

Section H. Mental Disorders

Overview

In This Section This section contains the following topics:

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1	General Information on Mental Disorders
2	General Information on Rating Posttraumatic Stress Disorder (PTSD)
3	Evaluating Evidence of an In-Service Stressor in Claims for PTSD
4	Evaluating Evidence in Claims for PTSD Based on Personal Trauma
5	Handling Examinations in Claims for Service Connection for PTSD
6	Deciding a Claim for Service Connection for PTSD

1. General Information on Mental Disorders

Introduction	<p>This topic contains general information about rating mental disorders, including</p> <ul style="list-style-type: none">• sympathetic reading and the scope of mental disorders claims• applying guidance on sympathetic reading to mental disorders claims• considering a change in the diagnosis of a psychiatric disorder• determining the applicability of a new statute or regulation to a pending claim involving ratings for mental disorders• making reductions in evaluations of psychiatric disorders• considering service connection for mental unsoundness in suicide• a definition of <i>psychosis</i>• handling a Veteran’s discharge from service for a mental disorder due to traumatic stress• evaluating a disability diagnosed as both a physical and mental disorder• somatic symptom disorder as a disability for Department of Veterans Affairs (VA) compensation purposes, and• removal of the Global Assessment of Functioning (GAF) score from the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and assigning evaluations based on prior GAF score.
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Change Date	May 1, 2015
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a. Sympathetic Reading and the Scope of Mental Disorders Claims	<p>A claim for a particular mental disorder should be read as a claim for any mental disability that may be reasonably defined by</p> <ul style="list-style-type: none">• the description of the claim• the symptoms that the claimant describes• the information and evidence that the claimant submits, and• any other information and evidence obtained. <p>A sympathetic reading of pleadings cannot be based on a standard that requires legal sophistication and must consider whether all submissions taken together have articulated a claim.</p> <p>Note: Under 38 CFR 3.159, the duty to assist is triggered by a substantially complete application, which requires identification of the benefit claimed and any medical condition on which it is based, which could be a description of symptoms of a body part or system.</p> <p>Reference: For more information on sympathetic reading and scope of claims, see Robinson v. Shinseki, 557 F.3d 1355 (Fed.Cir. 2009).</p>
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b. Applying Guidance on Sympathetic Reading to Mental Disorders Claims

When reviewing a claim for service connection based on a mental disorder

- **do not** limit consideration only to a particular mental disorder diagnosis identified by the claimant;
- **do** sympathetically read the claim as including any chronic acquired mental disorder consistent with the analysis above.

If additional development is needed to address an alternative diagnosis in the evidentiary record, ensure that this is completed before making a decision. It is impermissible to limit the scope of the claim for service connection to the claimant's lay hypothesis about the nature of a specific mental disorder disability. Because the Veteran is reasonably requesting benefits for symptoms of a mental disorder that he/she is not competent to medically identify, it is insufficient for the Department of Veterans Affairs (VA) to simply deny benefits for the claimed diagnosis and not address evidence in the record of other mental disorder diagnoses as indicated in [Clemons v. Shinseki](#), 23 Vet. App. 1 (2009).

Notes:

- Where evidence does not demonstrate the potential for service connection in order to invoke the duty to assist, failure to discuss all possible bases of service connection does not violate the Veteran's due process rights.
- VA decision makers have an obligation to analyze claims beyond addressing arguments explicitly made. This includes determining all potential claims raised by the evidence.
- VA decision makers do not need to consider or address claims or theories of recovery with no support in the record.

Reference: For more information on deciding claims for PTSD when another mental disorder is diagnosed, see M21-1, Part III, Subpart iv, 4.H.6.i.

c. Considering a Change in the Diagnosis of a Psychiatric Disorder

If the diagnosis of a psychiatric condition is changed, the rating activity must determine if this represents

- progression of the prior disorder
- correction of an error in the prior diagnosis, or
- development of a new and separate condition.

If this is not clear from the available records, a determination by an examiner is required.

Reference: For more information on the diagnosis of mental disorders, see [38 CFR 4.125](#).

d. Determining the Applicability of

When rating mental disorders, consider the applicability of any new statutes or regulations that have arisen while the claim has been pending. If Congress has clearly indicated the temporal reach of the new statute or regulation, the

a New Statute or Regulation to a Pending Claim Involving Ratings for Mental Disorders

Congressional intent will govern. If this has not been provided, new statutes and regulations do not apply to claims pending before the VA or a court unless

- the statute or regulation language requires that result, or
- applying the new provision to pending claims would produce no “retroactive effects.”

A *retroactive effect* generally involves some impact upon previously-acrued rights or previously-completed transactions.

Note: For claims pending on the date that a *Rating Schedule* provision is changed, it will usually be appropriate to apply the old regulation in assigning ratings for periods prior to the date of the change and to apply the new regulation in assigning ratings for periods after the date of the change.

e. Making Reductions in Evaluations of Psychiatric Disorders

Do *not* make drastic reductions in evaluations in ratings for psychiatric disorders if a reduction to an intermediate rate is more in agreement with the degree of disability.

Observe the general policy of gradually reducing the evaluation to afford the Veteran all possible opportunities for adjustment.

Reference: For more information on the stabilization of disability evaluations, see [38 CFR 3.344](#).

f. Considering Service Connection for Mental Unsoundness in Suicide

Whether a person, at the time of suicide, was so unsound mentally that he or she did not realize the consequences of such an act, or was unable to resist such impulse, is a question to be determined in each individual case, based on all available lay and medical evidence pertaining to the individual’s mental condition at the time.

The act of suicide or a bona fide attempt is considered to be evidence of mental unsoundness. Therefore, *where no reasonable adequate motive for suicide is shown by the evidence*, the act will be considered to have resulted from mental unsoundness.

