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Chapter 1 : The Benefits and Considerations of Psychoeducation for Trauma Victims

abdominal and pelvic trauma is arterial hemor- special considerations for Embolization in Trauma cases in cases of arteriovenous fistula or bleeding.

Explore the Benefits of Psychoeducation for Trauma Victims written by: A professional trained in psychoeducation can help the child understand the trauma and help her cope with her responses to the trauma. Learn about psychoeducation and trauma victims: Department of Veterans Affairs notes that each year in the United States, 5. Of these abuse cases, 65 percent involve neglect, 18 percent involve physical abuse, 10 percent involve sexual abuse, and 7 percent involve psychological abuse. Besides the physical effects that these traumatic experiences can have, they may also lead to psychological issues. Between 3 and 15 percent of girls and 1 to 6 percent of boys who experience some type of trauma develop post-traumatic stress disorder PTSD , according to the U. Department of Veterans Affairs. Children who experience trauma may need help to come to terms with what has happened. Treatment for PTSD may include psychotherapy, in which the child talks to a therapist, medication or a combination of the two treatments. Another type of treatment that can be done along with psychotherapy is psychoeducation, and trauma victims can often receive more information about their particular type of trauma through this type of treatment. Several professionals who are trained in psychology may be able to perform psychoeducation with trauma victims. These may include psychologists, psychiatric nurses and social workers. An important part of psychoeducation for trauma is going over myths about that trauma, which can be very damaging to trauma victims. In psychoeducation, the therapist will emphasize that sexual assault and rape are not the fault of the victim: She did not ask for it and she did not deserve it. Psychoeducation also explores the psychological responses to trauma. For example, the therapist may explain that the responses a trauma victim has to the experience, such as dissociation, is normal, which can provide relief. Psychoeducation can also go over future symptoms, such as those that may occur if the trauma victim develops PTSD. In cases where the trauma is ongoing, such as with domestic violence, psychoeducation can include making a safety plan. For example, psychoeducation needs to be individualized for that trauma victim. Department of Veterans Affairs:

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Chapter 2 : Special considerations - Post-Traumatic Stress Disorder - NCBI Bookshelf

forensic considerations in ritual trauma cases "Cases of ritualistic abuse may come to light when a child is being evaluated or treated for sexual abuse. Unfortunately, investigators and therapists, lacking knowledge of the clinical indicators of cult-based ritualistic abuse, often fail to recognize that the sexual abuse being described has.

