

Healing the Wounds of Military Sexual Trauma in Women By Catherine McCall, M.S., L.M.F.T.

The number of women in the armed services has doubled in the past 30 years, and they now compose 14% of our active duty forces (Rogers, 2011). Mental health clinicians, whether working in military or civilian settings, need to be aware that women who present with symptoms of disorders which are common among new patients - alcohol and drug addiction, PTSD, anxiety, depression - may have developed their symptoms primarily as a result of having experienced military sexual trauma (MST). In fact, the single strongest predictor of PTSD for women in the armed services is MST, and sexual harassment causes the same rates of PTSD in women as combat does for men (Natelson, www.vertanstoday.com, 8/05/10). Because addiction in its various forms becomes a solution to the depression, anxiety, and stress of the trauma, it's likely that these women will find their way to addiction treatment centers and counselors. Therefore it behooves clinicians to inquire during every intake with a woman, whether or not she has ever served in the military, what that experience was like for her, and whether she has been a victim of military sexual trauma.

The National Center for Post Traumatic Stress Disorder defines military sexual trauma as referring to both the sexual harassment and sexual assault that occurs in military settings. Sexual harassment is unwelcome verbal or physical conduct of a sexual nature that occurs in the workplace or in an academic training setting. Gender

harassment, unwanted sexual attention, and sexual coercion are examples of sexual harassment. Sexual assault is any sort of sexual activity between at least two people in which one of the people is involved against her or his will. Unwanted touching, grabbing, oral sex, and sexual penetration are examples of sexual assault. Both men and women are victims of military sexual trauma, and it includes domestic violence as well as assaults while on active duty and /or hardship tours. Perpetrators can be men or women, military personnel or civilians, superiors or subordinates in the chain of command. Veterans of all eras of service have reported experiencing MST.

Research cited in a recent VA publication (<http://www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp>) concluded that approximately one in five women seen through the VA report having experienced MST. Is it any wonder? “You’ve got to understand that just about every woman who joins the military is going to be tested by at least some level of it,” a former female Navy officer told me recently. “It is a test of their vulnerability, their capacity to manage difficult situations, and their commitment to unit cohesion. This is because you’re expected to be part of the team. The overall commitment is to complete the mission. Remember, a key value of military service is self-sacrifice.”

Last December the Star Tribune reported that Rep. Jane Harmon, Member of the House Homeland Security Committee, articulated a jolting statement on this subject: “A woman who signs up to protect her country is more

likely to be raped by a fellow soldier than killed by enemy fire.”(<http://www.startribune.com> 12/17/10). Furthermore, the Department of Defense (DoD) Conference for Sexual Assault Response Coordinators, reported in 2008 that “for all veterans, the odds of developing post-traumatic stress disorder from sexual assault are higher than for exposure to combat.”

The validity of these statements is understandable if one takes a look at some of the statistics gathered over key years:

- 66,342 female veterans reported sexual assaults from 2002-2008.
- In 2008, 2,900 sexual assaults were reported. This was a 9% increase overall, and a 26% increase in war zones from the 2007 calculations.
- In 2009 there were 3,230 reports of sexual assaults. This was an 11% increase across armed forces from the previous year, with a 33% increase in war zones.
- In 2010, there were 3,292 reports of sexual assault involving a service member. (Lasker, 2011)
- In the past 30 years the number of women in the armed services has doubled, and they now compose 14% of the active-duty forces.
- At least 250, 000 American women have served in Iraq and Afghanistan (Rogers, 2011).
- 80% of assault victims fail to report the offense. (Natelson, 8/05/10).

Though these statistics give us an important black-and-white picture of the suffering, it's only when we listen to these women's stories that we are propelled into the depth of their pain, the cost of their service, and the tragic realities of MST. As one suffering victim of told me:

“It's brutal trying to recover from these things. Remember, when we enter the armed services we go into a situation where we're told ‘You joined this family. Look to your left... this is your brother or sister...Look to your right...this is your brother or sister. Look at me...I'm your parent,’ ...And then it happens to you. Let's say your commanding officer rapes you, for instance, or one or more of your fellow soldiers harasses you regularly and rapes you multiple times...on the News they talk about it as if it happens once...sometimes it does, and that's traumatic...many times it doesn't, but goes on and on...In my situation it went on for 2 ½ years. And I kept wondering what was wrong with *me*? What's my deficiency, if my brother singled *me* out? I was *servicing*, doing my job, and having to see my perpetrator everyday...it was continual trauma...I would eat with him, drink with him, sleep in close quarters with him, work with him, go to the field with him, do activities with him...sometimes his friends would make jokes about me...I felt like his concubine.”

Typically, women like her, even when they return home, tell no one, for years.

