

Sex	Veterans Discharged FY 2016 through FY 2020 (N = 1,202,703)		Veterans Who Reported Sexual Assault While in Military (N = 5,101)		Veterans Who Did Not Report Sexual Assault While in Military (N = 1,197,602)	
	Number	%	Number	%	Number	%
Female	208,125	17.3	3,796	74.4	204,329	17.1
Male	994,578	82.7	1,305	25.6	993,273	82.9

Source: OIG analysis of VA and DoD administrative data.

Age

Table C.2. Age (years, at discharge) by status of reporting sexual assault to SAPRO while in military.

Age (years, at discharge)	Veterans Discharged FY 2016 through FY 2020 (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)	
	Number	%	Number	%	Number	%
Mean (Std)	28.8	(8.6)	24.5	(5.2)	28.8	(8.6)
Median (Min, Max)	26.0	(17, 54)	23.0	(17, 54)	26.0	(17, 54)
17-19	106,922	8.9	339	6.6	106,583	8.9
20-24	385,257	32.0	2,935	57.5	382,322	31.9
25-29	276,554	23.0	1,194	23.4	275,360	23.0
30-34	151,042	12.6	347	6.8	150,695	12.6
35-39	105,942	8.8	152	3.0	105,790	8.8
40-44	94,085	7.8	80	1.6	94,005	7.8
45-49	55,685	4.6	41	0.8	55,644	4.6
50-54	27,216	2.3	13	0.3	27,203	2.3

Source: OIG analysis of VA and DoD administrative data.

Race and Ethnicity

Table C.3. Race and ethnicity by status of reporting sexual assault to SAPRO while in military.

Race and Ethnicity	Veterans Discharged FY 2016 through FY 2020 (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)	
	Number	%	Number	%	Number	%
Race						
White	601,731	50.0	3,178	62.3	598,553	50.0
Black	150,005	12.5	1,000	19.6	149,005	12.4
Asian	43,941	3.7	186	3.6	43,755	3.7
American Indian	10,159	0.8	78	1.5	10,081	0.8
Other	36,860	3.1	256	5.0	36,604	3.1
Unknown	360,007	29.9	403	7.9	359,604	30.0
Ethnicity						
Hispanic	123,000	10.2	834	16.3	122,166	10.2
Not Hispanic or Unknown	1,079,703	89.8	4,267	83.7	1,075,436	89.8

Source: OIG analysis of VA and DoD administrative data.

Service Branch

Table C.4. Service branch by status of reporting sexual assault to SAPRO while in military.

Service Branch	Veterans Discharged FY 2016 through FY 2020 (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)	
	Number	%	Number	%	Number	%
Army	574,079	47.7	2,334	45.8	571,745	47.7
Air Force	239,678	19.9	690	13.5	238,988	20.0
Navy	216,327	18.0	1,290	25.3	215,037	18.0
Marines	172,619	14.4	787	15.4	171,832	14.3

Source: OIG analysis of VA and DoD administrative data.

Military Service Characteristics

Table C.5. Military service characteristics by status of reporting sexual assault to SAPRO while in military.

Military Service Characteristics	Veterans Discharged FY 2016 through FY 2020 (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)	
	Number	%	Number	%	Number	%
Pay Grade						
E1-E4	605,199	50.3	3,867	75.8	601,332	50.2
E5-E8	434,286	36.1	1,035	20.3	433,251	36.2
O1-O3	81,594	6.8	144	2.8	81,450	6.8
O4-O6	62,948	5.2	43	0.8	62,905	5.3
W1-W4	18,676	1.6	12	0.2	18,664	1.6
Character of Service						
Honorable	932,018	77.5	3,997	78.4	928,021	77.5
Under Honorable	59,059	4.9	623	12.2	58,436	4.9
Other than Honorable	17,379	1.4	182	3.6	17,197	1.4
Bad Conduct	2,535	0.2	33	0.6	2,502	0.2
Dishonorable	990	0.1	21	0.4	969	0.1
Uncharacterized*	82,081	6.8	140	2.7	81,941	6.8
Unknown	108,641	9.0	105	2.1	108,536	9.1
Military Duty						
Regular	860,188	71.5	4,674	91.6	855,514	71.4
Reserve or National Guard	342,515	28.5	427	8.4	342,088	28.6

Source: OIG analysis of VA and DoD administrative data.

** "When a characterization of service or other description of separation is not authorized or warranted, administrative separations of military enlisted persons may be uncharacterized. Uncharacterized discharges of military enlisted persons result under the following circumstances: (1) entry-level separation; (2) void enlistment or induction; or (3) dropping from the rolls."*[57]

[57] US Department of Labor, Veterans' Employment & Training Service, "VETS USERRA FACT Sheet #3," accessed September 27, 2023, https://www.dol.gov/sites/dolgov/files/VETS/files/USERRA-Fact-Sheet-3-Separations.pdf.

Appendix D: Baseline Characteristics of VHA Patients

Table D.1. Baseline (at first VA outpatient visit) characteristics of VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Characteristics	All VHA Patients (N = 391,113)		VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
					Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number	%	Number	%	Number	%	Number	%
Sex								
Male	320,063	81.8	582	21.6	6,569	24.2	312,912	86.6
Female	71,050	18.2	2,111	78.4	20,595	75.8	48,344	13.4
Age (years at first VA outpatient visit)								
Mean (Std)	31.8	(8.6)	25.6	(5.4)	31.1	(8.2)	31.9	(8.6)
Median (Min, Max)	29.0	(17, 59)	24.0	(18, 54)	29.0	(18, 57)	29.0	(17, 59)
17-19	1,270	0.3	39	1.4	92	0.3	1,139	0.3
20-24	87,276	22.3	1,423	52.8	6,631	24.4	79,222	21.9
25-29	113,480	29.0	798	29.6	8,037	29.6	104,645	29.0
30-34	61,374	15.7	236	8.8	4,371	16.1	56,767	15.7
35-39	41,468	10.6	104	3.9	2,870	10.6	38,494	10.7
40-44	43,941	11.2	51	1.9	2,849	10.5	41,041	11.4
45-49	27,640	7.1	31	1.2	1,545	5.7	26,064	7.2
50-54	13,512	3.5	11	0.4	728	2.7	12,773	3.5

Source: OIG analysis of VA and DoD administrative data.