Notes:

- In all instances, any reasonable doubt should be resolved favorably to support a finding of service connection.
- Mental unsoundness by itself without evidence of an underlying psychiatric disability is not a service-connectable disorder. Therefore, when death from suicide has occurred after separation from active duty, service connection may be granted only in the presence of a service-connectable disability that meets all of the requirements for service connection. When death from suicide has occurred while on active duty, the provisions of [38 CFR 3.302](#) are for application in the determination as to whether the individual was

mentally-unsound at the time of the suicide or whether it was due to a service-connectable disability as indicated in *Elkins v. Brown*, 8 Vet.App. 391 (1995).

**g. Definition:
Psychosis**

For the purpose of presumptive service connection under [38 CFR 3.309\(a\)](#), a *psychosis* is any of the following disorders

- Brief Psychotic Disorder
- Delusional Disorder
- Psychotic Disorder Due to Another Medical Condition
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Schizophreniform Disorder, and
- Substance/Medication-Induced Psychotic Disorder.

Reference: For the regulation governing the definition of psychosis, see [38 CFR 3.384](#).

**h. Handling a
Veteran's
Discharge
From Service
for a Mental
Disorder Due to
Traumatic
Stress**

Under [38 CFR 4.129](#), when a mental disorder that develops in service from a highly stressful event is severe enough to result in the Veteran's discharge from active military service

- assign a service-connected (SC) evaluation of at least 50 percent, and
- schedule an examination within six months of the Veteran's discharge to determine whether a change in the evaluation is warranted.

Note: In-service mental health treatment records are maintained by the military or civilian treating facility and are *not* stored by the Department of Defense (DoD) with the traditional service treatment records (STRs).

Reference: For more information on developing for in-service mental health treatment records, see M21-1, Part IV, Subpart ii, 1.D.2.a and b.

**i. Evaluating a
Disability
Diagnosed as
Both a Physical
and Mental
Disorder**

Avoid assigning separate evaluations for SC disabilities based on the same manifestations as this constitutes pyramiding. To warrant separate evaluations, symptoms considered must be distinct and not overlap.

Example: PTSD and fibromyalgia may not be assigned separate evaluations based on shared symptoms of anxiety as this represents rating the same manifestations twice.

References: For more information on

- evaluating a single disability that has been diagnosed both as a physical condition and as a mental disorder, see [38 CFR 4.126](#), and
- pyramiding, see [38 CFR 4.14](#).

j. Somatic Symptom Disorder as a Disability for VA Compensation Purposes

Symptoms of pain, without any diagnosis or identifiable underlying condition, generally may not be accepted as a disability for service connection as indicated in [Sanchez-Benitez v. West](#), 13 Vet.App. 282 (1999).

However, a diagnosis of somatic symptom disorder (SSD), which is widely recognized as a disabling condition, is accepted by VA as a disability for compensation purposes. Because SSD may also stem from an underlying disease such as multiple sclerosis or arthritis and variations of SSD may be found throughout all body systems, the condition should be evaluated under the most appropriate diagnostic code (DC) based on the clinical picture demonstrated.

Notes:

- VA already recognizes conditions such as fibromyalgia and low back pain syndrome, which are forms of SSD, as disabilities for compensation purposes.
- Originally diagnosed as chronic pain syndrome, terminology was revised to SSD in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth version, or DSM-5.

Important: Adequate medical evidence must be of record that identifies the specific manifestations of the disease present in order to accurately evaluate the condition.

Reference: For additional guidance on considerations for conditions which may be characterized by both physical and mental symptoms, see M21-1, Part III, Subpart iv, 4.H.1.i.

k. Removal of the GAF Score From the DSM and Assigning Evaluations Based on Prior GAF Score

A Global Assessment of Functioning (GAF) score is a number between 0 and 100 representing an assessment of an individual's overall level of psychological, social, and occupational functioning. The GAF score was part of the multi-axial analysis used in prior versions of the DSM. DSM-5 no longer uses the GAF score.

Notes:

- The removal of the GAF score in the DSM does not change the application of the *Rating Schedule*. It merely alters the format in which diagnostic information is presented.
 - When assigning an evaluation based on psychological assessments made under prior versions of the DSM
 - do not base the disability evaluation solely or primarily on the GAF score.
 - evaluate the score in light of all the evidence in the case, including symptomatology and manifestations in examination reports (to include Disability Benefits Questionnaires (DBQs)) and treatment records.
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2. General Information on Rating Posttraumatic Stress Disorder (PTSD)

Introduction This topic contains general information about rating PTSD, including

- the responsibility of the Rating Veterans Service Representative (RVSR) or Decision Review Officer (DRO) in deciding service connection for PTSD
- requirements for establishing service connection for PTSD from in-service stressors
- considering the relationship between stressor and symptoms
- handling an in-service diagnosis of PTSD, and
- in-service diagnosis of PTSD related to a pre-service stressor.

Change Date May 1, 2015

a. Responsibility of the RVSR or DRO in Deciding Service Connection for PTSD Deciding the issue of service connection for PTSD is the sole responsibility of the appropriate decision maker at the local level, generally a Rating Veterans Service Representative (RVSR) or a Decision Review Officer (DRO).

Note: Central Office (CO) opinion or guidance may be requested on complex cases.

b. Requirements for Establishing Service Connection for PTSD From In-Service Stressors Under [38 CFR 3.304\(f\)](#), service connection for PTSD associated with an in-service stressor requires

- credible supporting evidence that the claimed in-service stressor actually occurred
- medical evidence diagnosing the condition in accordance with [38 CFR 4.125](#), and
- a link, established by medical evidence, between current symptomatology and the claimed in-service stressor.

References: For more information on

- establishing service connection for PTSD, see
 - M21-1, Part IV, Subpart ii, 1.D
 - [38 CFR 3.304\(f\)](#), and
 - [38 U.S.C. 1154\(b\)](#).
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c. Considering the Relationship Between To establish service connection for PTSD based on an in-service stressor, the relationship between stressor and symptoms *must* be

- specifically addressed in the DBQ, and

Stressor and Symptoms

- supported by documentation.
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d. Handling an In-Service Diagnosis of PTSD

When PTSD is properly diagnosed in service, the Veteran's testimony alone may establish that the claimed in-service stressor occurred, as long as the claimed stressor is

- related to the Veteran's service, and
- consistent with the circumstances, conditions, or hardships of that service.

