



Military Sexual Trauma

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1.1 OVERVIEW

Sexual assault and sexual harassment are traumatic events. Like other kinds of trauma, sexual assault and harassment often negatively impact the survivors for years after the event. During sexual assault or harassment, victims often feel afraid, helpless, horrified, humiliated and confused. If the trauma is upsetting enough, some victims go completely numb and cut themselves off from the experience. Intense feelings about a trauma can last for a long time after the event. Other survivors say their feelings about the experience were absent for a long time, then reappeared.

Sexual assault and harassment damage the survivor's self-esteem and trust.

Some survivors are criticized or judged by others who don't understand what it's like to be violated. These side effects can lead to even more suffering as a person tries to recover. Common after effects for survivors of sexual assault and harassment include:

- Post-traumatic stress disorder
- Depression
- Suicidal thoughts
- Anxiety
- Strong, painful emotions
- Emotional numbness
- Problems with alcohol and drugs
- Sleep problems
- Attention and memory problems
- Upsetting memories
- Feeling on guard
- Anger
- Shame and self blame
- Difficulties in relationships
- Difficulties at work
- Sexual problems
- Physical health problems
- Spiritual crisis

Sexual assault and harassment are like a continuum of behaviors, with assault and rape at the extreme end of that continuum. The two are often interconnected, beginning in one form and progressing to the other. Victims may have similar responses to them. Though there may be some "gray area" on the continuum between assault and harassment, different legal and disciplinary systems handle sexual assault and harassment as different categories of behavior. In this eLibrary, we will often refer to assault and harassment separately because of the different reporting and legal avenues available to address them. While sexual assault and harassment may have a profound impact on you, you can heal. Those who seek support tend to recover faster and more completely after a stress or trauma. **Tell someone you trust what has happened—don't struggle alone.**

A Note on Language:

Because it can be wordy and repetitive to say “sexual assault and harassment,” the terms “sexual trauma” or “sexual violation” are used at times in place of “sexual assault and harassment” in this document. The terms “victim” and “survivor” refer to people who experience sexual assault or harassment. In this eLibrary, we will use the word “victim” when talking about legal and reporting concerns, or when referring to someone who is currently being, or has recently been, traumatized. Otherwise, when referring to people who were assaulted or harassed in the past, we will use the term “survivor” as a reminder that recovery and healing are possible, and that victims can regain power and choice in their lives. Talking about sexual trauma can trigger intense feelings for some readers, especially if you have mixed feelings about calling what happened to you a “trauma” or “violation.” We use these terms because assault and harassment are events that violated your boundaries. In other words, you didn’t ask for certain kinds of treatment. “No,” whether stated verbally or not, was not honored—a line was crossed. If you feel the words “trauma” and “violation” do not apply to you, that’s fine. You should define your experience in a way that feels most true to you.

1.1.1 If You Believe You Were Recently Sexually Assaulted:

- **Get to a safe place.**
- **Call 911**—if you need immediate medical help.
- **Call Military OneSource anytime** to talk with a Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA). *You do not have to report what happened.* (Contact information is at the end of this document.)
- **Get medical care as soon as possible.** Even if you’re not hurt, you need medical help to protect your health. While you may not have visible physical injuries, you may be at risk of a pregnancy or sexually transmitted disease.
 - Ask healthcare personnel to conduct a sexual assault forensic examination (SAFE) to preserve evidence of the assault, even if you’re unsure whether to report the incident.
 - If you think you’ve been drugged, ask if you can provide a urine sample.
- **Save all evidence of the assault,** even if you’re unsure whether to report it. Avoid bathing, washing your hands or brushing your teeth before seeking medical care. Do not clean or straighten up the scene.
- **Write down or record any details** you remember about the assault and your assailant.
- **Restricted and unrestricted reporting options are available.** We will discuss these options later. You don’t have to report right away, but you should save all evidence and seek medical care immediately.

1.1.2 If You Have Been Sexually Harassed:

- **Stay safe:** stay away from your harasser, or make sure you're not left alone with the person.
- **Call Military OneSource anytime** for confidential support and advice about your options.
- You can also **speak to a chaplain** or a mental health counselor with confidentiality.
- **Save all evidence and record any contact you have with your harasser.** Include dates, times and what was said and done each time.
- **There are formal and informal procedures** for making complaints and reporting sexual harassment; read the "Sexual Harassment Reporting" section.