Note: As previously indicated, under the memorandum of agreement between SAPRO and the OIG, the OIG received from SAPRO all closed investigation records of sexual assaults that servicemembers reported as unrestricted between November 15, 2015, and September 30, 2020, including reports that were converted from restricted to unrestricted. Therefore, the groups of veterans identified as "SAPRO" reporters include only veterans who made unrestricted reports.

Appendix E: Utilization of VA Health Care

Table E.1. Percent of patients who received outpatient care as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Type of Outpatient Care	All VHA Patients (N = 391,113)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
			Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number	%	Number	%	Number	%
All VHA Outpatient Health Care	2,693	100.0	27,164	100.0	361,256	100.0
Health Care (Excluding Mental Health Care)	2,523	93.7	26,304	96.8	351,211	97.2
Mental Health Care	2,434	90.4	24,814	91.3	228,907	63.4
Outpatient Care at a VHA facility	2,663	98.9	27,064	99.6	356,351	98.6
Health Care at a VHA facility (Excluding Mental Health)	2,473	91.8	26,098	96.1	345,396	95.6
Mental Health Care at a VHA facility	2,410	89.5	24,701	90.9	225,557	62.4
Outpatient VA Community Care	1,242	46.1	14,176	52.2	142,529	39.5
VA Community Care (Excluding Mental Health)	1,136	42.2	13,350	49.1	136,947	37.9
VA Community Care–Mental Health Care	474	17.6	4,621	17.0	29,458	8.2

Source: OIG analysis of VA and DoD administrative data.

Table E.2. Percent of patients who received outpatient care as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by sex and status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Type of Outpatient Care	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
All VHA Outpatient Health Care	2,111	100.0	20,595	100.0	48,344	100.0	582	100.0	6,569	100.0	312,912	100.0
Health Care (Excluding Mental Health Care)	1,975	93.6	19,987	97.0	47,094	97.4	548	94.2	6,317	96.2	304,117	97.2
Mental Health Care	1,933	91.6	18,786	91.2	32,069	66.3	501	86.1	6,028	91.8	196,838	62.9
Outpatient Care at a VHA facility	2,090	99.0	20,521	99.6	47,614	98.5	573	98.5	6,543	99.6	308,737	98.7
Health Care at a VHA facility (Excluding Mental Health)	1,938	91.8	19,835	96.3	46,241	95.6	535	91.9	6,263	95.3	299,155	95.6
Mental Health Care at a VHA facility	1,918	90.9	18,698	90.8	31,587	65.3	492	84.5	6,003	91.4	193,970	62.0
Outpatient VA Community Care	1,013	48.0	11,195	54.4	22,739	47.0	229	39.3	2,981	45.4	119,790	38.3
VA Community Care (Excluding Mental Health)	925	43.8	10,585	51.4	21,918	45.3	211	36.3	2,765	42.1	115,029	36.8
VA Community Care–Mental Health Care	384	18.2	3,570	17.3	4,696	9.7	90	15.5	1,051	16.0	24,762	7.9

Source: OIG analysis of VA and DoD administrative data.

Table E.3. Number of outpatient visit days per person-year as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Type of Outpatient Visits	All VHA Patients (N = 391,113)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
			Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years
All VHA Outpatient Care	71,454	12.9	938,530	12.3	7,003,948	6.6
Health Care (Excluding Mental Health Care)	34,063	6.1	530,271	6.9	4,843,016	4.6
Mental Health Care	46,708	8.4	527,726	6.9	2,939,144	2.8
Outpatient Care at a VHA facility	59,583	10.7	754,632	9.9	5,540,718	5.2
Health Care at a VHA facility (Excluding Mental Health)	25,548	4.6	383,482	5.0	3,557,150	3.4
Mental Health Care at a VHA facility	42,457	7.6	478,930	6.3	2,699,638	2.5
Outpatient VA Community Care	12,751	2.3	196,316	2.6	1,534,268	1.4
VA Community Care (Excluding Mental Health)	8,890	1.6	152,798	2.0	1,330,032	1.3
VA Community Care – Mental Health Care	4,402	0.8	50,382	0.7	245,522	0.2

Source: OIG analysis of VA and DoD administrative data.

Note: "Person-years" is a measurement that accounts for the number of people in the study and the amount of time each person is observed in the study. Visit days per person-year is calculated by adding the total visit days and dividing by the total amount of time of observation in the study (time since discharge). See Appendix A: Outpatient Care Utilization for method of calculating visit days.

Table E.4. Number of outpatient visit days per person-year as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by sex and status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Type of Outpatient Visits	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years	Number of Visit Days	Visit Days per Person-Years
All VHA Outpatient Care	57,661	13.5	727,708	12.5	1,087,436	7.9	13,793	10.9	210,822	11.4	5,916,512	6.4
Health Care (Excluding Mental Health Care)	27,877	6.5	419,590	7.2	764,319	5.5	6,186	4.9	110,681	6.0	4,078,697	4.4
Mental Health Care	37,182	8.7	398,778	6.9	433,025	3.1	9,526	7.5	128,948	7.0	2,506,119	2.7
Outpatient Care at a VHA facility	47,300	11.0	578,832	10.0	832,932	6.0	12,283	9.7	175,800	9.5	4,707,786	5.1
Health Care at a VHA facility (Excluding Mental Health)	20,522	4.8	299,988	5.2	542,653	3.9	5,026	4.0	83,494	4.5	3,014,497	3.3
Mental Health Care at a VHA facility	33,420	7.8	360,309	6.2	390,213	2.8	9,037	7.1	118,621	6.4	2,309,425	2.5
Outpatient VA Community Care	11,138	2.6	158,810	2.7	267,279	1.9	1,613	1.3	37,506	2.0	1,266,989	1.4
VA Community Care (Excluding Mental Health)	7,679	1.8	124,427	2.1	229,678	1.7	1,211	1.0	28,371	1.5	1,100,354	1.2
VA Community Care – Mental Health Care	3,896	0.9	39,668	0.7	43,727	0.3	506	0.4	10,714	0.6	201,795	0.2

Source: OIG analysis of VA and DoD administrative data.

Note: "Person-years" is a measurement that accounts for the number of people in the study and the amount of time each person is observed in the study. Visit days per person-year is calculated by adding the total visit days and dividing by the total amount of time of observation in the study (time since discharge). See Appendix A: Outpatient Care Utilization for method of calculating visit days.