Reference: For more information on considerations to make when the evidence establishes a diagnosis of PTSD during service, see [38 CFR 3.304\(f\)\(1\)](#).

e. In-Service Diagnosis of PTSD Related to a Pre-Service Stressor

If a Veteran is sound on enlistment and develops delayed or late-onset PTSD in service related to a pre-service stressor, the claim may be granted under [38 U.S.C. 1110](#), which contains the general criteria for establishing service connection for a chronic disability.

Notes:

- The existence of a pre-service stressor does not rebut the presumption of soundness under [38 U.S.C. 1111](#).
- There is no statutory or regulatory requirement for credible supporting evidence of a pre-service stressor.
- Do not cite [38 CFR 3.304\(f\)](#) as the existing regulatory language only provides standards for establishing service connection for PTSD due to in-service stressors. Also, do not cite [38 CFR 3.303\(a\)](#), which relates to general principles of service connection.

Reference: For more information, see M21-1, Part IV, Subpart ii, 1.D.1.m.

3. Evaluating Evidence of an In-Service Stressor in Claims for PTSD

Introduction

This topic contains information about evaluating evidence of an in-service stressor in claims for PTSD, including

- when a Veteran’s lay testimony alone may establish an in-service stressor
 - definitions of
 - *engaging in combat with the enemy*, and
 - *fear of hostile military or terrorist activity*
 - establishing a stressor related to
 - the fear of hostile military or terrorist activity
 - drone aircraft crew member duties
 - when in-service stressor corroboration is required
 - primary evidence to corroborate a claimed in-service stressor
 - secondary sources of evidence that may corroborate a claimed in-service stressor
 - accepting buddy statements of a fellow Veteran as corroboration of a claimed in-service stressor, and
 - obtaining evidence related to claimed stressors.
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Change Date

August 24, 2015

a. When a Veteran’s Lay Testimony Alone May Establish an In-Service Stressor

A Veteran’s lay testimony alone may, under specified circumstances, establish an in-service stressor for purposes of establishing service connection for PTSD if

- PTSD is diagnosed in service, and the stressor is related to that service, or
- the stressor is related to the Veteran’s
 - engagement in combat with the enemy
 - experience as a Former Prisoner of War (FPOW) as defined by [38 CFR 3.1\(y\)](#), or
 - exposure to threats of hostile military or terrorist activity or duties as a drone aircraft crew member, if a VA psychiatrist or psychologist, or contract equivalent, confirms
 - the claimed stressor is adequate to support a diagnosis of PTSD, and
 - the Veteran’s symptoms are related to the claimed stressor.

Notes:

- For the Veteran’s testimony alone to establish the occurrence of a claimed stressor
 - the stressor must be consistent with the
 - circumstances, conditions, or hardships of service for claims based on an in-service PTSD diagnosis or FPOW or combat service, or
 - places, types, and circumstances of service for claims based on a fear of

hostile military or terrorist activity or duties as a drone aircraft crew member, and

- there must be no clear and convincing evidence to the contrary.
- For claims decided prior to July 13, 2010, a Veteran’s lay testimony alone could not establish the occurrence of a claimed stressor that was related to the Veteran’s fear of hostile military or terrorist activity.
- The July 13, 2010, amendment of [38 CFR 3.304\(f\)](#) is not considered a liberalizing rule under [38 CFR 3.114\(a\)](#).

References: For

- more information on evidence requirements for claims based on
 - a diagnosis of PTSD in service, see [38 CFR 3.304\(f\)\(1\)](#)
 - combat service, see [38 CFR 3.304\(f\)\(2\)](#) and [VAOPGCPREC 12-99](#)
 - a fear of hostile military or terrorist activity, see [38 CFR 3.304\(f\)\(3\)](#), and
 - POW service, see [38 CFR 3.304\(f\)\(4\)](#)
- qualification requirements of examiners for an initial PTSD examination, see M21-1, Part III, Subpart iv, 3.D.2.f, and
- a definition of
 - engaging in combat with the enemy, see M21-1, Part III, Subpart iv, 4.H.3.b, and
 - fear of hostile military or terrorist activity, see M21-1, Part III, Subpart iv, 4.H.3.c.

**b. Definition:
Engaging in
Combat With
the Enemy**

Engaging in combat with the enemy means personal participation in events constituting an actual fight or encounter with a military foe or hostile unit or instrumentality. It includes presence during such events either as a

- combatant, or
- service member performing duty in support of combatants, such as providing medical care to the wounded.

**c. Definition:
Fear of Hostile
Military or
Terrorist
Activity**

Fear of hostile military or terrorist activity means

- the Veteran experienced, witnessed, or was confronted with an event or circumstance that involved
 - actual or threatened death or serious injury, or
 - a threat to the physical integrity of the Veteran or others, and
- the Veteran’s response to the event or circumstances involved a psychological or psycho-physiological state of fear, helplessness, or horror.

Examples of exposure to hostile military or terrorist activity include presence at events involving

- actual or potential improvised explosive device (IED)
- vehicle-embedded explosive devices
- incoming artillery, rocket, or mortar fire

- small arms fire, including suspected sniper fire, or
 - attack upon friendly aircraft.
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d. Establishing a Stressor Related to the Fear of Hostile Military or Terrorist Activity

Schedule an examination if there is evidence of a PTSD diagnosis or symptoms, *and* the Veteran's *DD Form 214, Certificate of Release or Discharge From Active Duty*, or other service records, shows service in an area of potential hostile military or terrorist activity.