What is the relationship between confidentiality certificates and mandatory reporting requirements? The panel also selected several legal issues for review, although the scope of effort in this area was limited by the composition of the panel and the mandate of the study. Comprehensive reviews of legal issues in the field of child maltreatment have recently been published see, for example, Myers, , but such reviews focus primarily on legal issues associated with the treatment of child abuse cases within administrative agencies and the courts rather than research studies. The questions noted above are not completely resolved in the following discussion, but the panel has identified areas in which further research may assist in their resolution. Framework Of Analysis Ethical and legal issues that require consideration in formulating a research agenda for studies of child maltreatment fall within the following three categories: Research with human subjects involves a well-documented set of ethical and legal issues, associated with many different types of scientific studies and investigations, including experimental, field, and clinical research, surveys, observational studies, and interviews Levine, ; Sieber, b; Stanley and Sieber, The developmental status of the child requires special consideration, since differences in the maturity between a preschool child and an adolescent may alter their needs for protection Thompson, Scientists involved in child maltreatment studies must confront ethical and legal questions similar to those that arise on other socially sensitive topics that sometimes include criminal activities, such as research on substance abuse behaviors, prostitution, sexual behaviors, and violence. Page Share Cite Suggested Citation: Understanding Child Abuse and Neglect. The National Academies Press. Such issues should be raised explicitly now to strengthen this area of empirical study and to inform the development of policies, regulations, and legislation that may affect subject rights and researcher obligations. The panel anticipates that ethical and legal issues will gain increasing prominence with the growth of research activities on child maltreatment, especially as researchers acquire the ability and resources to conduct long-term prospective studies of nonclinical samples involving large numbers of children and families. Appropriate consideration of such issues can strengthen the integrity of research on child maltreatment. Disregard for these issues can disrupt research investigations and can stimulate additional legislative or bureaucratic requirements that could diminish the scope or creativity of future efforts. Issues In Research On Human Subjects Three fundamental principles have guided the ethical framework for research on human subjects: In most cases, these principles are mutually reinforcing and potential conflicts can be resolved by appropriate research designs and informed consent procedures Levine, But at times, value conflicts and ethical dilemmas can arise. For example, a scientist might be uncertain whether to emphasize the principle of beneficence or respect for persons in determining whether or not to disclose to a parent information revealed by a child, especially if the child is an adolescent. Research on both victims and offenders in child maltreatment studies is subject to the same federal regulations that govern all human subjects research 45 CFR In addition, federal regulations require additional protections for children involved in research Subpart D. Some studies of child maltreatment may also be governed by Section In addition to federal regulations, several professional associations such as the American Psychological Association have adopted guidelines that apply to human subjects research. Federal regulations and professional guidelines generally address the following substantive norms: There should be 1 a good research design, 2 competent investigators, 3 a favorable balance of harm and benefit, 4 informed consent, and 5 equitable selection of research subjects. Federal regulations require that the scientist prepare a protocol that seeks to achieve scientifically valid results. The interest of the scientist in validity affects all phases of the research project, including the development of the research design, recruitment and selection of the project sample, assignment of research subjects to control and experimental groups, choice of

research instrumentation, and evaluation of research outcomes. In addition, the research protocol discusses the need for human subjects, associated risks and benefits, and the use of appropriate safeguards for risks associated with the research. The research protocol is reviewed by an appropriately constituted institutional review board to assess the impact of the proposed research on human subjects and to ensure that the safeguards are adequate. In the research protocol, the research investigator must develop an appropriate informed consent procedure that includes an explanation of potential risks of the research project to each research subject. The assent of the child who is too young to give legal consent must also be obtained. Both the child and the parent or guardian have the right to veto participation in the study at any point during the procedure. A waiver of requirements of some aspects of informed consent can be obtained as long as certain limits are observed Levine, For example, consent might be waived if the procedure presents no greater burden than mere inconvenience and appropriate safeguards for confidentiality are in place, such as in the use of records without identifiers. Research that involves deception or unusual psychological stress often includes provision for a session to debrief or desensitize research subjects following any period of experimental manipulation to ensure that they have not been harmed as a result of the research procedure. All human subjects research should be voluntary and noncoercive. This condition is particularly important when the research involves persons of dependent status, such as children, prisoners, and the mentally disabled. Special protections for dependent persons have evolved in federal regulations and professional guidelines, and these conditions are particularly relevant to child maltreatment research Levine, ; Stanley and Sieber, The office is authorized to suspend research with human subjects that involves violations of Department of Health and Human Services regulations for the protection of human subjects. Each research institution that receives federal funds for human subjects research is required to organize an Institutional Review Board IRB ; the IRB reviews research protocols to determine whether they comply with federal regulations governing human research. Although IRBs are not the primary arbiters of scientific matters, frequently they discuss aspects of research design and procedures, both in terms of their impact on research subjects and on the likelihood of achieving the stated objective. If risks are involved in the research project, IRB members may request modifications in research design features to improve the validity of the study or to provide safeguards for human subjects in the proposed research project. Many funders require evidence of IRB approval prior to a funding decision and some scientific journals require evidence of IRB approval prior to acceptance of research manuscripts. Regulations require that IRBs include at least one nonscientist and a community representative, such as a ministers, social worker, or other individual who provides community services. Child maltreatment research protocols are often reviewed by IRBs that examine numerous other clinical or scientific studies unrelated to issues of child abuse and neglect. Because of the small number of research scientists associated with child maltreatment research, IRB members or research investigators who are not familiar with the literature or methodology of studies of child abuse and neglect may call on expert consultants to examine protocols in this area for relevant risks and safeguards. Child victimization can be controversial or sensational in nature, especially when sexual abuse is involved. The potential legal liability of the research institution should emotional harm occur to children or their families during the course of the research can lead to rigorous requirements on the research investigators to demonstrate the need for the research, the validity of the research design, appropriate selection of research subjects and methodologies, and careful treatment of research data and interpretations including safeguards for privacy and confidentiality. The wide variation in child maltreatment research projects needs to be Page Share Cite Suggested Citation: Some projects involve only limited contact with research subjects, such as reviews of report records. Survey projects may be done in an anonymous fashion or with identifying information provided for follow-up interviews and evaluations. Some projects require more extensive interactions, and possible interventions, with parents and children. Some studies may raise only one or another ethical or legal issue; some may raise all of them. Projects that involve large numbers of research subjects, whose behavior is studied in the home over extensive periods of time, are more likely to contain a wider range of difficult ethical and legal issues than those that involve small study