Appendix F: Diagnosed Medical Conditions

Table F.1. Medical conditions diagnosed as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Medical Conditions (ICD-10-CM)	All VHA Patients (N = 391,113)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
			Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number	%	Number	%	Number	%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	1,811	67.2	21,298	78.4	272,544	75.4
Mental, behavioral, and neurodevelopmental disorders (F01-F99)	2,446	90.8	24,878	91.6	231,278	64.0
Symptoms, signs, and abnormal clinical and laboratory findings (R00-R99)	1,849	68.7	20,286	74.7	229,484	63.5
Diseases of the nervous system (G00-G99)	1,300	48.3	16,911	62.3	189,644	52.5
Endocrine, nutritional, and metabolic diseases (E00-E89)	985	36.6	12,788	47.1	156,830	43.4
Diseases of the eye and adnexa (H00-H59)	705	26.2	9,726	35.8	116,686	32.3
Diseases of the respiratory system (J00-J99)	839	31.2	10,644	39.2	109,120	30.2
Diseases of the digestive system (K00-K95)	772	28.7	9,838	36.2	105,557	29.2

Medical Conditions (ICD-10-CM)	All VHA Patients (N = 391,113)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
			Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number	%	Number	%	Number	%
Injury, poisoning and certain consequences of external causes (S00-T88)	793	29.4	8,687	32.0	92,895	25.7
Diseases of the genitourinary system (N00-N99)	1,072	39.8	11,927	43.9	76,919	21.3
Diseases of the skin and subcutaneous tissue (L00-L99)	630	23.4	8,464	31.2	79,255	21.9
Diseases of the circulatory system (I00-I99)	269	10.0	5,085	18.7	72,255	20.0
Certain infectious and parasitic diseases (A00-A99, B00-B99)	547	20.3	6,006	22.1	55,101	15.3
Diseases of the blood organs and involving the immune mechanism (D50-D89)	250	9.3	3,280	12.1	22,702	6.3
Benign neoplasms and benign neuroendocrine tumors (D10-D36, D3A)	138	5.1	2,670	9.8	22,320	6.2
Diseases of the ear and mastoid process (H60-H95)	150	5.6	2,195	8.1	21,911	6.1
Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)	114	4.2	1,792	6.6	17,617	4.9
Neoplasms except benign neoplasms (C00-C96, C7A, C7B, D00-D09, D37-D49)	79	2.9	1,453	5.3	13,798	3.8

Source: OIG analysis of VA and DoD administrative data.

Note: ICD-10 diagnostic categories are listed from highest to lowest prevalence for the total population of VHA patients in the study population (discharged FY 2016 through FY 2020). Data not shown for medical conditions with fewer than five patients diagnosed.

Table F.2. Medical conditions diagnosed as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by sex and status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Medical Conditions (ICD-10-CM)	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	1,443	68.4	16,214	78.7	35,687	73.8	368	63.2	5,084	77.4	236,857	75.7
Mental, behavioral, and neurodevelopmental disorders (F01-F99)	1,940	91.9	18,834	91.4	32,335	66.9	506	86.9	6,044	92.0	198,943	63.6
Symptoms, signs, and abnormal clinical and laboratory findings (R00-R99)	1,456	69.0	15,517	75.3	32,779	67.8	393	67.5	4,769	72.6	196,705	62.9
Diseases of the nervous system (G00-G99)	1,014	48.0	12,741	61.9	24,533	50.7	286	49.1	4,170	63.5	165,111	52.8
Endocrine, nutritional, and metabolic diseases (E00-E89)	785	37.2	9,875	47.9	21,233	43.9	200	34.4	2,913	44.3	135,597	43.3
Diseases of the eye and adnexa (H00-H59)	564	26.7	7,341	35.6	14,915	30.9	141	24.2	2,385	36.3	101,771	32.5
Diseases of the respiratory system (J00-J99)	688	32.6	8,460	41.1	17,920	37.1	151	25.9	2,184	33.2	91,200	29.1
Diseases of the digestive system (K00-K95)	593	28.1	7,477	36.3	13,900	28.8	179	30.8	2,361	35.9	91,657	29.3

Medical Conditions (ICD-10-CM)	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Injury, poisoning and certain consequences of external causes (S00-T88)	623	29.5	6,399	31.1	10,970	22.7	170	29.2	2,288	34.8	81,925	26.2
Diseases of the genitourinary system (N00-N99)	964	45.7	10,364	50.3	21,126	43.7	108	18.6	1,563	23.8	55,793	17.8
Diseases of the skin and subcutaneous tissue (L00-L99)	502	23.8	6,861	33.3	13,809	28.6	128	22.0	1,603	24.4	65,446	20.9
Diseases of the circulatory system (I00-I99)	193	9.1	3,639	17.7	7,454	15.4	76	13.1	1,446	22.0	64,801	20.7
Certain infectious and parasitic diseases (A00-A99, B00-B99)	429	20.3	4,613	22.4	8,677	17.9	118	20.3	1,393	21.2	46,424	14.8
Diseases of the blood organs and involving the immune mechanism (D50-D89)	213	10.1	2,847	13.8	6,158	12.7	37	6.4	433	6.6	16,544	5.3
Benign neoplasms and benign neuroendocrine tumors (D10-D36, D3A)	111	5.3	2,259	11.0	4,540	9.4	27	4.6	411	6.3	17,780	5.7
Diseases of the ear and mastoid process (H60-H95)	119	5.6	1,704	8.3	3,380	7.0	31	5.3	491	7.5	18,531	5.9
Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)	100	4.7	1,417	6.9	2,880	6.0	14	2.4	375	5.7	14,737	4.7
Neoplasms except benign neoplasms	64	3.0	1,192	5.8	2,420	5.0	15	2.6	261	4.0	11,378	3.6

Medical Conditions (ICD-10-CM)	Female VHA patients (N = 71,050)			Male VHA patients (N = 320,063)		
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)	VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)		VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)	VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)	
		Disclosed Military Sexual Trauma at VA (N = 20,595)	Did Not Disclose Military Sexual Trauma at VA (N = 48,344)		Disclosed Military Sexual Trauma at VA (N = 6,569)	Did Not Disclose Military Sexual Trauma at VA (N = 312,912)
	Number %	Number %	Number %	Number %	Number %	Number %
(C00-C96, C7A, C7B, D00-D09, D37-D49)						

Source: OIG analysis of VA and DoD administrative data.

