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Witness Testimony of Brian Lewis, Veteran

Hearing on 07/19/2013: Safety for Survivors: Care and Treatment for Military Sexual Trauma

Chairman Benishek, Ranking Member Brownley, and Distinguished Members of this Subcommittee;

It is a privilege and honor to be the first male survivor of military sexual trauma to testify before the Subcommittee about this issue. I would like to thank my partner Andy who could not be here today. I want to make it clear that I am not here representing the gay and/or lesbian community or their issues. I am here as a veteran who was raped while I was active duty. Our significant others allow us to do so much and receive so little credit for their sacrifices. I would also like to thank the subcommittee for treating the issue of military sexual trauma in a gender inclusive way. This places the subcommittee farther ahead than the White House, and very much ahead of the Veterans Health Administration. Indeed, the VHA discriminates against male survivors of military sexual trauma because of their gender in a multitude of ways and this is a practice that needs to be brought to light and stopped by this committee.

I was raped while serving aboard the USS FRANK CABLE (AS-40). I was discharged a year later after a Navy psychiatrist determined I was suffering from a Personality Disorder. After moving home and almost

committing suicide multiple times, I turned to the Veterans Health Administration for assistance with my post-traumatic stress disorder. It was almost 6 years before I received PTSD specific care.

Residential Care

Currently the Veterans Health Administration operates about twenty-four residential treatment programs for posttraumatic stress disorder. Only about twelve are designed specifically for the treatment of military sexual trauma. Of the twelve designed specifically for victims of sexual trauma, only one accepts male patients. That facility, the Center for Sexual Trauma Services at VAMC Bay Pines, is coeducational. Put simply, male survivors have no single gender residential program designed specifically for survivors of military sexual trauma. A complete listing is attached as Exhibit "A" to my written testimony. The Veterans Health Administration should not officially sanction gender discrimination.

Information on these programs is very hard to obtain. Three days before this hearing, I used the PTSD Locator on the National Center for PTSD's webpage to find programs treating exclusively military sexual trauma. I used Bay Pines' PTSD program as a baseline because I knew where it was and its mission. I was not able to access a separate listing for programs dealing exclusively with military sexual trauma. In fact, when I clicked on the state of Florida, the Bay Pines program is listed as a Women's Trauma Recovery Program (Inpatient). For a male survivor, knowing his services are received through a women's program is very demoralizing and discriminatory. More often than not, there is no printed listing available as to what programs specifically serve military sexual trauma survivors. For veterans without Internet access, a printed listing may be the only hope they have of accessing residential care for their military sexual trauma. We strongly recommend that each Military Sexual Trauma Coordinator be required to keep hard copies of a list promulgated by the Veterans Health Administration as to what programs are available to treat military sexual trauma.

I attended the Bay Pines VA Center for Sexual Trauma Services residential program in June 2009. I attended this program because it was and is the only residential program specific to military sexual trauma that male survivors can access in the Veterans Health Administration. Unfortunately, upon arrival I discovered the program was co-educational. This presented many barriers to effective treatment in that program. I witnessed men and women engaging in romantic liaisons during their participation in the program. These emotional entanglements proved to be a distraction to many survivors who were in the program with me at the time. I personally was uncomfortable sharing the details of my trauma in the same group where women were present. I can only imagine the damage which would be caused by requiring a male survivor whose perpetrator was a woman to attend an integrated program. Upon discharge from this program, they failed to ensure a mental health provider was following me. This caused me significant setbacks because I had to wait almost two months to be seen after returning to Baltimore and became suicidal during the time I was waiting for care.

Outpatient Care

In the outpatient environment, I have received less than stellar care. Until this year, the Baltimore Division of the VA Maryland Health Care System did not have an outpatient group for male MST survivors. This same VA hospital has had a group for female survivors for several years. When I asked about joining the female MST group, I was denied for no other reason than I was a man. I was forced into mixed trauma groups. These groups permitted me no opportunity to discuss my personal trauma. I also felt stigmatized by the combat veterans there. In one mixed trauma group, the facilitator allowed the combat veterans to bring up their trauma because "the VA focuses on combat issues" in her words.