samples requiring only minimal interactions between the investigator and subject in an institutional setting. Ethical Issues In Child Maltreatment Research Many ethical issues arise in the course of human subjects research, some of which have special relevance for studies of child maltreatment. Five issues that deserve special attention include: Recruitment of Subjects Investigators often have difficulty identifying and recruiting large and representative groups of subjects, especially when investigating controversial or low-base-rate phenomena. Scientists are thus dependent on various institutions and personnel for the assessment and recruitment of appropriate subjects. Potential subjects for child maltreatment research may be referred by family service programs prior to or following a report of child abuse and neglect, or they may be selected from case reports by child protective service or child welfare officials. Since case workers often identify and recruit potential subjects, the nature of the relationships among the scientific investigator, the case worker, and the research subject in child maltreatment studies deserves special consideration. Researchers generally are familiar with the requirements of voluntarism in human subjects research, but they are often not present when potential subjects are recruited for their project. Many child welfare agencies have a less than ideal clinical relationship with the parents of abused or neglected children Bradley and Lindsay, The status of these research subjects, many of whom may be under investigation or involved in legal pro- Page Share Cite Suggested Citation: Potential subjects may be told, or may incorrectly believe, that participation in the research will be beneficial to their family or may mitigate severe penalties such as the removal of their children. A second issue to consider in subject recruitment is the offering of monetary payments or desired goods in return for research participation. A modest financial stipend is generally appropriate to cover the inconvenience and transportation costs incurred by a participant in a research study Bradley and Lindsay, However, large sums may be coercive, especially for low-income participants Keith-Spiegel and Koocher, ; Koocher and Keith-Spiegel, The American Psychological Association guidelines for research indicate that subjects must be informed of their right to terminate their participation without forfeiting their honoraria American Psychological Association, ; Bradley and Lindsay, Informed Consent and Deception One of the most difficult ethical issues to resolve in child maltreatment studies is the extent to which the true purpose of the research project is disclosed to and discussed with the subject or parent. As noted by Bradley and Lindsay , in all areas of human research scientists must walk a fine line between protection of their subjects and procedures designed to enhance the validity and merit of scientific results. The social stigma and legal consequences of child abuse and neglect, as well as the possible ramifications for individuals and their families, require a careful review of fundamental principles that should guide responsible research practice in this area. Researchers typically believe that full disclosure of the purpose of a child maltreatment study would limit participation to admitted abusers, a procedure that would severely curtail the strength and scope of their research. Subjects therefore might be told that they are participating in a study of "families or children with problems" or "ways that families punish children who misbehave. Accurate but incomplete descriptions of the purpose of the research Page Share Cite Suggested Citation: In some cases, prospective subjects may be told that some information is being withheld deliberately Levine, The withheld information may involve the purpose of the entire study or the nature of some methods used in the study. Many scientists believe that subjects should never be deliberately deceived about the nature of the study, but the deliberate withholding of information may be necessary to maintain the validity of the study. However, dehoaxing is sometimes harmful, and desensitizing is sometimes impossible. Deception research has profound implications, since it may carry over into relationships of the subjects with their own family members as well as with clinicians, social workers, law enforcement personnel, and so forth. For example, parents who are presented with photos in which their child appears to be misbehaving such as destroying a toy or scribbling on a wall may conclude that their child is "bad" or may feel that prior negative perceptions of their child have been confirmed Bradley and Lindsay, Such research practices may be uncommon, but they can affect other areas of deceptive research if inadequate safeguards are in place. The methods of obtaining consent and parental permission are also important to consider. The consent form itself is the legal record documenting that such a discussion has