Note: ICD-10 diagnostic categories are listed from highest to lowest prevalence for the total population of VHA patients in the study population (discharged FY 2016 through FY 2020). Data not shown for medical conditions with fewer than five patients diagnosed.

Table F.3. Selected mental, behavioral, and neurodevelopmental disorders diagnosed as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Mental, Behavioral, and Neurodevelopmental Disorders (ICD-10-CM)	All VHA Patients (N = 391,113)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
			Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number	%	Number	%	Number	%
Mental, behavioral, and neurodevelopmental disorders (F01-F99)	2,446	90.8	24,878	91.6	231,278	64.0
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40-F48)	2,294	85.2	23,392	86.1	192,251	53.2
Posttraumatic stress disorder (F43.1)	1,945	72.2	17,411	64.1	96,497	26.7
Mood (affective) disorders (F30-F39)	1,810	67.2	19,092	70.3	133,327	36.9
Major depressive disorder (F32-F33)	1,701	63.2	18,176	66.9	124,834	34.6
Mental and behavioral disorders due to psychoactive substance use (F10-F19)	703	26.1	6,378	23.5	68,316	18.9
Alcohol-related disorders (F10)	408	15.2	3,809	14.0	36,577	10.1
Other substance related disorders (F11-F16, F18, F19)	312	11.6	2,514	9.3	19,916	5.5

Mental, Behavioral, and Neurodevelopmental Disorders (ICD-10-CM)	All VHA Patients (N = 391,113)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,693)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 388,420)			
			Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)	
	Number	%	Number	%	Number	%
Nicotine dependence (F17)	305	11.3	2,741	10.1	34,636	9.6
Behavioral syndromes associated with physiological disturbances and physical factors (F50–F59)	311	11.5	3,326	12.2	28,676	7.9
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	187	6.9	1,975	7.3	20,430	5.7
Disorders of adult personality and behavior (F60-F69)	324	12.0	2,032	7.5	6,929	1.9
Mental disorders due to known physiological conditions (F01-F09)	70	2.6	868	3.2	7,465	2.1
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders (F20-F29)	109	4.0	754	2.8	5,081	1.4
Unspecified mental disorder (F99)	71	2.6	577	2.1	3,990	1.1
Pervasive and specific developmental disorders (F80-F89)	12	0.4	78	0.3	790	0.2

Source: OIG analysis of VA and DoD administrative data.
Note: ICD-10 diagnostic categories are listed from highest to lowest prevalence of the primary diagnostic category for the total population of VHA patients in the study population (discharged FY 2016 through FY 2020).

Table F.4. Selected mental, behavioral, and neurodevelopmental disorders diagnosed as of September 30, 2020, among VHA patients who were discharged from military active duty from October 1, 2015, through September 30, 2020, by sex and status of reporting sexual assault to SAPRO while in military or disclosing MST at VHA.

Mental, Behavioral, and Neurodevelopmental Disorders (ICD-10-CM)	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Mental, behavioral, and neurodevelopmental disorders (F01-F99)	1,940	91.9	18,834	91.4	32,335	66.9	506	86.9	6,044	92.0	198,943	63.6
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40-F48)	1,850	87.6	17,787	86.4	27,667	57.2	444	76.3	5,605	85.3	164,584	52.6
Posttraumatic stress disorder (F43.1)	1,597	75.7	13,260	64.4	9,966	20.6	348	59.8	4,151	63.2	86,531	27.7
Mood (affective) disorders (F30-F39)	1,449	68.6	14,516	70.5	21,928	45.4	361	62.0	4,576	69.7	111,399	35.6
Major depressive disorder (F32-F33)	1,368	64.8	13,860	67.3	20,736	42.9	333	57.2	4,316	65.7	104,098	33.3
Mental and behavioral disorders due to psychoactive substance use (F10-F19)	498	23.6	4,121	20.0	5,332	11.0	205	35.2	2,257	34.4	62,984	20.1
Alcohol-related disorders (F10)	270	12.8	2,305	11.2	2,430	5.0	138	23.7	1,504	22.9	34,147	10.9

Mental, Behavioral, and Neurodevelopmental Disorders (ICD-10-CM)	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Other substance related disorders (F11-F16, F18, F19)	218	10.3	1,524	7.4	1,636	3.4	94	16.2	990	15.1	18,280	5.8
Nicotine dependence (F17)	210	9.9	1,767	8.6	2,627	5.4	95	16.3	974	14.8	32,009	10.2
Behavioral syndromes associated with physiological disturbances and physical factors (F50–F59)	261	12.4	2,407	11.7	3,308	6.8	50	8.6	919	14.0	25,368	8.1
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	129	6.1	1,349	6.6	2,017	4.2	58	10.0	626	9.5	18,413	5.9
Disorders of adult personality and behavior (F60-F69)	277	13.1	1,512	7.3	1,512	3.1	47	8.1	520	7.9	5,417	1.7
Mental disorders due to known physiological conditions (F01-F09)	58	2.7	623	3.0	1,040	2.2	12	2.1	245	3.7	6,425	2.1
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders (F20-F29)	57	2.7	388	1.9	496	1.0	52	8.9	366	5.6	4,585	1.5
Unspecified mental disorder (F99)	49	2.3	408	2.0	489	1.0	22	3.8	169	2.6	3,501	1.1

Mental, Behavioral, and Neurodevelopmental Disorders (ICD-10-CM)	Female VHA patients (N = 71,050)						Male VHA patients (N = 320,063)					
	VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 2,111)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 68,939)				VHA Patients Who Reported Sexual Assault to SAPRO While in Military (N = 582)		VHA Patients Who Did Not Report Sexual Assault to SAPRO While in Military (N = 319,481)			
			Disclosed Military Sexual Trauma at VA (N = 20,595)		Did Not Disclose Military Sexual Trauma at VA (N = 48,344)				Disclosed Military Sexual Trauma at VA (N = 6,569)		Did Not Disclose Military Sexual Trauma at VA (N = 312,912)	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Pervasive and specific developmental disorders (F80-F89)	10	0.5	42	0.2	75	0.2	2	0.3	36	0.5	715	0.2

Source: OIG analysis of VA and DoD administrative data.

