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What Is Military Sexual Trauma?

Although the world is full of suffering, it is also full of the overcoming of it.
—Helen Keller

- ***Opening exercises: Names and building safety***
  (Day 1: Adjective name memory game, Day 2: Concentration name game)
- ***Closing exercises: Signal and cleansing breaths***
  (Day 1: Signal breath, Day 2: Cleansing breath and relaxation sandwich)

SEXUAL TRAUMA

In this course, we define *sexual trauma* as anything that happened or was threatened to happen that was experienced as a violation of a sexual nature. This definition covers a broad range of events that ultimately is defined by the person who experienced the event. More specifically, this may include experiencing or witnessing verbal and nonverbal sexual harassment such as demeaning, inappropriate, and sexualized comments leading to feelings of fear, distrust, and/or being disrespected. It also includes any type of physical touching or other activity of a sexual nature that is against your will or done without your consent. For example, if you are passed out from using alcohol or drugs (legal or illegal), or if you are asleep or otherwise unconscious, by definition your ability to consent to a sexual act is compromised. Sexual trauma also includes unwanted pressure for dates or sex with or without subtle or overt threats. Sexual trauma may include an attempted or completed physical sexual assault, or it may include an ongoing series of events, threats, or unwanted sexual interactions. It may also include a power difference where the abuser is using power to intimidate or control

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another person, or using trickery, lies, and manipulation. Part of the sexual trauma may be getting the victim to participate, cooperate, or unknowingly walk into a trap. Sexual trauma happens to both men and women, of all ages, ethnicities, and socioeconomic classes.

Some people believe that if they were violated in some way but not actually raped, then their experiences "do not count." Others feel that they may be responsible for the event because they agreed to go on a date, got into someone's car, had a drink, helped a friend, and so forth . . . therefore, whatever happened was "their fault, so it doesn't count." Some may feel that because their bodies responded to the activity it doesn't count as trauma. Others worry that if they didn't fight, scream, or protest it doesn't count. So then why do they have recurring symptoms of distress? Why do they have nightmares and feel embarrassed, guilty, ashamed, weak, terrified to go outside, and/or afraid to trust others? People may feel frustrated and ashamed for having symptoms and wonder why they can't just "snap out of it." Others may also discount or ignore their feelings and wonder why they just "can't get over it."

The reality is all of these events "count" and the fact that people have these types of normal distressing reactions is actually part of the sexual trauma! All of the above incidents describe unwanted sexual encounters or threats that occurred against your will, regardless of whether you fought, screamed, or had a physical sexual response. Sexual trauma occurs in many different forms and any sexual trauma can be deeply wounding, requiring new skills for healing.

YOU ARE NOT ALONE

If you have experienced sexual trauma, you are not alone. In fact, studies show that the numbers are disturbingly high. It is impossible to get an accurate number of exactly how many men, women, and children are sexually abused every year. Most events are never reported, and even if someone musters the courage to report, many cases are dismissed as having insufficient evidence. However, there have been numerous studies surveying thousands of people to estimate the prevalence of sexual trauma. But even with all of this data it is difficult to have a true estimate since people use different definitions of sexual trauma and many people don't feel safe to disclose what has happened to them.

Nonetheless, we can look at these studies and see if there is a trend across them. Even if these estimates are low, it gives us a range of numbers to begin to determine the extent of the issue. Among civilian women, it is estimated that approximately 30% experience some type of sexual trauma in their lifetime. The number for men is about 10% (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993); this is extremely concerning and far beyond what would be considered an epidemic. Even more concerning is that these numbers are significantly higher for men and women serving in the military.

MILITARY SEXUAL TRAUMA

Military sexual trauma, often called "MST," refers to experiences of sexual trauma that occur while a person is serving on active duty military service. The Department of Veterans Affairs defines MST as "sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of the victim, or the relationship to the perpetrator." This can include offensive remarks; unwanted sexual touching, grabbing, or threatening; and harassing or unwelcome sexual advances.

