



May 1, 2023

Good morning, Senator Hickman, Representative Supica, and Honorable Members of the Joint Standing Committee on Veterans and Legal Affairs:

My name is Rebecca Cornell du Houx and I am here to testify in support of LD 1783, "An Act to Implement the Recommendations of the Governor's Advisory Council on Military Sexual Trauma." Much gratitude extended to Senator Hickman and Representative Supica for their support to survivors of sexual trauma and Representative Reilly for his dedication to survivors in previous bills and through the development of LD 1783.

First, although I am a licensed clinician employed at the Veterans Administration and have been serving in various capacities in the National Guard for the past 20 years, my testimony is not a reflection in any way of the any government organization.

I am here as the Executive Director of the Sisters in Arms Center in Augusta, ME, which is a nonprofit community based organization that serves women veterans and their children through providing housing stability, peer support and trauma support groups for survivors of military sexual trauma (MST), wellness plans, access to therapeutic clinical care and basic life necessities. I am also here as a member of the Governor's Advisory Council to the National Guard on Military Sexual Trauma.

A section of LD 1783 allows for funding for a military liaison based on the Governor's Advisory Council's recommendations. Recommendation A1 of the Governor's Advisory Council Resolution states that the Maine Coalition Against Sexual Assault (MECASA) should assist 'victim advocates in supporting law enforcement efforts,' through hiring a 'military specific liaison.' The military liaison would also help solidify community access to resources across the state. Given that many soldiers are already embedded in their community throughout the month in between Guard trainings, this would support both the flexibility of the survivors preferences of support and act as a conduit into local community resources near the survivor.

Further recommendations from the Advisory Council (Recommendations C1 & C2) discuss the need for community supportive services for survivors. Recommendation C2 magnifies the struggles survivors face when trying to obtain solid clinical treatment.

In order to provide the most optimal treatment for military sexual trauma survivors, it's important for licensed clinicians to have specialized evidenced based training. Formal peer support programs, structured support groups, and Cognitive Processing Therapy with Prolonged Exposure or EMDR are therapeutic modalities that have been effective in significantly decreasing post-trauma symptoms. Military culture specific training is also highly beneficial for a clinician providing care to MST survivors. As you can imagine, to locate a clinician with all of



the these necessities and who also accepts the survivor's insurance (if they have insurance), is challenging.

The availability of swift evidence based clinical care is vital to recovery outcomes, including the potential for retainment within the National Guard. Service members experiencing military sexual trauma are twice as likely to experience homelessness than their counterparts (Felder et. al, 2020). MST is also directly linked to the recent spike in completed suicides in the women veteran population. Male veterans who experience MST are 70% more likely to die by their own hand than males without a history of MST (Nelson, 2016).

A year ago survivors had expressed their exasperations with the investigative process, with one stating that she felt like she 'was being assaulted all over again.' The availability of streamlined quality community resources may never completely take away the psychological turmoil from an assault, but we can at least make their life a little more manageable. Your support with LD 1783 will help ensure the ongoing, continuous, access to local community supports.

Thank you for your consideration of this bill and your service to our state.



Works Cited

Gorn, David, Rand Corporation, 2023, Multimedia:

<https://www.rand.org/multimedia/podcasts/veterans-in-america/why-so-many-military-women-think-about-suicide.html>

Nelson, R, Reuters Health, *Sexual trauma raises suicide risk among veterans*, 2016

S. Felder, P. Delany, Journal of Military, Veteran and Family Health, *The life course of homeless female Veterans: Qualitative study findings*, 2020 6:S3, 31-39

Recommendations mentioned from: GOVERNOR'S ADVISORY COUNCIL RESOLUTION

Executive Order 1FY 21/22 Establishing the Governor's Advisory Council on Military Sexual Trauma to More Effectively Prevent, Deter, and Prosecute Sexual Assault and Sexual Harassment

Recommendation A1: Develop Memorandums of Understanding between the MENG via the Provost Marshal with local District Attorney's offices, and Maine Coalition Against Sexual Assault (MECASA) to assist with jurisdiction and department selection for Sexual Assault allegations within the Maine National Guard.

c. MECASA assists victim advocates in supporting law enforcement efforts. This should be done through them hiring a Military specific liaison tasked with managing resources available to support Military requirements.

Recommendation C1: Consult with survivor focused local veteran organizations such as SiAC, to create a Peer Support Team that will work to increase engagement/intervention opportunities that will ultimately encourage reporting and subsequent response.

Recommendation C2: Increase access to behavioral health providers. Most of our MENG members aren't eligible to utilize the MST program at TOGUS or other VA hospitals in the country. Many clinicians will not support the use of tri-care due to low reimbursement rates for services and costly administrative requirements. To encourage more providers to utilize Tri-Care, the committee recommends the Governor propose legislation to create a state fund that could bridge the compensation gap and make more outside health providers available to service members. Additionally, develop a roster of clinicians with knowledge of military culture (either previously served or have completed a training on military service, such as those on the 'Blue Star' list). Continue educating the public on military culture through the Director of Psychological Services (DPS), SARC, Chaplains and other support services.