Note: ICD-10 diagnostic categories are listed from highest to lowest prevalence of the primary diagnostic category for the total population of VHA patients in the study population (discharged FY 2016 through FY 2020).

Appendix G: Utilization of Vet Center Services

Table G.1. Number of veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, and who used vet center services after military discharge as of September 30, 2020, by status of reporting sexual assault to SAPRO while in military.

Type of Vet Center Use	All Vet Center Users (N = 23,977)		Vet Center Users Who Reported Sexual Assault to SAPRO While in Military (N = 293)		Vet Center Users Who Did Not Report Sexual Assault to SAPRO While in Military (N = 23,684)	
	Number	%	Number	%	Number	%
Clinical	18,111	75.5	264	90.1	17,847	75.4
Sexual Trauma	2,453	10.2	223	76.1	2,230	9.4
Posttraumatic Stress Disorder	13,055	54.4	174	59.4	12,881	54.4
Marital and Family	6,121	25.5	63	21.5	6,058	25.6
Sub-Posttraumatic Stress Disorder	2,380	9.9	24	8.2	2,356	9.9
Drug and Alcohol	1,380	5.8	16	5.5	1,364	5.8
Psychological Other	8,941	37.3	107	36.5	8,834	37.3
Social Economic	14,404	60.1	154	52.6	14,250	60.2
Benefits	6,624	27.6	65	22.2	6,559	27.7
Medical	2,789	11.6	26	8.9	2,763	11.7
Employment	2,421	10.1	20	6.8	2,401	10.1
Basic Needs	1,894	7.9	26	8.9	1,868	7.9
Legal	795	3.3	8	2.7	787	3.3
Bereavement	502	2.1	7	2.4	495	2.1
Homeless	364	1.5	8	2.7	356	1.5
Crisis	294	1.2	7	2.4	287	1.2
Other Focus Area	8,812	36.8	93	31.7	8,719	36.8

Source: OIG analysis of VA and DoD administrative data.

Table G.2. Number of vet center visits made after discharge as of September 30, 2020, by veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military.

Type of Vet Center Use	All Vet Center Users (N = 23,977)			Vet Center Users Who Reported Sexual Assault to SAPRO While in Military (N = 293)			Vet Center Users Who Did Not Report Sexual Assault to SAPRO While in Military (N = 23,684)		
	Number of Visits	Visits per Person	Visits per Person-Years	Number of Visits	Visits per Person	Visits per Person-Years	Number of Visits	Visits per Person	Visits per Person-Years
All Visit Days	202,107	8.43	2.54	3,043	10.39	4.25	199,064	8.40	2.52
Clinical	179,686	7.49	2.25	2,781	9.49	3.88	176,905	7.47	2.24
Sexual Trauma	18,961	0.79	0.24	2,016	6.88	2.81	16,945	0.72	0.21
Posttraumatic Stress Disorder	115,372	4.81	1.45	1,124	3.84	1.57	114,248	4.82	1.45
Sub-Posttraumatic Stress Disorder	6,676	0.28	0.08	72	0.25	0.10	6,604	0.28	0.08
Marital and Family	32,608	1.36	0.41	335	1.14	0.47	32,273	1.36	0.41
Drug and Alcohol	5,137	0.21	0.06	24	0.08	0.03	5,113	0.22	0.06
Psychological Other	46,130	1.92	0.58	587	2.00	0.82	45,543	1.92	0.58
Social Economic	40,623	1.69	0.51	548	1.87	0.77	40,075	1.69	0.51
Benefits	10,693	0.45	0.13	130	0.44	0.18	10,563	0.45	0.13
Medical	5,580	0.23	0.07	67	0.23	0.09	5,513	0.23	0.07
Employment	5,534	0.23	0.07	63	0.22	0.09	5,471	0.23	0.07
Basic Needs	3,335	0.14	0.04	39	0.13	0.05	3,296	0.14	0.04
Legal	2,417	0.10	0.03	24	0.08	0.03	2,393	0.10	0.03
Bereavement	1,257	0.05	0.02	7	0.02	0.01	1,250	0.05	0.02
Homeless	513	0.02	0.01	11	0.04	0.02	502	0.02	0.01
Crisis	414	0.02	0.01	8	0.03	0.01	406	0.02	0.01
Other Focus Area	23,660	0.99	0.30	359	1.23	0.50	23,301	0.98	0.30

Source: OIG analysis of VA and DoD administrative data.

Note: "Person-years" is a measurement that accounts for the number of people in the study and the amount of time each person is observed in the study. Visit days per person-year is calculated by adding the total visit days and dividing by the total amount of time of observation in the study (time since discharge).

Appendix H: Applications for Veterans' Benefits

Table H.1. VBA benefits applications submitted as of September 30, 2020, by veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military.

Status	Veterans Discharged FY 2016 through FY 2020 (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)	
	Number	%	Number	%	Number	%
Applied for Education Benefits (after discharge)	505,945	42.1	2,649	51.9	503,296	42.0
Applied for Veteran Readiness and Employment Benefits (after discharge)	65,706	5.5	465	9.1	65,241	5.4
Applied for VA Home Loan (after discharge)	334,891	27.8	1,139	22.3	333,752	27.9

Source: OIG analysis of VA and DoD administrative data.

Appendix I: Receipt of Service-Connected Disability Rating

Table I.1. Status of having a service-connected disability rating as of September 30, 2021, among veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military, VHA patient status, and status of disclosing MST at VHA.