1.1.3 When To Seek Immediate Help:

After a sexual assault or harassment your feelings may alternate between angry, sad, anxious, and numb (feeling nothing at all). These strong feelings don't mean that something is wrong with you or that you will never recover. If these experiences don't last too long or interfere with your ability to function, you don't need to worry. But if you have **any** of these reactions, seek help immediately:

-
- | | |
|--|---|
| • Feeling disoriented or out of touch with reality | • Increased symptoms of a preexisting condition |
| • Hallucinations | • Hyperventilation |
| • Suicidal thoughts | • Uncontrollable shaking |
| • Homicidal thoughts | • Irregular heartbeat |
| • Alcohol or substance abuse | • Extreme nausea or vomiting |
| • Self-destructive behavior | • Hemorrhaging |
| • Cutting or other self-mutilation | • No memories of periods of time |
| • Extreme vivid memories of the event, like it's happening again | • Intense, new or unexplained pain |
-

Call Military OneSource anytime for counseling and referrals. You'll find contact information at the end of this document.

1.2 FACTS ABOUT SEXUAL HARASSMENT IN THE MILITARY

In this section, you will learn definitions regarding terms used in sexual harassment. It is important to have a clear understanding of what these terms mean in assessing what you may have experienced.

You may feel
OVERWHELMED
or many other types of
strong feelings.
That's normal.

1.2.1 Definitions

SEXUAL HARASSMENT

- Sexual harassment is unwelcome or threatening verbal or physical conduct of a sexual nature. Sexual harassment includes: Gender harassment (someone puts you down because you are male or female).
- Unwelcome sexual attention (someone makes offensive remarks about your sexual activities or your body).
- Requests for sexual favors and sexual coercion (someone offers special treatment for your sexual cooperation or punishment if you don't cooperate).
- Verbal and nonverbal communication (things like gestures, magazines, or photos).
- Physical aggression or contact (like touching, cornering, or kissing).

SEXUAL ASSAULT

Sexual assault is intentional sexual contact without consent. Sexual activity includes any of the following acts (or attempts to commit these acts):

- Unwanted touching or grabbing.
- Oral or anal sex.
- Sexual penetration with an object.
- Sexual intercourse.

Penetration of any kind (oral, anal or vaginal) is considered rape. Activities involving the use of force, threats, intimidation, coercion or abuse of power, are considered “without consent.” This also includes activities where the victim does not, or cannot, express interest or consent with a clear mind (if they're asleep, intoxicated or unconscious). Sexual assault may or may not involve physical force.

BOTH *men and women*
can be sexually harassed or sexually
assaulted. Likewise, **PERPETRATORS** *can be*
male or female.

MILITARY SEXUAL TRAUMA

The Department of Veterans Affairs uses the term “Military Sexual Trauma” (MST) to refer to sexual assault or harassment involving a female or male service member while in the military.

The VA offers free treatment to victims of MST—see the section on Healing from Sexual Assault and Harassment: Emotional Support.

1.2.2 Myths and Misconceptions About Sexual Assault and Rape

Here are some common misconceptions about sexual assault and rape:

Myth

Only women are sexually assaulted, not men.

D

Fact

While women are more often sexually victimized than men, men in the military do get raped and sexually assaulted-by other men and by women. In the military, 23-28% of women report being sexually assaulted, and 3.5% of men report being sexually assaulted. Because men outnumber women in the military, about as many men as women experience sexual assault in the military.

Myth

Most victims are raped by strangers, in unfamiliar places or on dark nights.

D

Fact

Up to 85% of rapists are known by the person they attack. "Acquaintance rape" by a friend, new acquaintance, or coworker is common, especially among young, single women. Studies find 50% of sexual assaults occur in or around a woman's home, and 50% happen during the day in civilian life. In the military, sexual assaults generally happen between Thursday and Sunday from the hours of 2200 to 0600. Assaults often involve unlocked barracks rooms.

Myth

Victims who were drinking or drunk when sexually assaulted are partially to blame.

D

Fact

Sexual assault survivors are never responsible for their assailant's behavior, no matter how much alcohol they've had. Alcohol may increase the risk of sexual assault. It can also leave people unable to consent or protect themselves. While alcohol is often involved in sexual assaults in the military, drinking is not the cause of the assault. Being drunk does not give perpetrators the right to take advantage of you.