The Veterans Health Administration has very few resources outside the residential treatment setting for male survivors of military sexual trauma. Outpatient groups are common for female survivors of military sexual

trauma. However, very few groups are available for male survivors. I consistently hear from male survivors seeking peer support groups. The groups that male survivors can attend are more often than not a more general PTSD group where combat veterans are mixed with sexual trauma survivors. In these general groups, generally no sharing of the reason behind the PTSD is permitted. This marginalizes male survivors by forcing them to maintain their silence about their experience.

Overall Supervision

The overall supervision of military sexual trauma programs within the Veterans Health Administration is vested in the Director of Women's Mental Health, Family Services, and Military Sexual Trauma. This oversight denigrates the experience of male survivors and reinforces the concept that military sexual trauma is a "women's issue." We strongly urge that military sexual trauma be created as an independent directorate within the Veterans Health Administration.

Within the VHA, an overwhelming majority of Military Sexual Trauma Coordinators are women. Especially in the case of men who are assaulted by women, this presents an often-insurmountable barrier to care. We recommend that there be both a male and female MST coordinator in each facility.

Research and Training

More research needs to be conducted by the Veterans Health Administration concerning male military sexual trauma. Currently there is very little literature available on successfully treating male survivors of adult sexual assault.

The current sequester mandated by the Budget Control Act is harming our veterans in an indirect way through the training budget. Direct care providers are finding it difficult to attend training necessary to keep current on the latest information available in treating survivors.

Personality Disorders

I urge the Subcommittee members to support H.R. 975, the Servicemember Mental Health Review Act, offered by Rep. Tim Walz (D-MN 1). This legislation would give veterans, like myself, who have been misdiagnosed with personality disorders the opportunity to apply for a potential military retirement from the Department of Defense. Utilizing TRICARE for military sexual trauma related care could remove some of the cost of providing that care from the Veterans Health Administration, which is currently estimated at \$872 million.

This diagnosis made it hard for me to receive VHA care at first. This diagnosis creates a stigma around the survivor as a condition that predates service. I have even heard survivors tell me they have been denied military sexual trauma related services at the DC VA Medical Center because of their erroneous personality disorder diagnosis. In fact, the Topeka, Kansas Stress Disorder Treatment Program requires veterans to furnish a copy of their DD-214 in order to access treatment and explain on their application why they received a less than fully honorable service characterization. This application is attached as Exhibit "B" to my testimony. With these facts in mind, I fear for what kind of reception I will receive at the Minneapolis VA Medical Center when I move there. Will I be denied MST services there because of an erroneous medical diagnosis designed to save the military money?

Conclusion

In the last few years I have done much to better my life. I graduated in May 2013, from Stevenson University with a Bachelor of Science degree in Paralegal Studies. My master's thesis on military sexual trauma is under consideration for publication in Stevenson University's Forensic Journal. I will graduate in December with my Master of Science degree in Forensic Studies. I will apply to attend Hamline University School of Law in Saint Paul, Minnesota, next year. I help administrate MenThriving.org,

an online community designed to help men heal from the wounds of sexual trauma whenever received. I am an Advocacy Committee member with Protect our Defenders, an organization dedicated to transformational change in the military's handling of sexual assault. I am the President of Men Recovering from Military Sexual Trauma, a group dedicated to advocating for and raising awareness of male survivors of military sexual trauma. Unfortunately, these accomplishments are not the result of treatment provided by the Veterans Health Administration. This progress is the result of finding nonprofits dedicated to helping survivors in general, building resources to address the lack of current credible resources available for male survivors, and finding other survivors to help support me as I struggle, and finding a partner who has stayed by my side regardless of all the hurt I have caused.

The Veterans Health Administration fundamentally fails male survivors of military sexual trauma every single day. They have proven their inability to adequately care for us. We respectfully request Congress to legislate equality in practice for male survivors of military sexual trauma.