Status	All Veterans (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military						Veterans Who Did Not Report Sexual Assault to SAPRO While in Military							
			Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		VHA Patients (N = 2,693)		Not VHA Patients (N = 2,408)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N=1,197,602)		VHA Patients (N = 388,420)				Not VHA Patients (N = 809,182)	
											Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total Receiving Service-Connected Disability Rating	539,435	44.9	3,379	66.2	2,457	91.2	922	38.3	536,056	44.8	24,977	91.9	302,343	83.7	208,736	25.8
100% Disability Rating	139,230	11.6	961	18.8	799	29.7	162	6.7	138,269	11.5	10,348	38.1	91,827	25.4	36,094	4.5
90%	80,102	6.7	663	13.0	502	18.6	161	6.7	79,439	6.6	4,705	17.3	48,453	13.4	26,281	3.2
80%	69,103	5.7	586	11.5	412	15.3	174	7.2	68,517	5.7	3,514	12.9	40,338	11.2	24,665	3.0
70%	52,145	4.3	450	8.8	313	11.6	137	5.7	51,695	4.3	2,327	8.6	29,153	8.1	20,215	2.5
60%	48,635	4.0	283	5.5	183	6.8	100	4.2	48,352	4.0	1,631	6.0	26,270	7.3	20,451	2.5
50%	29,477	2.5	142	2.8	86	3.2	56	2.3	29,335	2.4	782	2.9	15,077	4.2	13,476	1.7
40%	34,468	2.9	118	2.3	70	2.6	48	2.0	34,350	2.9	635	2.3	16,509	4.6	17,206	2.1

Status	All Veterans (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military						Veterans Who Did Not Report Sexual Assault to SAPRO While in Military							
			Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		VHA Patients (N = 2,693)		Not VHA Patients (N = 2,408)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N=1,197,602)		VHA Patients (N = 388,420)				Not VHA Patients (N = 809,182)	
											Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
30%	25,542	2.1	75	1.5	41	1.5	34	1.4	25,467	2.1	415	1.5	11,577	3.2	13,475	1.7
20%	21,279	1.8	35	0.7	16	0.6	19	0.8	21,244	1.8	239	0.9	8,932	2.5	12,073	1.5
10%	29,886	2.5	50	1.0	27	1.0	23	1.0	29,836	2.5	307	1.1	11,201	3.1	18,328	2.3
0%	9,568	0.8	16	0.3	8	0.3	8	0.3	9,552	0.8	74	0.3	3,006	0.8	6,472	0.8

Source: OIG analysis of VA and DoD administrative data.

Table I.2. Status of having a service-connected disability rating with a mental health disorder component as of September 30, 2021, among veterans who were discharged from military active duty from October 1, 2015, through September 30, 2020, by status of reporting sexual assault to SAPRO while in military, VHA patient status, and status of disclosing MST at VHA.

Status	All Veterans (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military						Veterans Who Did Not Report Sexual Assault to SAPRO While in Military							
			Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		VHA Patients (N = 2,693)		Not VHA Patients (N = 2,408)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)		VHA Patients (N = 388,420)				Not VHA Patients (N = 809,182)	
											Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Receiving Service-connected Disability Rating with a Mental Health Disorder Component	318,901	26.5	3,073	60.2	2,292	85.1	781	32.4	315,828	26.4	22,243	81.9	197,867	54.8	95,718	11.8
Posttraumatic Stress Disorder (9411)	125,252	10.4	2,252	44.1	1,722	63.9	530	22.0	123,000	10.3	12,983	47.8	78,414	21.7	31,603	3.9
Anxiety Disorders (9400, 9403, 9404, 9410, 9412, 9413)	70,057	5.8	244	4.8	157	5.8	87	3.6	69,813	5.8	2,746	10.1	41,313	11.4	25,754	3.2

Status	All Veterans (N = 1,202,703)		Veterans Who Reported Sexual Assault to SAPRO While in Military						Veterans Who Did Not Report Sexual Assault to SAPRO While in Military							
			Veterans Who Reported Sexual Assault to SAPRO While in Military (N = 5,101)		VHA Patients (N = 2,693)		Not VHA Patients (N = 2,408)		Veterans Who Did Not Report Sexual Assault to SAPRO While in Military (N = 1,197,602)		VHA Patients (N = 388,420)				Not VHA Patients (N = 809,182)	
											Disclosed Military Sexual Trauma at VA (N = 27,164)		Did Not Disclose Military Sexual Trauma at VA (N = 361,256)			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Mood Disorders (9431-9435)	68,096	5.7	425	8.3	324	12.0	101	4.2	67,671	5.7	4,780	17.6	43,645	12.1	19,246	2.4
Chronic Adjustment Disorder (9440)	50,520	4.2	209	4.1	141	5.2	68	2.8	50,311	4.2	2,157	7.9	31,427	8.7	16,727	2.1
Other Mental Health Disorders (9201-9205, 9208, 9210, 9211, 9300, 9301, 9304, 9305, 9310, 9312, 9326, 9327, 9416, 9417, 9421-9425, 9520, 9521)	12,897	1.1	140	2.7	105	3.9	35	1.5	12,757	1.1	781	2.9	7,688	2.1	4,288	0.5
Residuals of Traumatic Brain Injury (8045)	43,898	3.6	291	5.7	215	8.0	76	3.2	43,607	3.6	2,147	7.9	29,368	8.1	12,092	1.5

Source: OIG analysis of VA and DoD administrative data.

Appendix J: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: February 2, 2024

From: Office of the Under Secretary for Health (10)

Subj: Healthcare Inspection—Office of Inspector General (OIG) Draft Report, Transition to VA Health Care and Utilization of Benefits for Veterans Who Reported Sexual Assault During Military Service (VIEWS 11184582)

To: Assistant Inspector General for Healthcare Inspections (54)

1. In this report, OIG's evidence-based research gives the Veterans Health Administration (VHA) insight into some differences between service members who reported sexual assault during military service to the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) and ultimately pursued VA benefits, including health care, compared to those who did not. We recognize and appreciate the rigor of this research and the resources OIG devoted to it. We understand OIG's recommendations to consider how this data could inform or improve outreach efforts.

2. VHA is pleased to see that OIG's data demonstrates the extent to which transitioning service members who reported to SAPRO were willing and able to later engage with VHA. More specifically, service members who reported to SAPRO:

a. were more likely to apply for VA health care and applied sooner than those who did not report to SAPRO

b. were more likely to use VA health care, especially mental health care, and use it more frequently than those who did not report to SAPRO

The data validate that SAPRO's initiatives are effective tools for engaging service members and connecting them with military sexual trauma (MST)-related health care, even after military service.

3. VHA's Office of Mental Health and Suicide Prevention uses data to drive changes in VHA policy and practice to ensure MST-related care is accessible and provided respectfully, equitably, and in a culturally sensitive manner to all members of VHA's diverse patient population. We use our data and analytics to characterize the MST survivor population and to better understand how demographic identity characteristics intersect with MST-related health care metrics. These data inform VHA policy development, healthcare practices and outreach efforts.