A review of 21 studies found MST rates of sexual harassment from 55% to 70% and rates of sexual assault from 11% to 48% among women veterans (Goldzweig, Balekian, Rolon, Yano, & Shekelle, 2006). A review of 25 studies found MST rates of sexual assault ranging from 20% to 43% among women veterans (Suris & Lind, 2008). One of the 25 studies reported a lower rate (0.4%) and another study reported a higher rate (71%). In the Suris and Lind (2008) review, eight studies included men. Seven reported MST rates between 1% and 4% and one study reported 12%. None of the studies reviewed by Suris and Lind (2008) included verbal sexual harassment or unwanted sexual advances, which have been associated with higher rates of MST (Goldzweig et al., 2006). A Department of Defense study (2006) found 16% of men reported MST.

MST has also occurred in the recent conflicts in Iraq and Afghanistan. Kimmerling et al. (2010) and Haskell et al. (2010) examined MST rates among veterans who served in these wars, utilizing the centralized medical records of the Veterans Health Administration. They found approximately 14% to 15.1% of women and 0.7% to 1% of men reported MST when they were screened by health care professionals at their respective VA medical centers. However, Katz, Cojucar, Beheshti, Nakamura, and Murray (2012) examined a diverse sample of these veterans using completely anonymous self-report questionnaires and found rates of MST of 42% for women and 12.5% for men. MST was related to symptoms of posttraumatic stress disorder (PTSD), and in the Katz et al. (2012) study MST was also associated with readjustment difficulties, most strongly with *intimacy problems*.

These studies suggest that MST occurs at a much higher rate than sexual trauma does among civilian populations. It also suggests that when given anonymous questionnaires reports of MST could be even higher than what some studies have found. However, on an encouraging note, in April 2012, Secretary of Defense Panetta made an official public statement that the issue of MST will be addressed throughout the US military. The intention is to launch a series of new policies to improve the investigation and prosecution of the perpetrators of MST. As of today, this is still a work in progress. However, with increased public awareness, the hope is that MST will be recognized, addressed, stopped, and prevented.

What do you think of these numbers? Do these reports seem low, high, or accurate to you and why?

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WHY IS SEXUAL TRAUMA HIGHER IN THE MILITARY?

The exact reason why MST is so high is not known and most likely is due to several factors. For one, it may be related to the fact that people in the military are trained in aggression, yet have few outlets for discharging these feelings. It is readily acknowledged that serving in the military may involve managing high pressure and increased stress and frustrations, handling life-threatening situations, dealing with losses without time to grieve, and functioning in a strict and rigid hierarchy that may or may not be perceived as fair or safe. In addition, there is a high use of alcohol in the military, which may impair people's judgment. However, these factors may not explain the high rates in themselves and are certainly not excuses for perpetrating sexual trauma against a fellow service member.

While the military is about serving one's country with honor, and the majority of service men and women are highly respectable and brave, the few who perpetrate on others disgrace the rest of the military. However, certain subcultural factors also exist that may enable behaviors leading to increased MST. For example, because of the strict hierarchy, some people may feel a sense of entitlement over lower-ranking people. Forced sex may be viewed as a form of hazing or an act of domination to inflate one's sense of self-importance or power. Finally, sexual trauma may be seen as a relatively minor issue compared to war or other emergency situations.

Additionally, the military draws upon a diverse population consisting of men and women from a broad range of backgrounds. People enter the military in many different states of mind, and may have had a premilitary trauma history—or possibly a premilitary history of perpetrating sexual trauma.

COMPLICATIONS OF MST

One significant complication of MST is that, unlike civilian trauma, when trauma occurs in the military, people must continue to live and work on base, often with their perpetrator, friends of the perpetrator, or the chain of command of the perpetrator. This creates a hostile environment where there may be a threat of it happening again—undermining people's trust, safety, and ability to function in an optimal way.