occurred. Studies of college students often rely on written consent forms, but such instruments may be poorly suited to studies of populations that are younger, undereducated, underserved, or have learning disabilities. When subjects have literacy problems, or when English is not their primary language, face-to-face methods with orally presented information about the research can facilitate the consent process. Similar problems can arise in the course of asking questions in the research process, particularly if written self-report measures are employed. Studies that focus on particular ethnic groups must adapt their instruments to the traditional practices of that group. Appropriate comparative groups should be employed to distinguish maltreatment from cultural practice as well as to identify cultural practices that may contribute to maltreatment. Some research investigators have developed strategies that use proxies Page Share Cite Suggested Citation: Although such approaches may successfully resolve many ethical problems in experimental design, they present particular responsibilities for the investigator to fully debrief the research subjects. The issue of mandatory reporting is important to consider in the process of identifying informed consent see the section on mandatory reporting requirements in Chapter 3. When issues of privacy and confidentiality are discussed in the informed consent procedure, a statement such as the following might be included and explained carefully: I am compelled by law to inform an appropriate other person if I hear and believe that you are in danger of hurting yourself or someone else, or if there is reasonable suspicion that a child, elder, or dependent adult has been abused. Assignment of Research Subjects An important ethical issue that arises in many human subject studies is the ethical acceptability of randomly assigning research participants to experimental and control treatment groups. Although random assignment is essential to scientific validity, it may be ethically impermissible if it means that a potentially life-saving or therapeutic intervention is withheld from the research subject. This issue is particularly complex when a given intervention is thought to be sufficiently effective that withholding it may constitute inhumane treatment Kaufman and Zigler, Indeed, it may be unethical to select any group of abused children for a control sample in which children would not have access to possibly therapeutic services. But modifications of experimental designs can resolve dilemmas between beneficence and requirements for scientific validity Kaufman and Zigler, Such modifications include treatment partitioning, in which control subjects are randomly assigned to alternative treatment programs; "waiting list" controls, which make use of the often significant time lag in gaining access to a treatment program or after its discontinuance; or selecting control subjects from nearby or comparable communities that do not have access to service programs Cook and Campbell, ; Seitz,

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Chapter 3 : Endovascular Today - Special Considerations for Embolization in Trauma Cases (April)

An important part of psychoeducation for trauma is going over myths about that trauma, which can be very damaging to trauma victims. For example, in cases of sexual assault and rape, a trauma victim may believe that she "asked for it," which can cause re-victimization.

