



Military Sexual Trauma

National Academies of Sciences, Engineering and
Medicine (NASEM) – consensus study

Dr. Robin Carter-Visscher and Dr. Karen Seymore



Agenda

1

Welcome and Introductions

5 minutes

2

Section One: Military Sexual Trauma (MST) and the Behavioral Health Exam

20 minutes

3

Section Two: Military Sexual Trauma (MST) and the General Medical Exam

20 minutes

4

Q&A Session

30 minutes

Biography



Dr. Karen Seymore, DO, MHA, FACOOG

Sr. Medical Director

Veteran Services

Senior Medical Director, Optum Serve (current)
Clinical leader for Medical Disability Examination (MDE) Program

Certified Veteran Affairs (VA) Compensation and Pension (C&P) examiner (2009)
Performed over 43,000 C&P exams

Residency and Board-Certified Obstetrics and Gynecology, FACOOG (2006)
Michigan State University

Doctor of Osteopathic Medicine (2002)
Des Moines University

Masters in Healthcare Administration (2001)
Des Moines University

Sports Medicine Internship (1998)
North Carolina State University

Bachelors in Science (1998)
Meredith College

Biography



Dr. Robin M. Carter-Visscher, PhD

Deputy Medical Director

Mental Health Lead

Veteran Services

Licensed clinical psychologist and neuropsychologist (current)

- Over 17 years serving Veterans and service members
- Leads a multidisciplinary team of medical and behavioral health (BH) examiners who complete C&P exams
- Provides leadership, guidance, oversight and quality assurance for BH exams

Veterans Health Administration (VHA) experience (previous)

- Local Military Sexual Trauma (MST) Coordinator
- Midwest Veteran Integrated Services Network (VISN 23) MST Point of Contact
- Posttraumatic Stress Disorder (PTSD) - Substance Use Disorder (SUD) Specialist
- Mental Health and MST Representative on the Women Veterans Committee



Section One: **The Behavioral Health Exam**

Dr. Robin M. Carter-Visscher, PhD

Required provider credentials and training



To perform mental disorder MST Medical Disability Examinations (MDEs), providers must be a:

- **Licensed psychiatrist**
- **Licensed psychologist** (PhD or PsyD)

MST C&P training

MST fundamentals:

- Common mental and physical health conditions
- Veteran self-reported problems
- Impacts on beliefs, behaviors and functioning
- MST statistics
- Barriers to reporting MST
- Common myths vs facts about MST

Helpful content:

- Trauma-sensitive practice
- MST marker evidence and clinical analysis for PTSD claims
- MST-related DoD and VA resources

How could MST training module better prepare an examiner?



Relevance

General MST training + specialty specific

- MST-related conditions for that specialty
- Include examples of specialty specific factors
- Trauma-sensitive exam practices for the specialty

Examples:

- MST and Separation Health Assessment (SHA) Exam
- MST-related PTSD examinations
- Behavioral Health
 - Four MST-related medical opinions
 - Non-PTSD MH conditions



Application



Repetition

How could MST training module better prepare an examiner?



Relevance



Application

Application of MST facts to C&P exams and MOs

- Demonstrate how to apply MST knowledge to C&P exam documentation
- Additional training for MST Medical Opinion (MO) – Questions 1 and 4
 - Clinical Analysis
 - Indirect vs Direct Evidence



Repetition

How could MST training module better prepare an examiner?



Relevance



Application



Repetition

MST refresher trainings

- Currently part of certification and recertification training which reduces retention
- Recommend more frequent refresher training that is specialty specific

Examples:

- Initial certification
- 6-months
- Annually for the first 5-years

How are existing DBQs helpful for describing findings unique to MST exams and how MST affects the Veteran's functional abilities?



Diagnostic criteria

DSM-5 PTSD criteria built into the PTSD Disability Benefits Questionnaires (DBQs)



Stressor question

Does the traumatic stressor relate to in-service personal assault (e.g., MST)?