4. Our framework for applying high reliability principles to the MST program involves three elements:

a. Identifying differences and disparities. Ongoing analytic efforts include identifying differences on MST-related care metrics across demographic identity characteristics and seeking to understand the extent to which these differences represent disparities. For example, key demographic variables including race, ethnicity, age, sexual orientation, self-identified gender, rurality, housing status and neighborhood poverty level can impact recovery from MST and access to health care. OIG's findings regarding SAPRO reporting are an important complement to these efforts. These analyses inform potential opportunities for ensuring access and equitable delivery of MST-related care and facilitate development of empirically driven recommendations for improvement.

b. Adopting a continuous improvement approach. We actively seek opportunities to refine policies and practices over time to align with the needs and experiences of MST survivors across demographic groups and to incorporate strong practices identified by VHA's Diversity, Equity and Inclusion community.

c. Measuring change. By repeating analyses focused on metrics like time to MST screening, resolution of treatment referral requests, and engagement in MST-related care, we can understand whether and how differences and disparities are changing over time, concurrent with policy changes and interventions.

5. VHA applies an inclusive approach to reach all transitioning service members and ensure they are aware of VHA MST treatment resources even if they did not make a formal report or engage with other support resources during their military service. Ethically, VHA's outreach efforts are equitable for all Veterans.

6. Regarding Recommendation 1, "[USH] examines potential differences between the veterans who reported to SAPRO and used VA health care and those who did not [use VA health care] in order to improve outreach efforts to the nearly half who did not engage with VA health care," VHA finds the data analysis OIG describes in this draft report (data from 2015 to 2020) provides additional support for MST program improvements completed in 2022. To supplement existing outreach provided to all transitioning Service members, VHA collaborated with DoD to greatly expand the information routinely provided to Service members who experience sexual assault and formally reported those experiences to SAPRO and other DoD authorities. The following improvements were implemented:

a. DoD revised Form 2910, "Victim Reporting Preference Statement" to improve coordination between DoD Sexual Assault Response staff and VHA MST Coordinators. DoD Form 2910 now includes information advising Service members about their eligibility for VA MST-related services, and links to find the names and contact information for the nearest VHA and Veterans Benefits Administration MST Coordinator are included on the form.

b. DoD revised Form 2967, "Domestic Abuse Victim Reporting Option Statement" to include information about VA MST-related services.

c. Recent joint VA-DoD training efforts ensure DoD Sexual Assault Response Coordinators are informed about VA MST-related services and well-equipped to provide this information to those who make reports of sexual assault.

Given these recent program improvements, it would be premature for VHA to conduct further analyses of Service members who reported to SAPRO. VHA considers actions to address Recommendation 1 complete and asks OIG to close Recommendation 1.

7. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at VHA10BGOALACTION@va.gov.

(Original signed by:)

Shereef Elnahal M.D., MBA

Office of the Under Secretary for Health Response

Recommendation 1

The Under Secretary for Health examines potential differences between the veterans who reported to SAPRO and used VA health care and those who did not in order to improve outreach efforts to the nearly half who did not engage with VA health care.

___Concur

_X_Concur in principle

___Nonconcur

Target date for completion: Closed.

OIG Comments

The Under Secretary for Health concurred in principle with the recommendation related to outreach, explaining that several program improvements have been made and additional analysis of servicemembers who reported to SAPRO would be premature. Based on information provided, the OIG considers recommendation 1 closed.

Appendix K: Office of the Under Secretary for Benefits Memorandum

Department of Veterans Affairs Memorandum

Date: February 12, 2024

From: Under Secretary for Benefits (20)

Subj: Office of Inspector General (OIG) Draft Report—Transition to VA Health Care and Utilization of Benefits for Veterans Who Reported Sexual Assault During Military Service [MCI #. 2022-01275-HI-1243]—[VIEWS 11124574]

To: Lori Lohar, MS, RD—Director, Office of Healthcare Inspections (54WH00)

1. Attached is VBA's response to the OIG Draft Report: Transition to VA Health Care and Utilization of Benefits for Veterans Who Reported Sexual Assault During Military Service.

2. Questions regarding the contents of this memorandum may be directed to the VBA Office of Program Integrity and Internal Controls at: VBACO_PI&ICS@va.gov.

(Original signed by:)

Joshua Jacobs

Attachment

Veterans Benefits Administration (VBA)
Comments on OIG Draft Report
Transition to VA Health Care and Utilization of Benefits for Veterans Who Reported Sexual Assault During Military Service

The Veterans Benefits Administration concurs with the Office of Inspector General's draft report findings and provides the following comments:

VBA would like to thank OIG for their extensive review of this very important topic. We would like it noted that VBA processes and procedures were not reviewed by OIG and VBA employees were not interviewed regarding the use of the Defense Sexual Assault Incident Database, processes, and procedures related to Military Sexual Trauma (MST) claims processing. VBA's extensive work in improving the MST program to include claims processing and outreach is constantly being evaluated and adjustments are being made along the way, as deemed appropriate to ensure transparency, to ensure Veterans are aware of benefits and services available, and to ensure trauma sensitive informed principles are in every aspect of the program. This has resulted in more MST survivors filing claims and attending outreach events.

The Veterans Benefits Administration provides the following comments in response to the recommendations in the OIG draft report:

Recommendation 1: The Under Secretary for Health examines potential differences between the veterans who reported to SAPRO and used VA health care and those who did not in order to improve outreach efforts to the nearly half who did not engage with VA health care.

VBA Response: VBA defers to the Veterans Health Administration (VHA).

Recommendation 2: The Under Secretary for Benefits evaluates the service-connected disability application and claims process for veterans who reported sexual assault that occurred during military service to identify and mitigate potential barriers.

VBA Response: Concur. The OIG report cites 34% of Veterans who reported sexual assault to the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) had not received service-connected disability benefits as of September 30, 2021. OIG inferred VBA should understand and mitigate any barriers encountered by this population who has not or received service-connected disability benefits. VBA agrees with the intent of the recommendation in ensuring VA is addressing and removing barriers related to the claims process for Veterans who experienced MST. VBA makes great efforts to ensure MST survivors are aware of and informed on how to submit a claim for disability compensation and have support throughout the process.