Myth

People often falsely accuse others of sexual assault or rape (to get back at someone, or because they feel guilty about having sex).

D

Fact

Almost all reported rapes and assaults are valid. Too often, rapes go unreported because victims feel ashamed and fear no one will believe them.

Myth

People who commit sexual assault come mostly from certain races or backgrounds.

D

Fact

Assailants can be anyone. Any race, ethnicity, age, sexual orientation, or economic or social background.

Myth

If the victim didn't fight or try to run away, or there was no weapon or injury, it wasn't rape.

D

Fact

Rape victims may not resist because:

- They are threatened with violence.
- They are coerced (threats to their career or reputation).
- They fear injury or death.

Learn
the
FACTS
and
discard
the
myths.

1.2.2 Myths and Misconceptions About Sexual Assault and Rape (cont.)

Myth
Victims "ask for it" by flirting, or by acting or dressing seductively.

▷

Fact
No one "asks" to be assaulted. When attackers decide to assault someone, the victim's outfit is of little consequence.

Myth
Rape and sexual assault are crimes of passion or desire.

▷

Fact
Rape and sexual assault are crimes of violence, anger and power-- not sexual desire.

Myth
People commit sexual assault because they are sexually frustrated.

▷

Fact
Many people who commit sexual assault are married and engage in "normal" sexual relations with their partners. They sexually assault to get gratification from intimidating, humiliating, and degrading their victims.

1.2.3 Myths and Misconceptions About Sexual Harassment

Many people also have misconceptions about sexual harassment. Here are some common myths about sexual harassment:

Myth
Only women are sexually harassed in the military; not men. All sexual harassment perpetrators are male.

▷

Fact
While the majority of sexual harassment victims in the military are women, men do get harassed-by other men and by women.

Myth
People exaggerate the seriousness of sexual harassment. Most "harassment" is really minor, harmless flirtation.

▷

Fact
Sexual harassment can be devastating. Studies find most harassment has nothing to do with "flirtation" or sincere sexual or social interest. Victims often feel offended, frightened, and insulted. Research shows victims often must leave their schools or jobs to avoid harassment. Many victims suffer serious psychological and health-related problems, including PTSD, depression, and anxiety.

Myth
Sexual harassment is less of a problem these days.

▷

Fact
Sexual harassment affects as many as 78% of military women. And up to 38% of men in the military have been sexually harassed while in the military.

Myth
Sexual harassment policies and legislation demonize normal flirtation and sexuality.

▷

Fact
Sexual harassment may be common, but it is not "normal." Sexual harassment is not about sex; it's about abuse, power, and authority.

1.2.4 How Common Is Sexual Violence In The Military

It's difficult to give precise data on how common sexual assault and harassment are, because both crimes often go unreported.

Statistics show that 23-28% of women service members are sexually assaulted while in the military, and 11% are raped. Some experts believe the figure is higher today, because these numbers were gathered before women's roles increased in the conflicts in Iraq and Afghanistan. A report published in 2006 found that 6.8% of active duty women were sexually assaulted in a single year. Statistics of sexual harassment of women vary, ranging from 34%-78% of military women.

While male sexual assault and harassment are vastly underreported in the military, one estimate claims 3.5% of male service members are sexually assaulted while in the military, and 1.2% are raped. A 2006 report found 1.8% of active duty men were sexually assaulted in a single year. Statistics of sexual harassment vary, ranging from 6-38% of men in the military.

These numbers are probably low, because many service members who are assaulted or harassed do not report what happened for fear of being ignored, stigmatized, or retaliated against.

THE TREND SAYS . . . NUMBERS ARE RISING.

The number of reported sexual assaults has risen in the last few years, with more assaults reported in 2003 than 2000. Reporting rates continue to rise among active duty service members serving in Iraq and Afghanistan. The Pentagon and Department of Defense (DoD) note that reports of sexual assault increased dramatically from 2004 (1700 incidents reported) to 2006 (2947 incidents reported). Historically, there are higher rates of assault during a war. The greater number of incidents may be the cause of more reports. Or the increased reporting may be due to changes in policy in 2005 that encourage survivors to report. One of those changes allows survivors to report without opening an investigation.