However, certain groups such as ex-military personnel, survivors of major disasters and many refugees and asylum seekers typically have some key aspects of their care delivered outside the NHS. In developing guidelines for the NHS it is therefore essential to give special consideration to the role and links with other organisations that play a key part in delivering care particularly in the immediate aftermath of traumatic events for those at risk of PTSD within specific populations of ex-military personnel, refugees and survivors of disasters. Disaster planning Health and social services have specific responsibilities for making arrangements for the appropriate social and psychological support of survivors, relatives and other affected individuals following disasters. In order for their input to be effective this support should be evidence based and delivered in a pre-planned, coordinated manner that is integrated into the central disaster plan. The membership of these groups should include representatives from primary care, adult mental health services, child and adolescent mental health services, social services, non-statutory organisations and the local emergency planning officer. Social and psychological care ranges from providing immediate comfort and practical help through to longer-term psychological support, which may need to be provided for 18â€”24 months or even longer. Any formal response should be non-intrusive and non-judgemental, and designed to complement and mobilise the excellent support many people will receive from their family and friends. The exact nature of a response will vary in terms of size, management and the extent to which it will be proactive or reactive, depending on the specific circumstances of the disaster. An early meeting of the psychosocial steering group should be held following a disaster to determine the level of input. The response should then be closely monitored to ensure that the planned service is being delivered and to make changes as necessary. Individuals involved in psychosocial care following disasters should usually have been selected for specific roles and have received appropriate training prior to the event in order to allow rapid deployment of a coordinated, planned response. This may require the release of individuals involved from routine activities and for this workload to be covered by others, possibly on a medium- to long-term basis. Support from senior management in both the planning and operational phases is therefore essential. During the response it is vital to involve sufficient numbers of staff to enable regular rotation to ensure that individuals do not work for excessive periods. Those managing the psychological response need to use their professional judgement to determine what is reasonable. The arrangement of adequate supervision for all personnel will be a key role of the social and psychological care steering group. It is likely that specific local individuals not already mentioned will be important in a particular response, for example local community leaders, religious leaders and local primary care teams. Social and psychological care steering group representatives should liaise with these individuals, incorporate their skills into the planned response and cater for their training and supervision needs. Social services will have the overall lead role in the initial psychosocial response, but it is vital that mental health professionals liaise with social services and provide supervision and support. There will be specific roles and responsibilities for healthcare staff and these should be identified clearly in the disaster plan. Typically, healthcare staff will only become directly involved in the initial phase if individuals develop extreme responses that are felt to be unmanageable or present with specific needs. The initial focus is likely to be on immediate practical help, including housing, food, drink, financial issues, providing comfort, helping people to get home, obtaining and providing accurate and timely information, establishing clear communication channels, providing space and privacy for those involved, specialist care of elderly people and children, and support to relatives. In addition it is important to record personal details and create a database of individuals involved including health and social care staff, emergency services and volunteers as well as the victims of the

disaster. Early interventions should be provided in an empathic manner, but formal counselling or psychological intervention is usually inappropriate at this time see Chapter 7. Information about the availability of help should be widely circulated and this can be done through distributing leaflets that describe some of the feelings commonly experienced by those involved in disasters and give basic advice and contact numbers for those seeking help. Those involved and their families and friends should be provided with help and information on how to deal with problems arising from the disaster, e. This should include a role in facilitating individuals to make choices on various issues, including access to the dead, visiting the disaster site and memorials. Additional support may be required for any legal proceedings, inquiries and inquests. The creation of an emotional support telephone helpline should be considered along with the identification of those at highest risk see Chapter 8 and assessment of their need for more formal intervention. Evidence-based interventions see Chapter 7 should be offered to those with specific needs through adequately trained and supervised counsellors and clinicians. Mutual support groups and self-help work can be facilitated and the longer-term provision should be planned. Educational psychology services in conjunction with child and adolescent mental health services CAMHS , social services and education are likely to coordinate the provision of social and psychological care to children. The model used will be similar to the adult model, with an initial focus on providing emotional and practical support. School nurses can play an important role in this area under the supervision of the educational psychologists and CAMHS. It is often necessary to provide input to whole families. The disaster plan should also consider and plan for the needs of special groups, such as those with sensory impairments, those who are mentally ill, and frail elderly people. Ex-military personnel The NHS has responsibility for the ongoing healthcare of ex-military personnel as soon as they leave the armed forces. It is also responsible for the healthcare of families of serving military personnel when they live in the UK. When experienced by ex-military personnel, PTSD is frequently comorbid with other disorders Kulka et al, and there are often other important psychosocial issues that need to be addressed including the impact of being discharged from the armed services and all that that entails. The adjustment from military to civilian life can be difficult; problematic social circumstances can occur and these may result in housing problems and financial hardship. These factors and the often prolonged and intense nature of traumatic exposure can result in a complex PTSD presentation that is potentially difficult to treat. It is vital that primary and secondary health services in the UK are familiar with the specific needs of ex-military personnel and their families, and are equipped to deal with them. Ideally every local mental health service should be able to offer evidence-based treatments to ex-military personnel with PTSD. It is likely that this will require increased education and liaison between the military and the NHS. It is hoped that the new Department of Defence Mental Health in London will provide a focus for this. Many ex-service personnel report feeling better understood by healthcare professionals who are ex-military themselves. Primary and secondary care practitioners should be aware that ex-military personnel are at higher risk of having or developing PTSD and other mental health problems than most civilian populations and should consider assessing for this when they present with other problems see Chapter 2. It is also important that local mental health services are aware of national bodies that can help ex-military personnel. In addition to the Department of Defence Mental Health, Combat Stress is a charity that was created to help ex-military personnel with mental health difficulties http: There are also other charities and former military personnel with personal experience of PTSD and difficulties accessing appropriate help who can be contacted for advice see http: Phased interventions in settings of continuing threat There are situations in which people do not experience a neat termination of a traumatic experience. Here, a phased intervention is appropriate. This has been well described by Herman , especially for women who have been subjected to domestic violence and may experience further risk as long as they stay with their abusive partner. Where there is ongoing violence at home, the first step of the practitioner is to deal with the dual issues of safety from further harm and trust in the therapist. Typically, achieving safety requires that the victim of violence has to make tough choices â€” including separation from the perpetrator â€” and so the task is to help such people to clarify their own wishes, free from external pressures. To negotiate this stage