As a direct result of the intentional process improvements, outreach, and efforts executed to ease the Veterans' burden in filing claims related to MST, MST-related claim application receipts increased dramatically from 29,283 in fiscal year 2021 to 48,763 in fiscal year 2023. Although a significant increase in MST-related

claim receipts is tangible evidence to support that prior perceived barriers specific to the VA application process have been eliminated, VA will continue to reassess opportunities and programmatic procedures to ease the burden for Veterans who have experienced MST-related events.

Additional efforts of reassessment and redesign contributed to VA's improved experience for Veterans who file MST-related claims. This included consolidating the MST workload which promoted consistency with the development and adjudication of these highly sensitive and complex claims. Additionally, VBA conducts ongoing reviews of MST-related forms and correspondence, ensuring they are written using trauma-informed principles. VA created an MST Path Forward Customer Experience Workgroup, which is a collaborative effort between VBA and VHA to address all parts of the MST customer experience.

Currently, there are ongoing efforts taking place with the Joint Executive Committee (JEC) Sexual trauma Working Group (STWG) that is looking at the MST-related claims process to identify gaps and challenges in benefits claims processing. Specifically, the FY 2024 JEC STWG priority objective is for VA and DoD to finalize two process maps related to MST-related claims:

- one map that outlines each step in the VBA MST-related claims process, and
- one that outlines DoD reporting and documentation procedures related to incidents of sexual assault, sexual harassment, and sexual abuse.

These maps will be used to identify at least one area of opportunity where VA and DoD can work together to improve the claims process for sexual trauma survivors. The target completion date for these maps is end of fiscal year 2024.

Target Completion Date: September 30, 2024.

Recommendation 3: The Under Secretary for Benefits examines potential differences between the veterans who reported to SAPRO and used VA benefits and those who did not in order to improve outreach efforts.

VBA Response: VBA concurs. VBA agrees with the intent of the recommendation to leverage SAPRO data to improve outreach. However, the terms of VA's Memorandum of Agreement (MOA) with SAPRO do not allow for this purpose. The MOA is designed to assist VA claimants in producing corroborating evidence of an in-service stressor for MST-related claims. SAPRO provides victim data recorded in the Defense Sexual Assault Incident Database (DSAID) for Service members filing an Unrestricted Report of sexual assault to DoD within the agreed-upon parameters of the MOA. The MOA specifically limits VBA to using the data to aid in the development and promulgation of entitlement to VA benefits based on MST only. VBA is solely authorized to use the SAPRO data provided by DoD to support claimants for VA benefits regarding MST. Currently, VBA is not authorized to use the data to contact Veterans for targeted outreach. VBA will explore leveraging its partnership with DoD to determine if the MOA can be expanded to examine potential differences while continuing to ensure that both parties are

responsible for meeting applicable confidentiality statutes, regulations, and policies.

VBA concurred in principle with this recommendation as we have executed multiple initiatives that have resulted in successful improvement of outreach efforts. VBA has developed a robust MST outreach program that seeks to connect with MST Survivors through various access channels such as the Beyond MST Mobile App, resource directors, outreach events, social media channels, etc. These outreach methods provide MST Survivors with access to contact information for local MST coordinators who can provide additional, personalized support to assist with accessing benefits such as mental health care and compensation.

The Transition Assistance Program (TAP) is a key component in VA-DoD outreach to Service members, particularly for those who may have experienced sexual trauma during their military service but did not report it. As part of mandatory out-processing during separation from the military, all eligible Service members participate in TAP. TAP provides attendees with information about available VA and DoD resources at a time when they are actively engaged in planning for their civilian lives.

The VA Benefits and Services course (VA's portion of the mandatory TAP curriculum) provides transitioning Service members with information about VA resources, including those specific to MST. Information is provided about the option to file a disability claim for a condition, or conditions, related to sexual trauma during military service and the type of evidence required for such a claim. Information is also provided about available MST-related healthcare services. Service members are also advised of the requirement for a separation history and physical examination, which are administered as part of the Separation Health Assessment.

In addition to the VA Benefits and Services course, VA and DoD also piloted the Women's Health Transition Training Program (WHTTP) to provide targeted information and support on issues of particular concern to women Veterans. Subsequently, the WHTTP was launched as a permanent web-based training in February 2021. This self-paced course is accessible anytime from anywhere.

Both the VA Benefits and Services course and the WHTTP address the availability of women's health and mental health care services; eligibility for and enrollment in VA care; post-separation health care ownership; and available transition support services. The WHTTP and associated Participant Handbook also provide key information regarding where to find more information about these services (e.g., https://www.mentalhealth.va.gov/mst) and how to access the DoD Safe Helpline for support and additional DoD-specific information.

VA Solid Start is an innovative outreach program to proactively contact all recently separated Service members, regardless of their character of discharge, by phone during their first year of transition from the military. Recently separated Service members, regardless of their character of discharge, will receive three calls during

their first year after separation from active duty at three key stages (0-90, 91-180, 181-365 days post release from active duty). After each successful connection, the individual receives a comprehensive follow-up email from the VA Solid Start representative who provides information on all issues that were discussed and connections for additional support and assistance.

Specially trained VA representatives address issues or challenges identified by the individual during the call and assist with accessing benefits and services, health care, mental health care, education, and employment opportunities. VA Solid Start also provides targeted email communications to eligible recently separated women Service members highlighting benefits, services, and support, such as VHA care options, WHTTP, etc., ensuring the women have access to and information about the benefits and services they have earned.

VBA also has efficient and trackable referral procedures in place for the National Contact Center to directly connect Women Veterans with a Women Veterans Coordinator or a female MST Coordinator as needed or requested. From October 1, 2022, through September 30, 2023:

- The National Contact Center (NCC) referred 15 Veterans for contact by a Women Veterans Coordinator.
- NCC referred 99 Veterans for contact by a female MST Coordinator.

In conclusion, VBA has already examined the feasibility of leveraging SAPRO data to improve outreach efforts and has made great strides in its outreach on this topic in recent years. As noted above, VBA will explore expanding the SAPRO MOA with DoD.

Target completion date is to be determined.

OIG Comments

The OIG will follow up on the action plan until receipt of documentation to support closure.

OIG Contact and Staff Acknowledgments

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