If so, describe MST-related marker evidence found in file

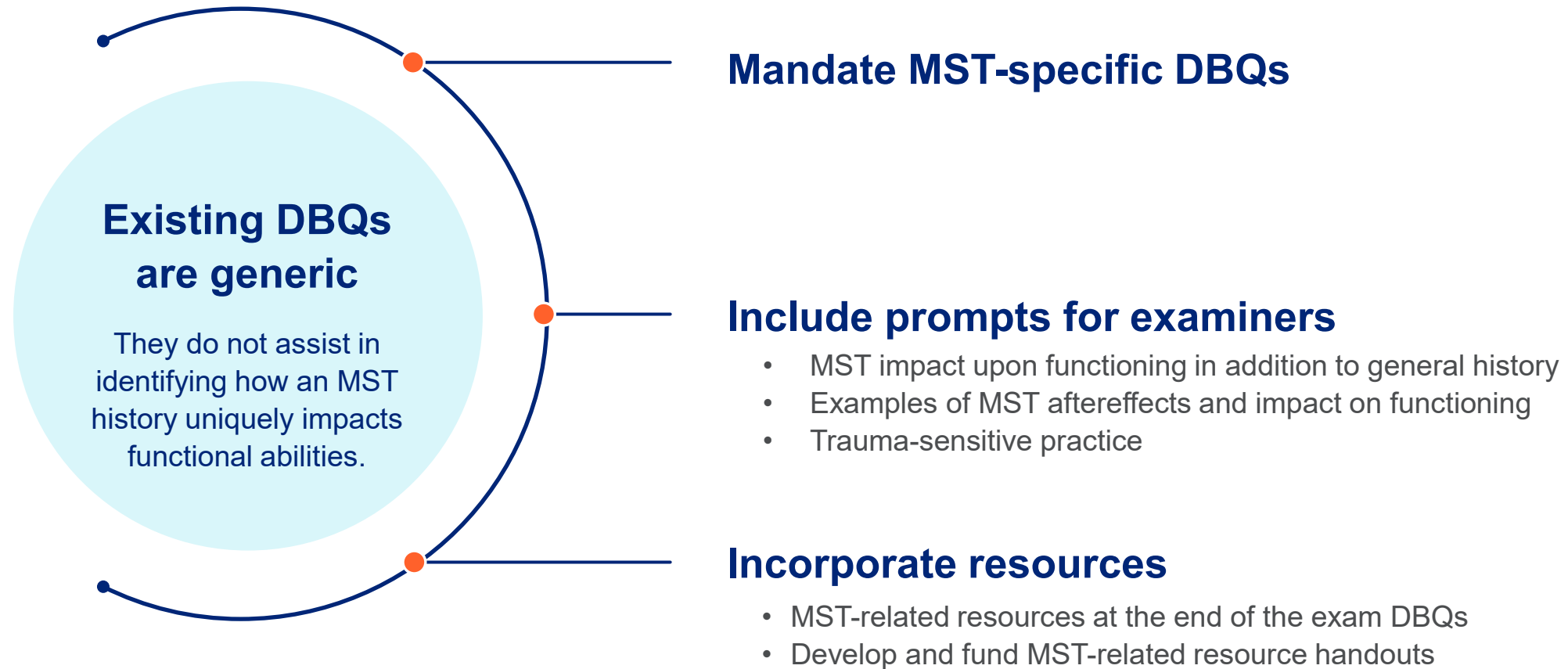


Functional abilities

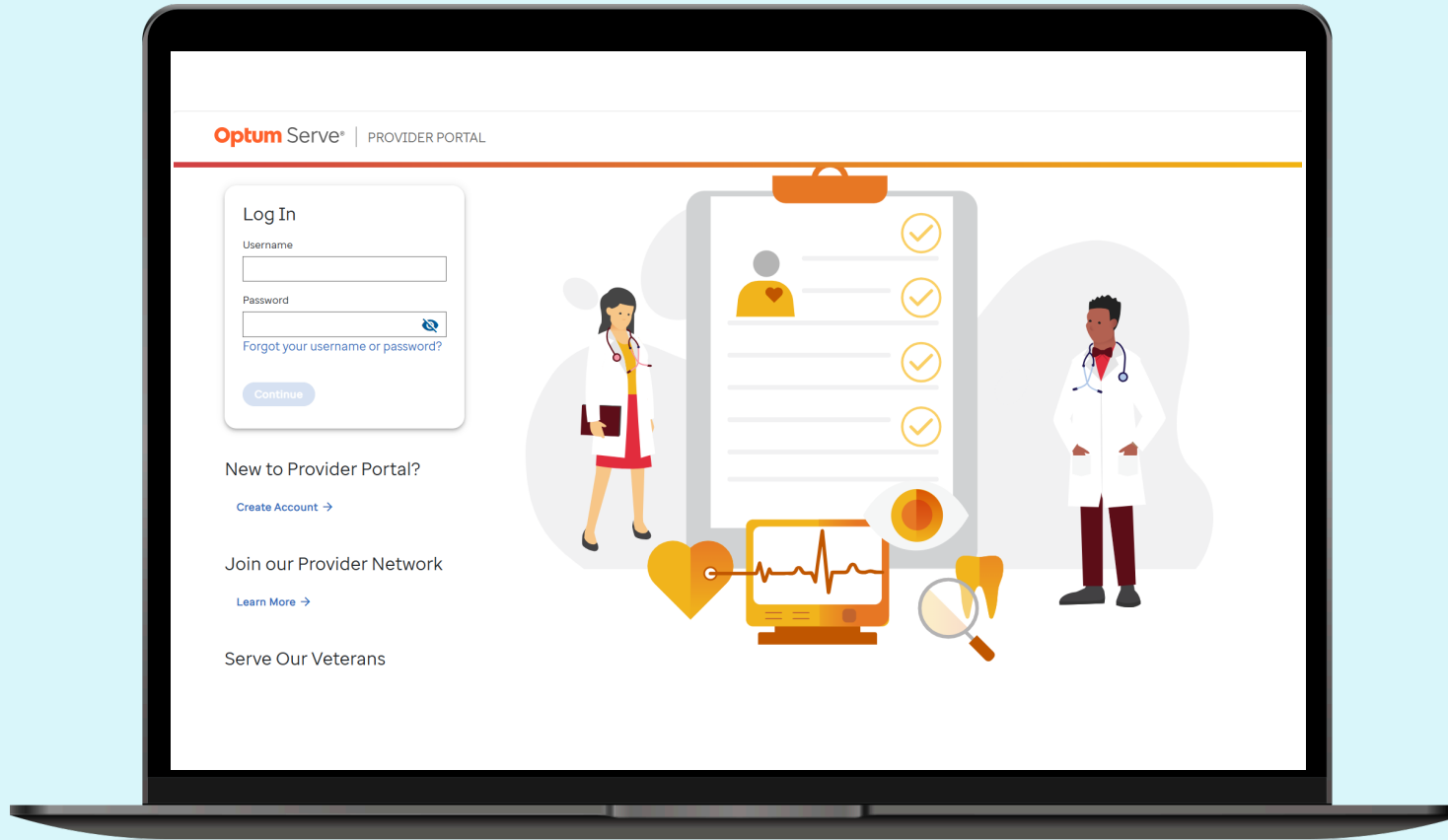
No MST-specific focus on impact upon functioning

The Initial Posttraumatic Stress Disorder (PTSD) DBQ is the most common DBQ for mental health MST contentions.

How could DBQs be improved for MST-related claims?



Job aids/tools provided to examiners by Optum Serve



- MDEO MST Certification Training Reference Guide
- MST Medical Opinion Guide
- MDEO MST Supplemental Training
 - Common MST exam and medical opinion errors
 - MST exam best practices
 - Trauma-informed practices
- SHA MST Reference Guide
- Trauma-Informed Communication with Veterans and Service Members Who Have Experienced Military Sexual Trauma

What, if any, instructions specific to MST-related C&P exams are included when sending the claim file to an examiner?