Another complication is that when people volunteer to serve in the military, they expect to be challenged, they expect that they could participate in

a war, and they train for battle and emergencies . . . but they do not volunteer to be sexually traumatized. One study found that service members are four times more likely to get PTSD from sexual trauma than from combat (Fontana & Ronsenheck, 1998). There may be several reasons for this finding. First, combat trauma is impersonal, whereas MST is a very personal experience. Combat is acknowledged by others, while MST is minimized and silenced. In addition, service members train for and expect to be confronted with bombings and killings associated with combat. However, nobody expects to be attacked by a fellow service member, especially not by someone who is known, trusted, or part of one's military family.

REPORTING SEXUAL TRAUMA

Another complication of MST is the issue of reporting what happened. Did you report MST? Unfortunately, only a small minority of people report and fewer yet feel that swift, satisfying action was taken. Most people do not report MST at all, and others that do report maybe wished they hadn't. And yet, years later, survivors may harbor guilt for not reporting, thinking that maybe their report could have saved someone else, or maybe they would feel less frustrated and powerless if they "did something." However, if you did or didn't report it, there were probably many good reasons why. How do you think the report would have been received? With support, empathy, and concern? Or would you have been mocked, blamed, and punished? What do you think would have been the outcome?

Many people fear that reporting would have made things a lot worse. For example, people may be hesitant to report MST or seek treatment for fear of having it affect their career, or they may need to rely on others who may like or support the perpetrator, including in battle, for promotions, or for other services. They may fear being blamed, ostracized, seen as weak, not being believed, or becoming the topic of vicious gossip. They also may fear retaliation or further abuse from others such as being seen as an "easy target" or as someone who is disrupting unit cohesion. In other words, victims may be afraid to "rock the boat" and tend not to say anything. They already feel vulnerable and afraid. So instead of taking the risk of reporting or seeking treatment, they end up "suffering in silence." This intensifies the feelings of embarrassment and shame. Some MST survivors choose not to tell anyone and keep this secret inside of them for many years.

SEXUAL TRAUMA AND MEN

Sexual trauma that happens to men is often minimized. It is embarrassing for men and may call into question their manhood and their ability to fend for themselves. They have to fight against a male sexual stereotype that "men always want to have sex"—so how could they have unwanted sex, sexual

attention, or be traumatized? This, of course, is not the case and sexual trauma for men is equally as violating as it is for women. As with women, most perpetrators (but not all) are heterosexual (straight) men. If the trauma is perpetrated from a man to another man, it has no bearing on the perpetrator's or recipient's sexual orientation. Acts of sexual trauma are not about sex, but rather are about domination, control, and violence. Similar as with women, the arousal is from power and not sexual attraction. Men can be the recipient of unwanted verbal comments, physical advances, or acts of rape from a man or woman, gay or straight.

In addition, an act of sexual trauma between people of the same gender does not change someone's sexual orientation. Your orientation before the trauma is still your orientation after the trauma. This can be very confusing, especially if you are a man who had a sexual response to the event. But just because the body responds to stimulation does not negate or minimize the trauma. Sexual trauma is demeaning, humiliating, and terrifying for anyone, either male or female, who experiences it, regardless of whether the perpetrator was a man or woman. However, men are less likely to admit, disclose, or report sexual trauma, and are less likely to seek help than women. Men are also more likely to worry about their sexual identity. Although both men and women can have difficulties engaging in or desiring sex following sexual trauma, men tend to feel more pressure and distress because of this.

UNDERSTANDING SEXUAL ASSAULTS

How does sexual assault happen and who are the perpetrators? The stereotype of a perpetrator of sexual assault is some sort of creepy, scary "boogeyman" lurking in a dark alley, wearing a ski mask, and holding a gun or knife. This image is consistent with what our society thinks of as a "perpetrator" and it is what is typically portrayed in movies and television shows. In addition, much of the early research found that perpetrators fit this image. The problem with that research is that they only surveyed those who were caught and put in prison. It is estimated that this stereotype only represents about 5% of perpetrators. Since the majority of cases are never reported, the majority of perpetrators are never adjudicated, never convicted by juries, and 95% are never sent to prison. One thing we have been able to find in subsequent research studies is that the majority of perpetrators of sexual assault are not scary strangers but rather are people who know their victims and whom other people respect and trust. They may seem like "nice" people, be successful in their careers, have families, and otherwise be upstanding trustworthy citizens!

