

February 29, 2000

**SEXUAL TRAUMA COUNSELING SECTION OF THE VETERANS MILLENNIUM  
HEALTH CARE ACT, PUBLIC LAW 106-117 (RCN 10-0905)**

**1. PURPOSE:** This Veterans Health Administration (VHA) directive provides policy, guidance, and reporting requirements on sexual trauma counseling and treatment received by all veterans.

**2. BACKGROUND**

a. The passage of Public Law (Pub. L.) 102-585, in 1992, authorized Department of Veterans Affairs (VA) to include outreach and counseling services for women veterans who experienced incidents of sexual trauma while they served on active duty in the military. The law defines sexual trauma as sexual harassment, sexual assault, rape and other acts of violence. It further defines sexual harassment as repeated unsolicited verbal or physical contact of a sexual nature, which is threatening in nature. *NOTE: This law was later amended by Pub. L. 103-452, which authorizes VA to provide counseling to men as well as women.*

b. The Veterans Millennium Health Care Act, Signed on November 30, 1999, has significant implications under Section 115, Counseling and Treatment for Veterans Who Have Experienced Sexual Trauma. Provisions of Pub. L. 106-117. Section 115 are to:

- (1) Expand the focus on sexual trauma beyond counseling and treatment.
- (2) Mandate that counseling and appropriate care and services will be provided.
- (3) Extend the period of the program to December 31, 2004.
- (4) Require a formal mechanism be implemented to report on outreach activities.

c. Confidentiality and sensitivity to the impact of military sexual trauma on veterans is essential. Education must be provided to all staff regarding the need for screening all veterans for history of military sexual trauma, referral processes for treatment and environmental issues that may affect treatment.

d. Military Sexual Trauma (MST) Software Directive 99-039, dated August 27, 1999, is an important component in the screening, tracking and documentation of MST in all enrolled veterans who utilize VHA. The implementation of the MST software also provides a mechanism to prevent billing of the veteran for services related to MST.

e. Collaboration in providing information and identifying MST survivors is required. Joint efforts and reporting requirements between VA and Department of Defense (DOD) are required at the national level. All VHA facilities should collaborate and develop plans for providing outreach to military personnel regarding MST services and programs. Joint efforts will strengthen outreach efforts and assist in overcoming barriers that discourage veterans from pursuing treatment for MST.

**THIS VHA DIRECTIVE EXPIRES DECEMBER 31, 2004**

## VHA DIRECTIVE 2000-008

February 29, 2000

**3. POLICY:** It is VHA policy that each facility will implement the requirements of Pub. L. 106-117, to include the reporting requirements noted in subparagraph 4e(1).

### 4. ACTION

a. VHA facilities are responsible for:

(1) Designating a MST Coordinator. The Coordinator is responsible for implementation of the MST software, and entering the names of veterans who have been exposed to MST into the MST software package. The software provides a mechanism to track MST patients and prevent billing of the veterans for services related to MST. Patient names entered into the MST software will require the clinician to determine if the outpatient encounter was related to MST as part of the checkout process. This question will only be asked on patient names maintained in the MST database. Each VHA facility will include MST on encounter forms (electronic and/or paper forms) to assist with proper tracking and coding. The ability to modify encounter forms to track MST will be related with patch IBD\*3\*36. *NOTE: This information will be utilized for reporting requirements identified in Pub. L. 106-117.*

(2) Distributing VA Pamphlet 10-114, "Counseling and Treatment for Sexual Trauma;" it has been revised and distributed to all health care facilities. This brochure, concerning MST services and programs, is gender-neutral and should be available for outreach to veterans.

(3) Collaborating and developing plans for providing outreach to military personnel regarding MST services and programs. Joint efforts with DOD will strengthen outreach efforts and assist in overcoming barriers that discourage veterans from pursuing treatment for MST.

(4) Completing Fiscal Year (FY) 2000 Sexual Trauma Counseling Report (Report Control Number (RCN) 10-0905).

(a) The report will list, by gender, the number of veterans receiving sexual trauma treatment and counseling services for FY 2000 within VA and the number referred either by contract or fee-basis to non-Department facilities.

(b) The report will be either mailed to the Women Veterans Health Program (133), VHA Headquarters, 810 Vermont Avenue, NW, Washington, 20420, or faxed to 202-273-9080. The completion of this report is the shared responsibility of the Women Veterans Health and Mental Health and Behavioral Science Programs, Readjustment Counseling Service, and Health Administration Service or Product Line equivalent services.

b. VHA Headquarters is responsible for submission of the following reports as mandated by law:

(1) A study to assess trends in expanding eligibility for sexual trauma counseling and treatment jointly between VA and DOD.

(2) A report from VA and DOD describing the collaborative efforts to ensure appropriate information about the counseling and treatment for sexual trauma programs that are available, and the eligibility and application procedures given to members of the Armed Forces, upon separation from active duty.

(3) A report describing the number of veterans who have received sexual trauma treatment and counseling within VA and the number referred to non-Departmental mental health facilities and providers.

(4) The Women Veterans Health and Mental Health and Behavioral Sciences Programs, in collaboration with the Center for Women Veterans, Readjustment Counseling Service, Health Administration Service, and DOD are responsible for the development and submission of these reports.

## **5. REFERENCES**

- a. Pub. L. 102-585, Veterans Health Care Act of 1992, dated November 11, 1992.
- b. Pub. L. 103-452, Veterans Health Care Extension Act, dated November 2, 1994.
- c. Pub. L. 106-117, The Veterans Millennium Health Care Act, dated November 30, 1999.

**6. FOLLOW-UP RESPONSIBILITY:** The Director, Women Veterans Health Program (133) is responsible for the content of this Directive. Questions may be referred to (202) 273-8577.

**7. RESCISSION:** This VHA Directive will expire December 31, 2004.

S/ by Frances Murphy, M.D. for  
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Deputy Under Secretary for Health

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