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May 21, 1998

The Honorable Lane Evans Ranking Minority Member Committee on Veterans' Affairs House of Representatives

Subject: <u>Women Veterans' Health Care: VA Efforts to Respond to the</u> <u>Challenge of Providing Sexual Trauma Counseling</u>

Dear Mr. Evans:

The enclosed information responds to your follow-up questions about our testimony before the Subcommittee on Health on April 23, 1998, on VA's sexual trauma counseling programs and supplements that testimony. We will make copies of this correspondence available to other interested parties on request.

If you have any questions or would like to discuss this information further, please contact me on (202) 512-7101.

Sincerely yours,

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Stephen P. Backhus Director, Veterans' Affairs and Military Health Care Issues

Enclosure

SUPPLEMENTAL INFORMATION ON VA'S SEXUAL TRAUMA COUNSELING PROGRAMS

This enclosure details your questions and our responses, which supplement information in our testimony before the Subcommittee on Health, <u>Women Veterans' Health Care: VA</u> <u>Efforts to Respond to the Challenge of Providing Sexual Trauma Counseling</u> (GAO/T-HEHS-98-138, Apr. 23, 1998).

1. Did you make attempts to contact women veterans' coordinators at medical facilities or regional offices during your study? How accessible by phone are they? Would you recommend that VA designate more full-time coordinators?

The scope of our work did not include calling women veterans' coordinators to determine their accessibility by phone nor did we try to determine whether VA needs more full-time women veterans' coordinators. The objectives of our study were to determine (1) the extent to which sexual trauma counseling services are available, (2) the extent to which women veterans are using these services, and (3) what VA is doing to evaluate the effectiveness of its sexual trauma counseling programs. Before starting our study, we neither knew that the accessibility of women veterans' coordinators was a concern, nor did women veterans indicate that they had such concerns during our discussions with them. The women veterans' coordinators at the medical centers we visited were full-time coordinators. The women veterans' coordinators at the two regional offices we visited, however, were part time; although both expressed a desire to have more time for outreach efforts, they did not indicate that they could not respond to women veterans' concerns and calls.

2. Did you make any effort to systematically evaluate individuals' preference for counseling services in VA, in Vet Centers, or by contract? What were your findings about the advantages or disadvantages to care in each setting?

We did not evaluate individuals' preferences for counseling services in VA, Vet Centers, or by contract. We asked women veterans what they liked and disliked, however, about the health care and counseling services available to them. The women we spoke with were generally pleased with the services they were receiving regardless of the setting. The women veterans who were receiving counseling in Vet Centers liked the less formal atmosphere and thought the Center gave them more privacy. One veteran commented that she worked for VA and felt she could better keep her counseling confidential at the Vet Center.

ENCLOSURE

3. Is it GAO's opinion that VA has adequate resources to address the growing demand for these services?

Our review of VA's sexual trauma counseling program did not include an analysis of VA's resources so we cannot evaluate the adequacy of VA's funding for sexual trauma counseling services. It is difficult to identify the resources allotted for sexual trauma counseling because funding for most of VA's sexual trauma counseling programs is not earmarked or specifically identified. Although Vet Centers may possibly be able to identify sexual trauma counseling resources because they identify the counselors dedicated or qualified to provide this counseling, this is not the case for medical centers. Sexual trauma counseling is one of many services provided with resources allocated for medical centers' mental health care. We did note in our testimony, however, that staff associated with the sexual trauma counseling programs at three locations we visited expressed some concern about their ability to adequately respond to the demand for counseling.

4. Did you uncover needs for any enhanced authority for VA sexual trauma counseling services during your study?

Our work revealed that (1) reservists and National Guard personnel traumatized while serving on active duty for training and (2) individuals traumatized while on active duty but separated from the military with less than 2 years of service are not eligible for sexual trauma counseling. According to an opinion by VA's Office of the General Counsel, a legislative amendment would be needed to make these veterans eligible for sexual trauma counseling. Although we do not know to what extent this presents a problem for these veterans nationwide, VA officials told us that some of these individuals have unsuccessfully sought care in the VA system. This is one area that may warrant closer attention and additional evaluation.

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