is hard and it does require a trusting, therapeutic and non-judgemental relationship. Although it may be hard to trust a stranger, there are cues that may help. Making it obvious that the therapist has experience of work with other survivors of violence â€" usually through the use of non-verbal behaviour or choice of questions â€" is almost always important. A common barrier to trust is a sense of alienation from others. Appropriate use of empathy can be a powerful means of demonstrating understanding. If appropriate, an explicit commitment to the rights of women â€" perhaps by undertaking work in a refuge setting â€" can also be helpful. If the person decides to stay in a situation where violence will continue, then the aims of any further psychological intervention are limited. It is generally not possible to process fully the emotional consequences of a past event if it continues to recur. It may be possible to help to stabilise the psychological symptoms and, of course, to hold open the door for return and re-engagement. To achieve a more fundamental resolution, however, will require the person to take steps to reduce the risk of further violence. This is a crucial phase of any intervention and is often not given enough attention. Only after this stage has been successfully negotiated can active psychological treatment seeking fundamental change really take place. This is when the specific interventions become appropriate. These may take a number of forms. These are the subject of scientific enquiry efficacy trials and may appear to carry greater respectability than a consideration of therapeutic process. However, realistically, they can only be approached if the first stage has been successfully negotiated. They have been summarised in other parts of this guideline. The final phase of treatment is concerned with re integration or adaptation to what has happened. The process of therapeutic change does not end, therefore, until the individual is back in the world and can function as an effective agent again. It has been suggested that the phased approach goes back to the days of Pierre Janet van der Hart et al, Herman herself attributes some of her thinking to Janet, although she has certainly enhanced and enlarged on this early thinking. Similarly, in settings where there is a risk of child abuse, the first step is to achieve safety and then consideration can be given to the processes of treatment and recovery. Working with refugees and asylum seekers Refugees and asylum seekers often present another example of a complex problem. Being a refugee is not a diagnosis, and refugees may present with any of the psychiatric disorders or none at all. There is an important need to ensure a comprehensive assessment and to plan treatment with the refugee or asylum seeker in the light of that assessment. By virtue of their experiences e. Often this is comorbid with depression Turner et al, ; Turner, The expression of emotional disturbance may be modified by cultural and linguistic factors, as well as by the beliefs of the sufferer concerning health services and their willingness to work across cultures. This is another situation in which a phased model may be appropriate although there is no trial evidence to support this contention and it therefore reflects a pragmatic approach. Typically, the first need is to achieve safety from further persecution. This may not be possible until the person has legal status â€" and this may take a long time to obtain. Clinicians working with refugees should not only have knowledge of the complexity of the emotional reaction that many experience going well beyond PTSD in many cases , but should also have an awareness of immigration law, welfare rights and cultural and political diversities. Until there is safety from further persecution, there may be a limit to the depth of therapeutic work that can be delivered. It can be hard to confront trauma memories anyway, but if the PTSD sufferer faces a realistic prospect of being returned to face more trauma, then it can be impossible. In the first phase, primary needs are often focused on accommodation, benefits and continued family separation. These are phase one problems. At this stage, it is typically inappropriate and ineffective to attempt a trauma-focused therapy. This is something to be considered once the individual has achieved a sufficient sense of stability and security, and this is a subjective state that will vary from person to person. Interventions in phase one are likely to be practical, supportive, involve medication see Chapter 6 to help with emotional stabilisation, and may involve psychoeducation possibly in a group format. A priority is to support the development of a trusting relationship that can help in the provision of other phases of the intervention. The phase two interventions are similar to those described elsewhere in this review. There are few good efficacy trials applying treatments to refugee populations. Often, in the context of a phase two treatment, a crisis will emerge and it will be necessary to return to phase one