VA instructions for completing MST-related medical opinions (MOs) for PTSD exams



Key takeaways



MST training

- Relevance
- Application
- Repetition



DBQs

- Mandate MST-specific DBQs
- Include prompts for examiners
- Incorporate resources



Section Two: The General Medical Exam

Dr. Karen Seymore, DO, MHA, FACOOG

Top 3 Priorities



Compassion and connection

- Emphasize real-world scenarios to foster empathy and engagement
- Emotion impact matters
- We must not only believe our patients, but truly care



Reinforcement and motivation

- Use consistent reminders to inspire and uplift
- Encourage a culture of motivation and purpose-driven care



MST-specific GM DBQ

- Advocate for separate General Medical DBQ for MST (Military Sexual Trauma)
- Currently does not capture the full impact from a GM perspective

“People don’t remember what you say, but how you made them feel.”
– **Maya Angelou**

Veteran story



Experience and training of a General Medicine Examiner

Training and onboarding

- Hired with strong motivation to serve Veterans
- Completed 17 hours of training videos before first exam
- First day: Overwhelmed, instruction design theory demonstrates individuals many only retain ~10% of training content

Clinical and legal mindset

- Trained to write legal opinions with burden of proof
- Scientific mindset: fact-driven, objective documentation
- Compassionate practice, balancing empathy with purpose

Progression of case complexity

- Started with smaller claims
- Advanced to complex SHA exams: Up to 40 DBQs, over 100 contentions

Challenging Veteran encounters

- Angry, accusatory veteran experience
- Case example: 25 joint claims, limited range of motion (ROM), but arrived on motorcycle
- Case example: MST disclosure during 5-hour SHA exam with 48 claims

Prevent compassion fatigue and emotional resilience

Optum: Our core values

Integrity

We do what's right, always.

Compassion

We care deeply for every individual.

Inclusion

We value every individual.

Relationships

We build trust through collaboration.

Innovation

We embrace change to drive progress.