**Many survivors
worry that reporting
will interfere with
company morale.**

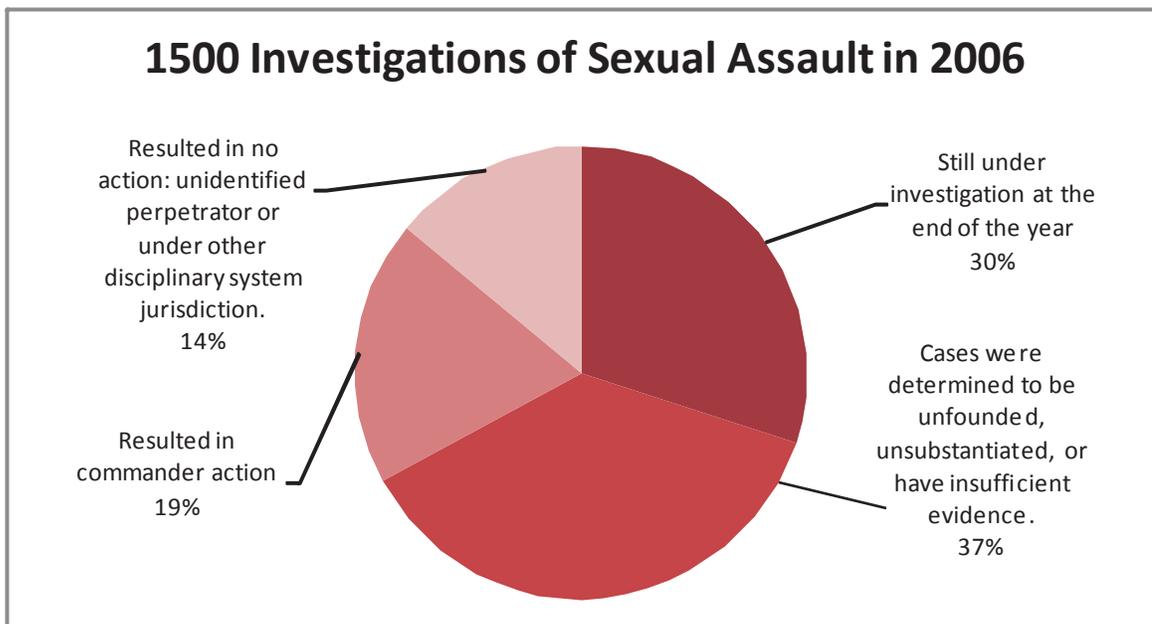
As few as **5-20%** of sexual assaults of military service members are reported to an authority. Many victims feel shame and concern over how they will be perceived if the event becomes public or starts an investigation.

FACTS ABOUT SEXUAL ASSAULT AND HARASSMENT IN THE MILITARY

- The most common sexual assault is acquaintance or date rape, also known as offender-known rape.
- Alcohol and unlocked barrack rooms are the most common factors in sexual assaults of service members.
- Sexual assaults generally occur between Thursday and Sunday, and between 2200 and 0600.
- The majority of incidents (including harassment) took place at a military work site and during duty hours.
- The majority of MST offenders are military personnel.
- The Service branch with the highest percentage of women reporting sexual trauma is the Marine Corps.
- Victims and perpetrators tend to be military personnel ranks E1-E4, ages 17-26 years old, and unmarried.

1.2.5 What Happens When An Assault Is Reported?

According to the Miles Foundation, a non-military agency that tracks sexual assault in the armed forces, the most common response to a report is an administrative action, like a reprimand letter or lost pay. In rare cases, offenders are court-martialed. The graph below summarizes 1500 investigations of sexual assault in the military in 2006.



Department of Defense: [2006 Annual Report on Military Services Sexual Assault](#) [pdf]
Department of Veterans Affairs, "Military Sexual Trauma Among The Reserve Components Of The Armed Forces"

Of those who received disciplinary action by command, only 25% were court-martialed. About 5% of *all* investigations led to a court martial, 8% to non-judicial punishment, and about 7% to administrative disciplinary action or discharge instead of other punishment.

1.2.6 Sexual Trauma in the Military: How Is It Different?

Service members may expect to face trauma in the line of duty, like coming under fire from an enemy. But sexual assault or harassment is different. It happens during military service, comes from within your own ranks, but isn't related to your mission. Assault and harassment in the military may also differ from those in the civilian world because military survivors often live and work with, or rely on their perpetrators.