stabilisation and crisis management work. In this phase, issues concerning loss and bereavement are also often encountered.

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Chapter 4 : Forensic Considerations in Ritual Trauma Cases (Svali Blog Post) - DeprogramWiki

vi Post-Traumatic Stress Disorder: Implications for Primary Care GUIDELINES FOR SCREENING FOR TRAUMA-RELATED SYMPTOMS Recommended PTSD screening and referral procedures are presented, and a screening.

Print A new report from VA OIG shows the Department of Veterans Affairs scheming against military sexual trauma survivors out of benefits, as if the trauma of rape is not enough. IG chose this week to release a slew of damning reports calling into question policies implemented under former acting under secretary Thomas Murphy where the agency failed to appropriately assess military sexual trauma cases. Despite publicly acknowledged policies, VA failed to implement investigation protocol that would help sexual trauma survivors prove their disability. IG concluded common errors included: Military sexual trauma cases, often referred to as MST cases, can result in veterans receiving substantial amounts in monetary compensation and expensive mental health care. This is not the first time VA was caught failing to follow its own protocol when assessing disabilities. A TBI is generally an invisible wound that can result in profound disabilities that require substantial amounts of financial support to accommodate. The policies are obvious, and the qualifications of a doctor are likewise obvious. If only the agency had a law to fire corrupt leaders responsible for this shameful violation? Think he will give Robert Wilkie a call? IG provided the following summary contained below in italics. I encourage all of you to review the full report: Some service members are reluctant to submit a report of MST, particularly when the perpetrator is a superior officer. Victims may have concerns about the potential for negative performance reports or punishment for collateral misconduct. There is also sometimes the perception of an unresponsive military chain of command. If the MST leads to posttraumatic stress disorder, it is often difficult for victims to produce evidence to support the occurrence of the assault. VBA policy, therefore, requires staff to follow additional steps for processing MST-related claims so veterans have additional opportunities to provide adequate evidence. This may have resulted in the denial of benefits to veterans who could have been entitled to receive them. The OIG made six recommendations to the Under Secretary for Benefits including that VBA review all approximately 5, MST-related claims denied from October through September , take corrective action on those claims in which VBA staff did not follow all required steps, assign MST-related claims to a specialized group of claims processors, and improve oversight and training on addressing MST-related claims. How many veterans are suffering from the impacts of sexual trauma without the financial and mental health support they deserve? Stay informed on VA news, scandals and benefits. Get our daily newsletter via email.