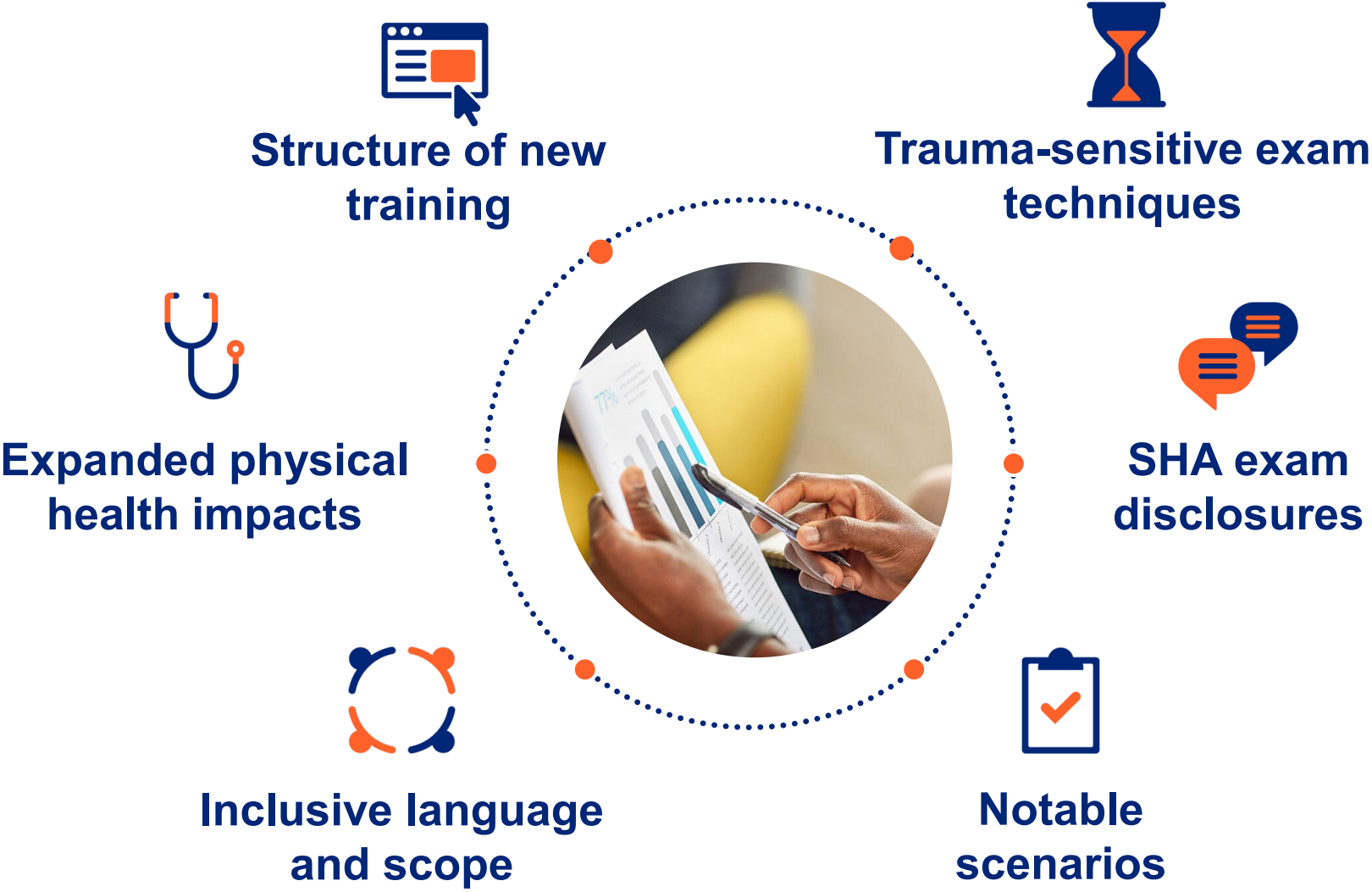
Performance

We deliver excellence in all we do.



**Serving Together...
Honored to Serve**

Specific enhancements in MST training modules



Suggestions for future MST training



De-escalation training



Physical assessment



Survivor awareness gap



Recommendations

- Include case-based examples of physical manifestations
- Emphasize education for both examiners and Veterans on trauma-body connections
- Integrate sensitive questioning techniques to explore physical symptoms without re-traumatization
- Continue to limit recounting their story to the BH exam, not needed for the GM exam

The current MST exam – Gaps and challenges



**Documentation
process**



**Veteran
awareness gap**



**Disconnect
in the system**



Key Insight:

The current process relies heavily on Veteran self-advocacy and examiner inference, which can lead to underreporting and under documentation of MST-related conditions.

Suggestions for future GM examination of MST



**Create an
MST-Specific DBQ**



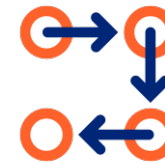
**Schedule separately
from other exams**



**MST-certified
providers**



**Presumptive GM
effects**



**Clarify examiner
roles**

Hypothetical Female GYN case study

Claim

- FSAD (Female Sexual Arousal Disorder)

Provider's diagnosis

- Hormone Replacement Therapy, s/p Menopause

History

- PTSD alleged unprofessionalism with frequent gynecology exams in service and alleged NCO assault in barracks in service.
- Details of Onset: Periods were irregular prior to entering military. Once entered military continued surveillance with GYN exams every 6-10 weeks.
- Current Sx: depressed, headaches, nervous, hyperarousal with excessive vaginal discharge, wearing panty liners, and husband thought normal excitement, where she shared fear and tenseness.

Remarks

- FSAD- 'no'
- No formal diagnosis in medical records
- Notes hyperarousal and hyperlubrication



Suggestions for future GYN evaluation of MST



Diagnostic limitations



Gaps in current evaluations



Clinical skills gap



Recommendations

Develop broader diagnostic criteria for MST-related sexual dysfunction

Identify and certify specially trained examiners in:

- Trauma-sensitive pelvic exams
- Comprehensive sexual health evaluation
- Recognizing diverse sexual responses and symptoms

Conclusion



Key takeaways

- MST is a complex, deeply personal experience—not a diagnosis
- Recent training updates are impactful, but opportunities remain
- Physical and sexual health impacts are often underrecognized and under documented
- Trauma-informed care must be the standard, not the exception



Opportunities

- Promote de-escalation and trauma-sensitive practices with continued emphasis
- MST specific DBQ for General Medical Physical Effects
- Empower examiners to recognize and validate the full spectrum of MST-related effects

“Every Veteran deserves to be seen, heard, and believed—especially when the wounds are invisible.”

Q&A

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