Notes:

- The receipt of military awards such as, but not limited to, the Vietnam Service or Campaign Medal, Kuwait Liberation Medal, Iraq Campaign Medal, and Afghanistan Campaign Medal is generally considered evidence of service in an area of potential hostile military or terrorist activity.
- The receipt of service medals such as the National Defense, Armed Forces, and Global War on Terrorism (GWOT) Service Medals does not indicate service in locations that involve exposure to hostile military or terrorist activity, because these are general medals that do not denote service in a particular area or campaign. If the Veteran served in an area of potential hostile military or terrorist activity, he/she would have received a more specific medal for such service.

References: For more information on

- determining that an examination is necessary, see M21-1, Part I, 1.C.3, and
 - scheduling examinations in PTSD cases, see M21-1, Part III, Subpart iv, 4.H.5.
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e. Establishing a Stressor Related to Drone Aircraft Crew Member Duties

The Global War on Terror has seen expansive use of armed drone aircraft, such as the Predator and Reaper. Service connection for PTSD is warranted under [38 CFR 3.304\(f\)](#) when the evidence shows that the Veteran

- served as a drone aircraft crew member
 - has a medical diagnosis of PTSD, and
 - has received a medical link between his/her PTSD and service as a drone aircraft crew member.
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f. When In-Service Stressor Corroboration Is Required

Develop to corroborate the details of a claimed in-service stressor only when the claimed stressor does not meet one of the criteria in M21-1, Part III, Subpart iv, 4.H.3.a.

Examples of claimed stressors that must be corroborated are

- a plane crash caused by severe weather
- a severe motor vehicle accident
- a personal assault
- witnessing the death, injury, or threat to the physical being of another person caused by something other than hostile military or terrorist activity,

and

- actual or threatened death or serious injury, or other threat to one's physical being, caused by something other than hostile military or terrorist activity.

Reference: For more information on processing claims for PTSD based on personal assault, see

- M21-1, Part III, Subpart iv, 4.H.4
 - the [PTSD Personal Assault Information](#) site on the Compensation Service Intranet, and
 - [38 CFR 3.304\(f\)\(5\)](#).
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g. Primary Evidence to Corroborate a Claimed In-Service Stressor

Primary evidence is generally considered the most reliable source for corroborating in-service stressors and should be carefully reviewed for information to corroborate a claimed in-service stressor when corroboration is required. It is typically obtained from the National Archives and Records Administration (NARA) or DoD entities, such as service departments, the U.S. Army and Joint Services Records Research Center (JSRRC), and the Marine Corps University Archives (MCUA).

Primary evidence includes

- service personnel records and pay records
- military occupation evidence (**Note:** A Veteran's military occupation may be specified on his/her *DD Form 214* or in service personnel records.)
- hazard pay records (**Note:** This information may be requested from the Department of Defense Finance and Accounting Service (DFAS).)
- STRs
- military performance reports (**Note:** This information may be requested via PIES.)
- verification that the Veteran received Combat/Imminent Danger/Hostile Fire Pay (**Note:** This information may be requested through the Veterans Information Solution (VIS).)
- unit and organizational histories
- daily staff journals
- operational reports-lessons learned (ORLLs)
- after action reports (AARs)
- radio logs, deck logs, and ship histories
- muster rolls
- command chronologies and war diaries, and
- monthly summaries and morning reports.

Notes:

- Many of the unit documents listed above are available on the Compensation Service Intranet site, [Stressor Verification](#).
- While confirmation of receipt of Combat/Imminent Danger/Hostile Fire Pay through the VIS alone does not constitute verification of a combat-related stressor, it may, in combination with other evidence, "tip the scales" in favor

of the Veteran's assertion of his/her involvement in combat.

Reference: For more information on Combat/Imminent Danger/Hostile Fire Pay, see the [PTSD Rating Job Aid website](#).

h. Secondary Sources of Evidence That May Corroborate a Claimed In-Service Stressor

Review the following secondary sources of evidence critically and carefully for information confirming participation in combat or to otherwise corroborate a claimed in-service stressor when corroboration is required

- buddy statements
- contemporaneous letters and diaries
- newspaper archives, and
- information from Veterans Benefits Administration (VBA)-sanctioned web sites, which may be accessed through the [PTSD Rating Job Aid website](#).

Important:

- All sources of evidence obtained for purposes of stressor verification must be fully documented in the claims folder.
 - It may not be necessary to corroborate the claimed stressor if it is
 - related to the Veteran's fear of hostile military or terrorist activity, and
 - consistent with the places, types, and circumstances of the Veteran's service.
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i. Accepting Buddy Statements of a Fellow Veteran as Corroboration of a Claimed In-Service Stressor

Accept a buddy statement of a fellow Veteran as corroboration of a claimed in-service stressor, if the statement is consistent with the time, place, and circumstances of the service of both the Veteran and the fellow Veteran making the buddy statement.

If the evidence available calls into question the qualifications of the fellow Veteran to make the statement, ask the person to submit his/her *DD Form 214* or other evidence of service with the claimant.

Note: Upon receipt of a *DD Form 214* (or other document containing personally identifiable information) from a fellow Veteran

- place the document in a separate envelope in the claims folder, and
 - annotate on the envelope that the contents must not be
 - reproduced, or
 - reviewed by the Veteran to whom the claims folder pertains or his/her representative.
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j. Obtaining Evidence Related to Claimed Stressors

For more information on obtaining service records, medical treatment records, and evidence of stressors, see M21-1, Part IV, Subpart ii, 1.D.

4. Evaluating Evidence in Claims for PTSD Based on Personal Trauma

Introduction This topic contains information about evaluating evidence in claims based on personal trauma, including

- general information on personal trauma
 - obtaining evidence of personal trauma
 - alternative evidence of in-service personal trauma
 - evaluating the available evidence of personal trauma
 - development requirements for secondary evidence of personal trauma
 - interpretation of secondary evidence of personal trauma, and
 - military sexual trauma (MST) during inactive duty for training (INACDUTRA).
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Change Date May 1, 2015

a. General Information on Personal Trauma *Personal trauma*, for the purpose of VA disability compensation claims based on PTSD, refers broadly to stressor events involving harm perpetrated by a person who is not considered part of an enemy force.