If this seems inconsistent and confusing, then you are right. Because most perpetrators do not fit the stereotype of a man in a ski mask lurking in a dark alley, others have difficulty understanding or believing what happened. Perpetrators of sexual assault often use trickery to perform their acts and rely on being sneaky to get away with it. They may work hard to gain the

trust of others. But, of course, they are anything but nice and are certainly not trustworthy. Perpetrators know what they are doing. Whether the assault is opportunistic or premeditated, perpetrators have to consciously work to set up their victims, acting in a calculating way.

People who hear about sexual assault can't make sense of it and may end up blaming the one reporting the event because they think of the perpetrator as "such a nice guy." This confusion between who the perpetrator is to other people (in public, at work, in the military, or to other family members) and who the perpetrator is behind closed doors is one of the reasons why experiences of sexual trauma do not get reported, do not get prosecuted, and why other people may not believe what happened. This is incredibly frustrating and hurtful to victims of sexual trauma—and also one reason memories do not get processed well and remain stuck as painful and unresolved.

Remembering sexual trauma and its perpetrators can provoke strong, mixed feelings. On the one hand, it is common to feel duped and tricked. On the other hand, it is natural to feel fury, even years later—thinking, "How DARE they!" It is equally aggravating to think the perpetrator got away with it or, worse yet, that others actually blame the victim for it! And, of course, worst of all, the victim (or survivor) may even blame him- or herself for it.

In this course, you will examine what happened to you as an objective observer like a newspaper reporter (looking at the facts) or a scientist (examining the evidence in an objective manner) to help you understand the truth or multiple layers of the truth. The goal is to process your thoughts about the trauma so that you can see the whole picture, feel validated, make sense of it, put blame where blame is due, and then finally move past the past and into a more hopeful future.

NORMAL REACTIONS TO SEXUAL TRAUMA

What is "normal" when it comes to responding to sexual trauma? Everyone experiences sexual trauma differently, and there is a wide range of responses and symptoms in response to trauma. Biological predisposition, the nature of the trauma, supportive aftercare, and other factors all play a role in a person's reaction to trauma and the extent of resulting symptoms.

In addition, an event of trauma may not be the extent of distress, as trauma is rarely, if ever, really a single event. Even a single act of sexual trauma has many aftereffects such as the struggle of whether or not to report it, how the report is handled, to whom the trauma is disclosed, how it is received, and the potential multitude of symptoms that may have occurred. Some aftereffects—for example, being blamed, not believed, and minimized; feeling betrayed by family or friends; or having to deal with life-altering changes such as contracting a disease, having a debilitating injury, losing a career, losing a significant relationship, or contending with an unwanted pregnancy—may be even more devastating than the initial event of trauma. These are called "secondary traumas" and may need treatment just as much as primary traumas.

Common Symptoms After MST

MST can manifest in a multitude of symptoms affecting every aspect of one's life—from emotional, psychological, behavioral, and physical issues to finances, relationships, legal issues, and homelessness.

Emotional issues may include feeling depressed, sad, hurt, grief-stricken, empty, and lost; anxious, terrified, nervous, insecure, vulnerable, and overwhelmed; angry, resentful, bitter, and furious; ashamed, embarrassed, guilty, and self-hating; or numb, flat, disengaged, and withdrawn. Emotional issues may also include feeling "triggered" or having sudden experiences of anxiety due to a recall of an aspect of the trauma. You might have experienced all of these symptoms and many more not on this list.

Psychological symptoms include negative thought patterns such as negative thinking about "all men" or "all women"; negative thoughts around trust, safety, and self-blame; and recurrent worries such as "I should have . . . ," "I could have . . . ," and "I would have. . . ." These may all be part of a sexual trauma survivor's thoughts years after the event.

