Military Sexual Trauma

The Facts

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The Department of Defense defines Military Sexual Trauma (MST) as rape, sexual assault, and sexual harassment. Even by conservative standards, MST can be considered an epidemic. While MST affects both men and women in uniform, servicewomen are at much higher risk for sexual assault and harassment. MST often leads to debilitating conditions such as Post Traumatic Stress Disorder (PTSD) and major depression. MST is a systemic problem exacerbated by inadequate enforcement of military law and equal opportunity policy as well as an institutional failure to protect victims from retribution.

Statistics:

Although under-reporting of MST is rampant, estimates of the prevalence of MST are alarming:

* While 1 in 6 civilian women experience sexual assault, for military women this number climbs to approximately 1 in 3

* 3,230 military sexual assaults were reported in 2009, which represents an increase of 11% from fiscal year 2008. 163 sexual assaults were reported in Iraq and Afghanistan in 2008

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* 79% of women serving in the military since Vietnam reported experiences of sexual harassment\(^3\)

* In a study of a sample of veterans who were seeking VA disability benefits for PTSD, 71% of women and 4% of men reported an in-service sexual assault. For men, the assault was more likely to occur while out of service; for women, the opposite was true\(^4\)

* Sexual assaults that occur in the military are often not isolated incidents and may involve more than one perpetrator—37% of women veterans report being raped at least twice, and 14% report experiences of gang rape\(^5\)

* Some evidence suggests that black women in the military are more likely to experience more severe forms of harassment compared to their white women counterparts, including unwanted sexual attention and sexual coercion\(^6\)

**Barriers to Justice**

*Military Culture:*

The dynamics of rape, sexual assault, and sexual harassment that occur in the military are different than in civilian life. MST triggers intense feelings of betrayal in survivors as it upsets deeply held belief systems about loyalty to fellow servicemembers and respect for chain of command. In this way, MST is similar to incest, as perpetrators and victims are akin to family members.

Perpetrators of MST often wield control over the victim, especially since perpetrators are likely to outrank the victims. If the perpetrators are in the victims’ chain of command, reporting the incident can seem impossible. Victims of MST often feel that they need to make a choice between their military career and seeking justice for their trauma.

Victims are often at risk of retaliation by perpetrators, and commanders often fail to enforce the protection of those who report MST. Commanders and fellow servicemembers may blame the victim for ruining a “good soldier’s reputation” or try to convince the victim that what happened was “no big deal” and not worth causing conflict in the unit.

Finally, unlike in civilian life, victims of MST may not simply quit their job or even sue their employers. If commanders fail to enforce sexual assault and equal opportunity policy, MST

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survivors are left with few options for redress and are often forced to accept their situation and live in fear of further harassment or abuse.

![Image](image_url)

**Under-reporting:**

Experiences of MST are widely under-reported, most often because of shame or fear of stigmatization and/or retribution. Moreover, servicemembers have the compounded fear of losing their jobs or ruining their reputations as a result of reporting sexual assault or harassment. Finally, many women experience the guilt and stigma of ruining a fellow serviceman’s career by reporting him.

Among a sample of servicewomen raped in the military, an alarming 75% did not report the incident. Of those who did not report the assault, one-third said they did not know how to make the report while 20% said they thought rape is to be “expected” in the military. Clearly, military women need more information about their rights and procedures for redress.

**Reporting Procedures and Prosecutions:**

Reporting assaults anonymously is almost impossible for victims of MST. Although the Department of Defense recently introduced a “restricted” reporting option that allows MST victims to access medical treatment for assault but not pursue legal action against the perpetrator, information such as rank, service branch, gender, age, race, and information about the assault is required in order to submit a report. Anonymity, then, is unlikely to be preserved.

Also, evidence documenting the assault, including rape kits, is kept by the military for only one year, further compounding access to justice. These obstacles lead to extremely low prosecutorial rates—although 40% of sex offenders are prosecuted in the civilian world, only

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8% of perpetrators are prosecuted in the military.\textsuperscript{9} Furthermore, unlike their civilian counterparts, victims of sexual harassment in the military are not permitted to sue their employers because Title VII of the Civil Rights Act does not apply to the armed forces.\textsuperscript{10}

- **Consequences of MST**

MST is associated with a range of health and economic consequences, many of which affect women and men differently. Mental health conditions resulting from MST are often long-term and survivors require immediate, adequate treatment for full recovery. Furthermore, the stress and depression that usually follow experiences of MST affect survivors’ economic stability.

*Health issues:*

-- MST is the primary causal factor of PTSD for women, whereas combat experience is the strongest predictor of PTSD for men.\textsuperscript{11}

-- Female survivors of MST experience higher levels of depression than their male counterparts and are also more likely to develop eating disorders.\textsuperscript{12}

*Economic Consequences:*

-- MST and its attendant consequences are often risk factors for homelessness among women veterans. 40% of homeless women veterans have reported experiences of sexual assault in the military.\textsuperscript{13}

-- The stress, depression, and other mental health issues that accompany MST make it more likely that survivors will experience high rates of substance abuse and will have difficulty finding work after discharge from the military.\textsuperscript{14}

\textsuperscript{13} Ibid
• Problems with accessing benefits and treatment

Claims:

Veterans who suffer from health conditions resulting from MST face enormous obstacles when applying for disability compensation from the Veterans Benefits Administration (VBA). Rejection by the VBA often re-triggers a veteran’s sense of helplessness and betrayal, leading to further trauma and illness. Institutional bias in favor of claimants with combat experience effectively ignores women with PTSD that resulted from MST. Because claimants are required to identify a specific trigger that caused PTSD, combined with the fact that MST often goes unreported, survivors are at a severe disadvantage in proving the origin of their trauma, despite diagnoses of PTSD by VA health professionals. Furthermore, under DOD policy, sexual harassment reports are retained on file for only two years, further compounding veterans’ ability to substantiate the origin of their trauma.

Perceptions of Veterans Affairs Health Care:

Survivors of MST need treatment for both their physical and psychological wounds that are directly and indirectly caused by their assault. The sensitive nature of MST requires a welcoming, safe space for women to receive treatment. The male bias of the VA health system, however, discourages women from seeking treatment and also limits the quality of care they do receive.

--Women are generally less likely to use Veterans Health Administration (VHA) services and be satisfied with the care they receive compared to men.15

--MST survivors who have used VHA services report experiencing a “second victimization” while under care, often reporting increased rates of depression and post traumatic stress disorder.16

Female MST survivors who have used VHA services reported a lower quality of care and dissatisfaction with VHA services compared to women using outside care.\(^{17}\)

Women report problems accessing female-specific services and also perceive that most VHA services are geared towards men.\(^{18}\)

Inadequate dissemination of knowledge regarding how to navigate the complex VHA service system precludes some women from seeking care.

Women are less likely to receive a PTSD diagnosis compared to men, most likely because PTSD is strongly associated with combat experience.\(^{19}\)

What SWAN Does

SWAN provides peer support, counseling referrals, and legal referrals to both male and female veterans who have experienced MST.

SWAN’s policy work on MST includes a national campaign to educate policymakers, the media, health professionals, and non-profit organizations about the causes and consequences of MST.

SWAN organizes workshops and retreats to help MST survivors heal from their trauma in safe and supportive settings.


\(^{18}\) Ibid.