Civilians, particularly if they've never been sexually assaulted, may question why a victim would keep such a secret for years, but there are several important and overlapping contributing factors:

- Unlike civilians, victims in the armed forces don't have the luxury of being able to quit their jobs without imprisonment.
- All military service members begin their official time of service by taking an oath at a swearing in ceremony in which they solemnly swear to defend the Constitution of the United States, and to obey the orders of the President of the United States, and the orders of the officers appointed over them. They're indoctrinated, in training and through the intensity of repetitive life-and-death military operations, to obey without questioning. Their lives and the success of their missions depend on it.
- They're often caught in a situation where they're relying on their perpetrators to provide for their basic needs, including medical and psychological care.
- The reporting protocol has been fraught with impediments such that there was no guarantee of confidentiality, it was very difficult for them to obtain benefits, and they were not guaranteed access to military lawyers.
- A majority of predators have gone free after a victim's report or have merely been essentially slapped on the wrist. Thus, victims learned to take

what they saw as their only feasible option: accept their fate and try to deal with it on their own, while not telling anyone (Lasker, 2011).

- Military culture, having regarded women as prey or a spoil of war since biblical times, can be as hyper-masculine as you can get, extremely sexist, and hostile, as exemplified in these marching cadences: “I’ve seen her stripped/ I’ve seen her bare/ I’ve felt her over everywhere.” (www.StarTribune.com 12/17/10).
- Most military groups have developed a strong cohesion factor, particularly during combat. The dynamics of cohesion, which are ordinarily a plus in military life, would make disclosure a taboo.
- In many cases the alleged victims were told to keep quiet and forced to continue to live among and work alongside of the people who had assaulted them. This created a feeling of helplessness and powerlessness, thereby setting the victim up to be at risk for further victimization.
- Victims have often been forced to choose between career advancement and protecting themselves from further victimization. Yet, in many cases the perpetrator was not only not punished but frequently promoted.
- Like many survivors of incest, other forms of sexual abuse and trauma, they dissociated what was happening to them, or repressed the memories -- just couldn’t bear to remember what happened to

them until years later, and after they completed their military duty.

A woman's reaction to MST will depend on whether or not she has a prior history of trauma, the types of responses she received from others at the time of the experience, and whether the experience happened once or was repeated over time. Typically, however, the difficulties which will lead her to seek help include:

- feeling numb or emotionally flat, with difficulty feeling love or happiness
- feeling depressed, angry or irritable; having intense, sudden responses to things
- trouble falling or staying asleep; nightmares
- having a hard time with concentration or memory
- drinking to excess or using drugs daily, getting high to cope; drinking to fall asleep
- feeling on edge, particularly in relation to sex
- trouble with authority figures
- chronic pain, weight or eating problems, stomach or bowel problems

Assessment for addictive diseases when working with these women is critical. Alcohol use is embedded in military culture, and the use of alcohol and/or drugs is a known risk factor for sexual assault (Sadler, Booth, Cook, and Doebbeling, 2003), as well as a means to anesthetize the emotional and sometimes physical pain experienced as a result of the assault (as noted above).

Clinicians need to keep abreast of new findings related to MST, and the internet is a good place to access them. The website, <http://afterdeployment.org/web/guest/topics-military-sexual-trauma> is particularly comprehensive, as are others listed at the end of this article.

I encourage clinicians to receive training in both Eye Movement Desensitization Reprocessing (EMDR), an effective trauma treatment intervention which is approved by the VA, as well as other components of comprehensive trauma recovery treatment.

Civilian therapists who have never been in the military, need to learn about military culture. Here in Georgia, an organization called Care for the Troops, has developed continuing education programs for therapists with this goal in mind. Their website provides a wealth of useful information for vets, their families, and all who are involved in their care: www.CarefortheTroops.org . Check for similar programs in your geographic area.

Familiarity with the *Military Oath of Enlistment* is a must for each clinician. All military service members begin their official time of service by taking this oath at a swearing in ceremony. As an experiential exercise, to impress upon you the anguish of the level betrayal a victim of MST endures, insert your own name and read it aloud, imagining yourself as the soldier:

I, (name), do solemnly swear that I
will support and defend the

the Constitution of the United States
against all enemies, foreign and
domestic; that I will bear true
faith and allegiance to the same;
and that I will obey the orders of
the President of the United States
and the orders of the officers
appointed over me, according to
regulations and the uniform Code
of Military Service, so help me God.

Taking the Oath of Office is a moment a soldier will never forget. Speaking these words has far more emotional impact than these words on paper could ever convey, because a woman in the military knows, that in that moment she is agreeing to defend a principle with her very life.

Many information clearing houses and valuable resources are available through the internet. I've provided a listing of useful facebook pages and websites at the end of this article. Acquaint yourself and the women you are working with in therapy with these sites. A particular favorite of mine is A Black Rose (www.ablackrose.org) Through this site women can find legal assistance, peer support through trials, possible financial assistance (for those who qualify), and community training and education. There is also information about the Service Women's Action Network (SWAN) and the DoD's Sexual Assault Prevention and Response Organization (SAPRO). SWAN is a non-partisan, non-profit human rights organization that works to improve

the welfare of U.S. servicewomen and all women veterans. SAPRO is the organization responsible for the oversight of the Department of Defense sexual assault policy. Through SAPRO, the DoD has implemented a comprehensive policy to ensure the safety, dignity, and well-being of all members of the Armed Forces.