Some behavioral problems associated with sexual trauma include substance abuse (e.g., alcohol and drug use) and other addictions as a way of escaping from the thoughts and feelings of the trauma, eating disorders, difficulty in relationships, difficulty keeping a job, self-injury, isolation from others, and not complying with treatment. Other behavioral issues may be nightmares, poor sleep, and insomnia.

Physical problems associated with sexual trauma may include immune system dysfunctions, gynecological problems, HIV or other sexually transmitted diseases, sexual dysfunction, and issues with reproductive health. Some survivors may experience memory loss, an inability to retrieve memories, or an inability to concentrate. Many survivors of MST have multiple health problems, chronic illnesses, and chronic pain.

This is not an exhaustive list but is presented to show the broad array of symptoms following sexual trauma. Can you see how the accumulation of symptoms leads to more problems that lead to more symptoms?

Homelessness and MST

Homelessness among veterans is a growing concern, particularly for women veterans who are three to four times more likely to become homeless than nonveteran women (Gamache, Rosenheck, & Tessler, 2003). The link between MST and homelessness is a perfect example of accumulated symptoms. What if a survivor is having so many symptoms that it is too difficult to keep a job? Then the bills start piling up, leading to increased negative thinking and feelings of being overwhelmed. What if the survivor doesn't have supportive friends and doesn't have the energy or self-esteem to make friends? What if the survivor doesn't have a supportive family?

Unfortunately, people can feel completely isolated and alone, overwhelmed by external and internal stress, and unable to sleep or stop the racing thoughts that can lead to an increased desire for substance abuse or escape (e.g., through addictions, self-injury, and even suicide). What if the only solution is to get into a relationship, or stay on a friend's couch, but then that turns into an abusive situation? Unfortunately, it is not surprising that, with compounding difficulties and without resources, female veterans with MST, unemployment, poor health, and PTSD are at high risk for homelessness (Washington et al., 2010).

There are half hours that dilate to the importance of centuries.
—Mary Catherwood

Did You Know . . .

According to the National Institutes of Health, PTSD affects some 7.7 million Americans. Women are more likely than men to develop PTSD. In fact, recent studies have shown that women experience PTSD at a rate twice that of men.

POSTTRAUMATIC STRESS DISORDER

About 30% of people who experience sexual trauma develop PTSD at some point during their lifetime. Sexual trauma and torture are the two types of events most likely to lead to PTSD. Why do you think that is? _____

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PTSD occurs when a person has been exposed to an event that involved possible injury or death, and which resulted in feelings of intense fear, helplessness, or horror. Years after the event, the person may continue to experience a variety of responses and feelings that he or she didn't have before the event. These include nightmares; avoiding people, places, and things; a sense of panic; irritability; anxiety; and an intense feeling of being unsafe resulting in hyper-awareness of anything that could possibly be dangerous. People who have PTSD may have flashbacks to the traumatic episode, feeling as if it is happening all over again. This feeling can occur unexpectedly or in response to something that might remind the person of the event.

People who have experienced trauma may feel overwhelmed by the experience and want to avoid thoughts, feelings, places, people, or anything else that might remind them of the trauma. They might also choose to avoid crowds or social situations, withdrawing from other people, and lose interest in doing the things that were once sources of pleasure. Many people with PTSD are unable to recall some important elements of the experience while also having recurrent thoughts of other parts of the

experience. They may also have negative thinking about themselves or others.

Even people who don't meet the full criteria for PTSD are not necessarily free of symptoms. Sexual trauma can affect many aspects of a person's life and all of these responses are normal and typical responses. Not only are they normal, typical, and common reactions, but they are also *treatable.* It is very important to know that you CAN heal from MST. Many people do . . . and so can you! You are using this workbook because you want to and deserve to heal. Stay with the course (show up even when you don't feel like it!) and let the experience help you resolve the past and move forward in your life in a positive way.

FOUR THINGS TO CONSIDER WHEN HEALING FROM MST

1. It is normal to feel upset when you read about MST and consider how it has affected your life. These feelings make sense, are justified . . . and will change. As you heal, the intense feelings of distress may become less frequent, less intense, and may not last as long. Instead of judging your experience, consider telling yourself, *"It's okay, I'm healing,"* every time you have an episode of intense feelings during the program. They will pass.