Examples: Assault, battery, robbery, mugging, stalking, harassment.

Military sexual trauma is a subset of personal trauma and refers to sexual harassment, sexual assault, or rape that occurs in a military setting.

Reference: For more information on processing claims for PTSD based on personal trauma, see the [PTSD Personal Assault Information](#) site on the Compensation Service Intranet.

b. Obtaining Evidence of Personal Trauma Because a personal trauma is an extremely personal and sensitive issue

- many incidents of personal trauma are not officially reported, and
- the victims of this type of in-service trauma may find it difficult to produce evidence to support the occurrence of the stressor.

Important: The Secretary has undertaken a special obligation to assist a claimant in producing corroborating evidence of an in-service stressor per [Patton v. West](#), 12 Vet. App. 272 (1999).

Reference: For more information on obtaining service records, medical treatment records, and evidence of personal trauma, see M21-1, Part IV, Subpart ii, 1.D.5.

c. Alternative Evidence of In-Service Personal Trauma

If STRs and service personnel records contain no explicit documentation that personal trauma, including in-service sexual assault, occurred, review of the records submitted by the Veteran in response to a request for information may identify alternative sources of evidence that can help establish an in-service stressful incident.

Sources of such evidence may include

- a rape crisis center or center for domestic abuse
- a counseling facility or health clinic
- family members or roommates
- a faculty member
- civilian police reports
- medical reports from civilian physicians or caregivers who treated the Veteran immediately following the incident or sometime later
- a chaplain or clergy
- fellow service members-, and
- personal diaries or journals.

Note: [38 CFR 3.304\(f\)\(5\)](#) provides that in PTSD claims based on in-service personal assault, evidence from sources other than the Veteran's service records may be used to corroborate the Veteran's account of the stressor incident. However, VA Office of General Counsel concluded in [VAOPGCPREC 3-2012](#) that PTSD personal assault regulation changes and guidance are *not* a sufficient basis for invocation of liberalizing law effective date rules.

Important: VA may not treat the absence of a service record documenting an unreported sexual assault as evidence that the sexual assault did not occur as indicated in [AZ, AY v. Shinseki](#), 731 F.3d 1303 (Fed. Cir. 2013). In addition, VA may not rely on a Veteran's failure to report an in-service sexual assault to military authorities as pertinent evidence that the sexual assault did not occur. Therefore, do not use the absence of service record documentation or lack of report of in-service sexual assault to military authorities as evidence to conclude that a sexual assault did not occur.

Reference: For more information on negative evidence, see M21-1, Part III, Subpart iv, 5.2.f-h.

d. Evaluating the Available Evidence of Personal Trauma

When preparing a decision, carefully evaluate all of the available evidence.

If STRs and service personnel records contain no explicit documentation that personal trauma occurred, and alternative sources of evidence do not provide credible supporting evidence of personal trauma, consider secondary evidence including evidence of behavioral changes around the time of, and after, the incident(s). Secondary and behavioral change evidence of trauma may include

- increased use or abuse of leave without an apparent reason, such as family obligations or family illness
- episodes of depression, panic attacks, or anxiety without identifiable reasons
- visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment
- use of, or increased interest in, pregnancy tests or tests for sexually-transmitted diseases (including HIV) around the time of the incident
- sudden requests that the Veteran’s military occupational series or duty assignment be changed without other justification
- changes in performance and performance evaluations
- increased or decreased use of prescription medications
- increased use of over-the-counter medications
- alcohol or drug abuse
- increased disregard for military or civilian authority
- obsessive behavior such as overeating or undereating
- unexplained economic or social behavior changes
- treatment for physical injuries around the time of the claimed trauma, but not reported as a result of the trauma, and/or
- the breakup of a primary relationship.

Note: Behavioral change evidence may include lay statements or documentary evidence.

e. Development Requirements for Secondary Evidence of Personal Trauma

Do not deny a PTSD claim that is based on in-service personal trauma without first advising the Veteran that secondary evidence from sources other than STRs, such as evidence of behavioral changes, may constitute credible supporting evidence of the stressor.

Allow the Veteran an opportunity to furnish this type of evidence or indicate its potential sources.

f. Interpretation of Secondary Evidence of Personal Trauma

Secondary or behavior change evidence typically needs interpretation by a clinician in personal trauma claims.

Submit evidence received for a medical opinion as to whether the credible factual evidence of behavior changes demonstrated by the Veteran is consistent with the expected reaction or adjustment of a person who has been subjected to an assault.

If the examiner offers a credible, unequivocal, and nonspeculative assessment that the evidence of record is consistent with the occurrence of the claimed assault, that opinion can constitute credible supporting evidence that the claimed in-service stressor occurred. If the opinion is merely speculative, equivocal, contradictory, or otherwise insufficient for rating purposes, it should be returned for clarification.

References: For more information on

- VA’s responsibility to obtain secondary evidence needed to corroborate a personal trauma claim, see [Patton v. West](#), 12 Vet.App. 272 (1999)
 - use of medical opinion evidence to determine whether a stressor is corroborated, see [Menegassi v. Shinseki](#), 638 F.3d 1379 (Fed. Cir, 2011)
 - qualification requirements for mental health examiners see M21-1, Part III, Subpart iv, 3.D.2, and
 - requesting medical opinions, see M21-1, Part III, Subpart iv, 3.A.7.
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**g. MST During
INACDUTRA**

Veterans whose stressor occurred during inactive duty for training (INACDUTRA) are eligible for service connection in the same manner as those whose stressor occurred during active duty or active duty for training. VA Office of General Counsel concluded in [VAOPGCPREC 08-2001](#) that “PTSD resulting from sexual assault may be considered a disability resulting from an injury.”