The official policy of the Veterans' Health Administration now is to provide veterans experiencing MST with free care for all related physical and mental health conditions. In fact, many vets are first diagnosed with MST through the VA's improved diagnostic interview protocols. Every VA facility has an MST Coordinator who can help veterans access appropriate care whether they are presently connected to the military or not. This coordinator is trained to be familiar with state and federal benefits available to vets.

Most recently the Department of Defense (DoD) has partnered with the Rape and Incest National Network, www.rainn.org, to provide live, one-to-one advice, support, and information, worldwide. This service includes 24-hour/day coverage over the phone (877-995-5247), or through internet and text-message capabilities.

The reality of sexual trauma among the women in our military services is deeply disturbing, and the needs for healing are great. We in the therapeutic community must understand that serving the victims of military sexual trauma is a sacred trust. We have a duty to both honor

those who have served us, and to learn best practices so that we, in turn, can serve them.

About the author: Catherine McCall, M.S., L.M.F.T., is the author of *When the Piano Stops: A Memoir of Healing from Sexual Abuse*, the UK best-seller *Never Tell*, and a regular blog for *Psychology Today* magazine. A licensed marriage and family therapist and certified sexual addiction therapist candidate, she has practiced in suburban Atlanta for almost 30 years. She may be reached through her website, www.catherinemccall.net

Internet Resources

facebook pages

Stop Sexual Abuse and Harassment Against Military Women

Service Women's Action Network

Mothers Against Military Sexual Trauma

MRCC: Supporting survivors of Military Sexual Trauma

websites

Care for the Troops www.CarefortheTroops.org

Fatigues Clothesline www.fatiguescloseline.com

A Black Rose www.ablackrose.org

Women Veterans Healthcare www.womenshealth.va.gov/
www.maketheconnection.net/

Gift from Within www.giftfromwithin.org

Joining Forces www.whitehouse.gov/joining_forces/
EMDR www.emdr.com
Make the Connection www.maketheconnection.net/

References

Ellison, Jesse, *The Military's Secret Shame*, Newsweek,
www.thedailybeast.com, 4/11/11.

Lasker, John, *Speaking Out: US Military Sexual Violence and Trauma Against Women*, March 15, 2011
<http://www.towardfreedom.com>

Natelson, R., *Separate, Unequal, and Unrecognized*,
http://www.huffingtonpost.com/rachel-natelson/separate-unequal-and-unre_b_670302.html, 8/04/10.

Rogers, Rick, *Female Vets Changing Face of VA Military*,
www.nctimes.com, 3/18/11.

Sadler, A., Booth, B., Cook, B., and Doebbeling, B.,
Factors Associated with Women's Risk of Rape in the Military Environment, American Journal of Industrial Medicine, 2003, 43:262-273.

Saenz, Arlette, *17 Veterans Sue Pentagon Over Rape Cases*, <http://abcnews.go.com>, 2/15/11.

Stern, Jessica, *The Military Must Take Harder Line Against Sexual Assault*, The Washington Post, February, 2011.

U.S. Department of Veterans Affairs,
<http://www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp> , April 27, 2011.

Veterans Today: Military Veterans & Foreign Affairs Journal. Military Trauma Not Addressed Fully,
www.veteranstoday.com, August 5, 2010.

www.StarTribune.Com , 12-17-10

Recommended Books

Benedict, Helen, *The Lonely Soldier: The Private War of Women Serving in Iraq*. Boston: Beacon Press, 2009.

Grant de Paw, Linda, *Battle Cries and Lullabies: Women in War from Prehistory to the Present*. Norman, Oklahoma: University of Oklahoma Press, 1998.

Herman, Judith, *Trauma and Recovery: The Aftermath of violence—from Domestic Abuse to Political Terror*. New York: Harper Collins, 2009.

Hunter, Mic, *Honor Betrayed: Sexual Abuse in America's Military*. Ft. Lee, NJ: Barricade Books, 2007.

Stern, Jessica, *Denial: A Memoir of Terror*. New York: Harper Collins, 2009.

Van der Kolk, Bessel A., McFarlane, Alexander C., and Weisaeth, Lars, Editors. *Traumatic Stress: the Effects of Overwhelming Experience of Mind, Body, and Society*, New York: Guilford Press, 1996.

Venable Raine, Nancy. *After Silence: Rape & My Journey Back*. New York: Three Rivers Press, 1998.

Weaver Francisco, Patricia, *Telling: a Memoir of Rape and Recovery*. New York: HarperCollins, 2000.