2. Each traumatic experience is different, but many people have similar responses to experiencing sexual trauma. In other words, YOU ARE NOT ALONE. Breaking the silence about your trauma can help in the healing process. An important part of this course is recognizing that others share similarities to your experience—and may share important insights to support you in your healing.

3. It's also reassuring to know that you have had and are having a normal reaction to trauma. Even if other people in the room react differently, it is all normal and makes sense. Some people shut down and cannot express themselves, while others become bold and are quick to defend themselves from any abuser or form of danger. Both responses are coping strategies in order to be safe. Whatever your response to trauma, it developed for a good reason.

4. Finally, when embarking on this journey it is important to remember to have compassion for yourself and for others in the room. Everyone, including you, is trying to cope.

Writing exercise: **How has past trauma affected your life? Consider your health, family, career, finances, emotional well-being, and lifestyle.**

Writing exercise: **What would you like to change or be different as you move forward into the future? Consider your health, family, career, finances, emotional well-being, and lifestyle.**

CHAPTER 1 SUMMARY POINTS

- This book defines sexual trauma as anything that occurred or was threatened to occur that was experienced as a violation of a sexual nature. The Department of Veterans Affairs defines MST as "sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of the victim, or the relationship to the perpetrator."
- You are not alone: It is estimated that 30% of women and 10% of men experience sexual trauma, and in the military rates of MST are as high as 55% for women and 12% for men!
- MST may include further complications for sexual trauma survivors since they are "captive" by the military, requiring them to continue to live and work with their perpetrator and friends of the perpetrator.
- Sexual assaults are typically enacted by perpetrators who premeditate and plan their attacks using trickery, lies, and manipulation.
- Normal reactions to sexual trauma include anger, anxiety, panic attacks (or a sense of feeling overwhelmed), shame, guilt, self-blame, substance abuse and other addictions, running away, depression, and even self-harm.

MST happens. It is not your fault. Your symptoms are normal . . . AND you can heal!

THIS WEEK'S CLOSING EXERCISES (SEE APPENDIX B)

At the end of class on the first day, review and practice the *signal breath.* At the end of class on the second day, review and practice the *cleansing breath*. Then practice them together using the *relaxation sandwich*.

Signal Breath

The *signal breath* is one of the most versatile relaxation skills. It is quick and easy to do. It literally takes 5 seconds! It can be used when you feel angry, frustrated, or afraid. It is called a *signal breath* because, like a traffic signal, it helps you slow down, stop . . . and then move forward in a more relaxed frame of mind. It is based on two principles: (1) you can't be relaxed and tense at the same time (e.g., your hand is either open or in a fist), and (2) everything is connected . . . so if you relax your mind, then you also relax your body, and if you relax your body, then you relax your mind. So in this exercise, the idea is to hold the breath, building up tension, and then when you release the breath, you experience relaxation.

It goes like this: Take in a deep breath, inhaling through your nose. Hold it at the top for several seconds (up to 5 seconds if that's comfortable for you). Then, let it out slowly through your mouth. As you exhale, imagine all of the tension leaving your body.

Cleansing Breath

The *cleansing breath* is probably the simplest technique in this book but yields impressive results. Imagine the breath is like taking a shower or standing under a cleansing waterfall—washing all the tension away. Do not hold the breath during this exercise. It is designed to be a quick "cleanse." It can be used anywhere or any time when you want a quick release of tension.

It goes like this: Take a deep breath in through the nose and let it out with a heavy sigh. Try this without the sigh and then with the sigh—feel the difference?

Relaxation Sandwich

The *relaxation sandwich* starts with the *signal breath* and ends with the *cleansing breath*. The two breaths are the "bread" and any other closing exercise is the filing. This sandwich technique will be used throughout *Warrior Renew* as a way to begin and end a relaxation session. Start with two to three *signal breath*s, then a single or series of closing exercises, and end with two to three *cleansing breaths*.