5. Handling Examinations in Claims for Service Connection for PTSD

Introduction This topic contains information about handling examinations in claims for SC for PTSD, including

- when to proceed with an examination in a PTSD claim
 - requesting initial PTSD examinations, and
 - handling insufficient PTSD examination reports.
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Change Date August 24, 2015

a. When to Proceed With an Examination in a PTSD Claim

In PTSD claims alleging personal trauma, if development fails to identify credible supporting evidence that the claimed stressor actually occurred, or fails to show in-service behavioral changes, deny the claim. Otherwise, request an examination if it is necessary to decide the claim.

In PTSD claims alleging a stressor other than personal trauma, if development fails to identify credible supporting evidence that the claimed stressor actually occurred, then deny the claim after necessary documentation has been received detailing that the stressor could not be corroborated as detailed by M21-1, Part III, Subpart iv, 4.H.6.i. Request an immediate examination if

- evidence or records confirm the stressor occurred
- evidence (to include lay statements) indicates the Veteran currently suffers from symptoms consistent with a diagnosis of PTSD, and
- medical evidence adequate for rating purposes is not already of record.

Notes:

- Do not request an examination until
 - all development actions are complete, and
 - all medical evidence requested has been received (or the specified time limit for submitting the evidence has expired).
- Forward the claims folder to the examining facility and request its review as part of the examination process any time the issue is SC for PTSD.
- In PTSD claims alleging personal trauma based on military sexual trauma (MST), a VA examination should be scheduled and a medical opinion requested when there is evidence of a “marker” found in the records. The term *marker* refers to evidentiary signs, events, or circumstances indicating a *possibility* that the claimed stressor occurred. Carefully review the claims folder for evidence of reports, lay statements, or behavioral changes that may be associated with the approximate timeframe of the claimed stressor. For examples of behavioral changes, see M21-1, Part III, Subpart iv, 4.H.4.d.

References: For more information on

- requesting examinations, see M21-1, Part III, Subpart iv, 3.A
 - medical opinions to interpret secondary or behavior change evidence, see M21-1, Part III, Subpart iv, 4.H.4.f.
 - PTSD examinations, see the “Best Practice Manual” in the [Rating Job Aids website](#), and
 - assisting with medical evidence requests, see M21-1, Part I, 1.C.
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b. Requesting Initial PTSD Examinations

When evidence of exposure to stressors related to combat, experience as an FPOW, fear of hostile military or terrorist activity, or drone aircraft crew member duties is established by a Veteran’s individual decoration(s) or other military records, include a statement to that effect in the *Remarks* section of the examination request. This evidence allows VA (including the examiner) to accept the Veteran’s own description of the specific events without further corroboration.

If the claimed stressor is related to a fear of hostile military or terrorist activity, add the following language to the examination request:

Examiner,

In addition to the other information provided in the examination report, please specifically state whether or not the claimed stressor is related to the Veteran’s fear of hostile military or terrorist activity.

Important: Evidence of experience as an FPOW, exposure to combat, fear of hostile military or terrorist activity, or drone aircraft crew member duties in itself, does not satisfy the diagnostic criteria for PTSD.

Note: When requesting a PTSD examination, specify that, if possible, the Veteran’s treating mental health professional should not perform the examination.

References: For more information on evidence of stressors related to combat, experience as an FPOW, or a fear of hostile military or terrorist activity, see

- M21-1, Part III, Subpart iv, 4.H.3, and
 - M21-1, Part IV, Subpart ii, 1.D.
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c. Handling Insufficient PTSD Examination Reports

Reasons that a PTSD examination report may be insufficient for VA purposes include

- the assessment does not conform to current DSM standards
 - it does not identify or adequately describe the claimed stressor(s), or
 - it does not sufficiently describe symptomatology, social and occupational functional impairment or other facts required by the diagnostic criteria
- the examiner did not discuss the significance of, and reconcile, any differential diagnoses or changes in diagnosis
- the claims folder was not provided or the examiner did not review provided

claims folder material

- the examiner did not offer a requested comment or opinion
- the examiner was not sufficiently qualified to render an initial diagnosis as specified in M21-1, Part III, Subpart iv, 3.D.2.f
- the examiner did not justify a conclusion that an opinion could not be provided without resorting to mere speculation, or
- the examination was not conducted by a properly-qualified examiner.

Important: A PTSD examination based on fear of hostile military or terrorist activity that links a diagnosis of PTSD to the claimed, uncorroborated event (such as a rocket or mortar attack) rather than to “fear” should not be treated as insufficient on that basis. Fear (or helplessness or horror) refers to the reaction to the threat or stressor as required under prior versions of the DSM-4. The requirement of a reaction to the stressor was removed in DSM-5.

When a PTSD examination report is insufficient for rating purposes follow procedures in M21-1, Part III, Subpart iv, 3.D.3.

[38 CFR 3.304\(f\)\(3\)](#) permits a decision maker to accept lay evidence of uncorroborated events associated with risks of death or serious injury from service in an environment where there is hostile military or terrorist activity.

Notes:

- The diagnosis of PTSD must be made by a competent (properly qualified) medical professional and should be unequivocal.
- The examining psychiatrist or psychologist should comment on whether the Veteran has experienced other traumatic events and, if so, indicate the relevance of these events to the current symptoms.
- If an examination report contains information utilizing both prior versions of DSM and DSM-5, a claims processor must use whichever evidence is more favorable to the Veteran and accept mental disability (PTSD and non-PTSD) DBQs describing mental disability findings (diagnoses and symptoms) relatable to either historic DSM or current DSM-5 criteria. Veterans Health Administration (VHA) has instructed examiners that they may perform the original examination using DSM-5 criteria, but that if no diagnosis is applicable under DSM-5, the examiner should provide a diagnosis and opinion, if applicable, under prior versions to include DSM-4.

References: For more information on

- qualification requirements for mental health examiners, see M21-1, Part III, Subpart iv, 3.D.2
 - examination requirements generally, see M21-1, Part III, Subpart iv, 3.D.2, and
 - handling examinations that are insufficient for rating purposes, see M21-1, Part III, Subpart iv, 3.D.3.
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6. Deciding a Claim for Service Connection for PTSD

Introduction This topic contains information about deciding a claim for service connection for PTSD, including

- determining the occurrence of stressors when making the decision
 - determining combat service
 - individual decorations as evidence of combat participation
 - action to take if a Veteran received a combat decoration but does not state the nature of the stressor
 - considering secondary evidence of engagement in combat
 - requirement for credible supporting evidence of a stressor
 - identifying credible supporting evidence of a stressor when lay testimony is not sufficient
 - reviewing evidence for corroboration of a stressor
 - making a decision in a PTSD claim, and
 - denying a PTSD claim because of an uncorroborated stressor.
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Change Date May 1, 2015

a. Determining the Occurrence of Stressors When Making the Decision When determining the occurrence of stressors to establish service connection for PTSD, consider the following

- PTSD does *not* need to have its onset as a result of combat (for example, vehicular or airplane crashes, large fires, floods, earthquakes, and other disasters evoke significant distress in most involved persons).
- The trauma may be experienced alone, such as in cases of rape or assault, or in the company of groups of people, such as in military combat.
- Do *not* limit a stressor to just one single episode; a group of experiences also may affect an individual, leading to the development of PTSD.
- PTSD can be caused by events that occur before, during, or after service.
- PTSD can develop hours, months, or years after a stressor.

Notes:

- The relationship between stressors during military service and current problems/symptoms will govern the question of service connection.
 - Symptoms *must* have a clear relationship to the military stressor as described in the medical reports.
 - Despite the possibly long latent period, PTSD may be recognizable by a relevant association between the stressor and the current presentation of symptoms.
-

b. Determining Combat Service Every decision involving the issue of SC for PTSD that allegedly developed as a result of combat *must* include a factual determination as to whether or not

the Veteran was engaged in combat, including the reasons or bases for that finding.

Important: In order to conclude that a Veteran “engaged in combat with the enemy,” the evidence must establish that the Veteran was present during an encounter with a military foe either as a combatant or as a service member performing duty in support of combatants.

Notes:

- There are no limitations as to the type of evidence that may be accepted to confirm engagement in combat. Any evidence that is probative of (serves to establish the fact at issue) combat participation may be used to support a determination that a Veteran engaged in combat.
- Determining whether evidence proves a Veteran developed PTSD as a result of combat-related stressors requires an evaluation of all evidence in the case, including
 - an assessment of the credibility of the evidence, and
 - whether the evidence can establish that the stressful event occurred.
- Apply the benefit-of-the-doubt standard if the evidence is in equipoise.

References: For more information on

- the need to determine combat involvement in PTSD claims, see [Gaines v. West](#), 11 Vet. App. 113 (1998), and
- what evidence may be used to support a determination that a Veteran engaged in combat, see [VAOPGCPREC 12-99](#).

c. Individual Decorations as Evidence of Combat Participation

Consider the receipt of any of the following individual decorations as evidence of personal participation in combat

- Air Force Achievement Medal with “V” Device
- Air Force Combat Action Medal
- Air Force Commendation Medal with “V” Device
- Air Force Cross
- Air Medal with “V” Device
- Army Commendation Medal with “V” Device
- Bronze Star Medal with “V” Device
- Combat Action Badge (CAB)
- Combat Action Ribbon (CAR) (**Note:** Prior to February 1969, the Navy Achievement Medal with “V” Device was awarded.)
- Combat Aircrew Insignia
- Combat Infantry/Infantryman Badge (CIB)
- Combat Medical Badge
- Distinguished Flying Cross
- Distinguished Service Cross
- Fleet Marine Force (FMF) Combat Operations Insignia
- Joint Service Commendation Medal with “V” Device
- Medal of Honor

- Navy Commendation Medal with “V” Device
- Navy Cross
- Purple Heart, and/or
- Silver Star.

Important: Receipt of one of the decorations cited above is not the only acceptable evidence of engagement in combat.

d. Action to Take if a Veteran Received a Combat Decoration but Does Not State the Nature of Stressor

If a Veteran received one of the combat decorations cited in M21-1, Part III, Subpart iv, 4.H.6.c but does not expressly state the nature of the stressor

- assume the stressor is combat-related
- order an examination, if necessary to decide the claim, and
- in the examination request
 - state that VA has verified the Veteran’s combat service, and
 - specify any details regarding the combat stressor contained in the record.

References: For more information on

- finding an examination is necessary, see M21-1, Part I, 1.C.3, and
 - scheduling examinations in PTSD cases, see M21-1, Part III, Subpart iv, 4.H.5.
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e. Considering Secondary Evidence of Engagement in Combat

Although secondary evidence may be used to confirm engagement in combat, it must be critically and carefully reviewed for sufficiency.

Note: It may not be necessary to confirm engagement in combat if the evidence in the claim meets the lower threshold of a fear of hostile military or terrorist activity.

Reference: For more information on secondary sources of evidence, see M21-1, Part III, Subpart iv, 4.H.3.h.

f. Requirement for Credible Supporting Evidence of a Stressor

The requirement for credible supporting evidence of a stressor means that there must be some believable evidence that tends to support the Veteran’s assertion. In determining whether evidence is credible, consider its

- plausibility
- consistency with other evidence in the case, and
- source.

Note: Credibility is only a minimum requirement. (Evidence that is not believable is not entitled to any weight.) In addition to being credible, evidence must also

- be material or probative to the issue, and
- have enough weight to persuade the decision-maker that the stressor is sufficiently verified with some degree of specificity.

g. Identifying Credible Supporting Evidence of a Stressor When Lay Testimony Is Not Sufficient

If the claimed stressor is not related to combat, experience as an FPOW, fear of hostile military or terrorist activity, or drone aircraft crew member duties, a claimant’s lay testimony regarding in-service stressors

- is *not* sufficient, by itself, to establish the occurrence of the stressor, and
- must be corroborated by credible supporting evidence.

Credible supporting evidence of this type of stressor may include

- STRs or servicepersonnel records
- private medical records
- lay statements
- police or insurance reports, or
- newspaper accounts of the traumatic event.

Example: STRs may contain record of the Veteran’s medical treatment after an accident.

h. Reviewing Evidence for Corroboration of a Stressor

When reviewing evidence for corroboration of a claimed stressor(s),

- carefully analyze the most reliable sources of evidence first, and
- if these sources do not contain the necessary information, review secondary sources of evidence carefully and critically for their adequacy and reliability.

When corroborating evidence of a stressor is required, there is no requirement that the evidence must, and may only, be found in official documentary records. In most cases, however, official documentary records are the most reliable source of stressor verification.

Note: Generally, documents written or recorded by the lowest possible unit in the chain of the command are the most probative source of information to verify a claimed stressor, because they tend to include details of events with greater precision.

Examples:

- A platoon or company commander’s narrative is likely of greater relevance and specificity than a battalion commander’s, and
 - a Navy ship’s deck log would likely yield more probative information than a fleet log.
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i. Making a Decision in a PTSD Claim

Use the table below when making a decision regarding SC for PTSD.

If ...	Then ...
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<p>the claimant has failed to provide a minimal description of the stressor, such as an indication of the time and place of a stressful event or experience</p>	<ul style="list-style-type: none"> • refer the claim to the JSRRC coordinator for the actions described in M21-1, Part IV, Subpart ii, 1.D.4, and • deny the claim based on an unconfirmed stressor. <p><i>Note:</i> The rating decision should note the previous request for information.</p> <p><i>Reference:</i> For more information on denying a claim because of an uncorroborated stressor, see M21-1, Part III, Subpart iv, 4.H.6.j.</p>
<ul style="list-style-type: none"> • the Veteran has provided at least a minimum description of the stressor, such as approximate time, place, and unit, and • the Veteran’s lay testimony alone is not sufficient to establish the stressor, and • the records contain prima facie evidence of a PTSD diagnosis, such as <ul style="list-style-type: none"> – outpatient treatment reports showing treatment for PTSD or PTSD symptoms, or – the Veteran’s description of symptoms indicative of PTSD <p><i>Reference:</i> For more information on when stressor corroboration is required, see M21-1, Part III, Subpart iv, 4.H.3.f.</p>	<p>request additional evidence from JSRRC, NARA, or the Marine Corps, as appropriate.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Do <i>not</i> schedule a VA examination before receiving evidence regarding the claimed stressor from JSRRC, NARA, or the Marine Corps. • JSRRC researches Army, Navy, Air Force, and Coast Guard records only. <p><i>Reference:</i> For more information on requesting evidence from JSRRC, NARA, or the Marine Corps, see M21-1, Part IV, Subpart ii, 1.D.3.</p>
<ul style="list-style-type: none"> • the Veteran has provided at least a minimum description of the stressor, as indicated above • the stressor is related to <ul style="list-style-type: none"> – verified combat or FPOW service – a fear of hostile military or terrorist activity <i>and</i> there is evidence of service in an area where such activity could have occurred, or – drone aircraft crew member duties <i>and</i> there is evidence of service as a drone aircraft crew member, and 	<ul style="list-style-type: none"> • schedule a VA examination, if needed, and • consider the claim on the evidence of record. <p><i>Reference:</i> For more information on when the Veteran’s testimony alone may establish the occurrence of a stressor, see M21-1, Part III, Subpart iv, 4.H.3.a.</p>

<ul style="list-style-type: none"> • the records contain prima facie evidence of a PTSD diagnosis, as indicated above 	
<ul style="list-style-type: none"> • the Veteran has provided at least a minimum description of the stressor, as indicated above • the stressor is related to <ul style="list-style-type: none"> – a fear of hostile military or terrorist activity, – there is evidence of service in an area where such activity could have occurred, and • the records contain prima facie evidence of a PTSD diagnosis, as indicated above, but • a VA examination renders a diagnosis of a mental disorder other than PTSD and links the diagnosis to the claimed in-service event 	<p>before making a decision on whether service connection can be established for the mental disorder diagnosis made on examination, proceed with development research to corroborate the alleged stressor/event.</p> <p>Important: You cannot simply establish service connection for the diagnosis made on examination. 38 CFR 3.304(f)(3) applies only to the development of PTSD after service in an area with risks from hostile military or terrorist activity.</p> <p>Note: A claim for PTSD must be sympathetically read as a claim for any chronic acquired psychiatric disorder. <i>Clemons v. Shinseki</i>, 23 Vet. App. 1 (2009).</p>
<p>a VA medical examination fails to establish a diagnosis of PTSD and no other mental disorder diagnosis is made</p>	<p>deny the claim on that basis.</p> <p>Note: If the existence of a stressor has not been determined, do <i>not</i> include a discussion of the alleged stressor in the rating decision.</p>

Reference: For more information on sympathetic reading and determining the scope of a claim based on a mental disorder, see M21-1, Part III, Subpart iv, 4.H.1.a.

j. Denying a PTSD Claim Because of an Uncorroborated Stressor

When corroborating evidence of a stressor is required because the stressor may not be established by lay evidence alone, a denial solely because of an unconfirmed stressor is improper unless JSRRC, NARA, or the Marine Corps, as appropriate, has confirmed that there is no corroborating evidence of a claimed stressor, or

- the Veteran has failed to provide the basic information required to conduct research, **and**
- the JSRRC coordinator has taken the actions described in M21-1, Part IV, Subpart ii, 1.D.4.

If JSRRC, NARA, or the Marine Corps requests a more specific description of the stressor in question, immediately ask the Veteran to provide the necessary information. If the Veteran provides additional substantive

information, forward it to the requesting agency. Failure of the Veteran to respond substantively to the request for information will be grounds to deny the claim based on an unconfirmed stressor.

References: For more information on

- when stressor corroboration is required, see M21-1, Part III, Subpart iv, 4.H.3.f, and
 - requesting corroboration of an in-service stressor, see M21-1, Part IV, Subpart ii, 1.D.3.
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