Here are some ways that sexual assault and harassment in the military lead to unique difficulties:

- **I can't get away!**
- **Will others see me differently now? What impact will this have on our mission?**
- **My career is over...**

Let's learn more about each unique difficulty...

I can't get away!

Because the assault or harassment happens where the victim lives and works, it's difficult to "move on" after a sexual trauma in the military. Instead, victims may have to keep living or working closely with their attackers, often without anyone else's knowledge. Victims may even have to rely on their attackers for basic needs, like medical and mental health care. In the war zone, the lives of victims may literally be in the hands of the people who assaulted them.

Relying on perpetrators can leave survivors feeling helpless, powerless, betrayed, and at risk. Victims may question the notion of being part of a "band of brothers and sisters" if their attacker is another service member. A victim's sense of belonging to a cause bigger than themselves can turn into a feeling of being trapped and unable to escape. If you must rely on your attacker for any reason, you may feel disoriented or confused. You may also be at increased risk of becoming a victim again. Women who interact with mostly male peers may now feel unsafe and alone. Men who are sexually traumatized often feel uniquely angry, trapped, and alone, too.

Will others see me differently now? What impact will this have on our mission?

If loyalty, teamwork, and mission success are highly valued, victims may hesitate to report because they worry about the impact on the unit and mission. Survivors may also worry about their own reputations, or appearing weak or vulnerable in a military culture. Or they may worry about others blaming them for what happened.

Historically, many sexual trauma survivors in the military say that they were not believed, or were encouraged to stay quiet. Some say they were blamed for what happened. Being "hushed up" can leave survivors of sexual trauma feeling ignored and alone. It can also affect their recovery. The DoD and the Armed Services are working to ensure that survivors are heard, believed, and treated with respect and understanding. For more information, see the section on Healing from Sexual Assault and Harassment and the section on Legal and Reporting Issues.

My career is over...

Survivors of MST may also face a disruption in their career goals. The attacker may have power or influence over the survivor's career advancement. Or survivors may choose to leave the military to escape their attackers.

One study estimates *only one-third* of women who have been sexually assaulted in the military are able to maintain their military careers after an assault.

1.3 THE IMPACT OF SEXUAL TRAUMA IN THE MILITARY

Sexual trauma in the military ranges from inappropriate jokes and flirting to rape. Each person's experience and responses are different, as are the affects of sexual trauma on service members.

Sexual trauma can shatter how survivors see themselves, others, and the world. The attacker has taken power and betrayed trust. The survivor's body and sexuality have been disrespected and violated. And when survivors continue to work or live with their attackers, they question their own control and power.

This creates dilemmas:

- Should I trust others, when even friends and brothers- and sisters-in-arms may betray me?
- Can I trust myself, when I know the cost of being wrong?
- Should I allow myself to get close to others, to feel supported, when I know I could get hurt?
- Should I prioritize safety? Or freedom?

Sexual trauma can affect a person's mental and physical health for years. The consequences of sexual trauma listed below are all normal reactions to sexual trauma. But if **any** of these symptoms interfere with your relationships, work, or self-esteem, seek support from loved ones or a professional.

Common Consequences of Sexual Trauma

- Post-traumatic stress disorder (PTSD)
- Depression
- Anxiety
- Strong emotions
- Emotional numbness
- Problems with alcohol or other drugs
- Sleep problems
- Difficulties with attention, concentration, and memory
- Upsetting memories
- Being on guard
- Anger
- Shame and self blame
- Suicidal thoughts
- Difficulties in relationships
- Difficulties at work
- Sexual problems
- Physical health problems
- Spiritual crisis

1.3.1 Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) includes:

- Having unwanted, distressing memories or nightmares of the trauma.
- Avoiding reminders of the trauma, feeling emotionally numb and disconnected from others.
- Struggling with chronically high levels of tension and alertness.

Rates of (lifetime) PTSD are high among men and women who have been sexually assaulted. Research indicates that veterans who experience sexual trauma in the military develop PTSD at *higher rates* than those exposed to combat trauma, with 28.1% of female VA patients who reported a military sexual trauma and 18.4% of male patients having PTSD. This is due in part to the ongoing stress of living and working with the attacker, often in the same environment where they were attacked. Up to 60% of women who survived a military sexual trauma reported PTSD in one study. Research also shows that 65% of men who are raped develop PTSD.

1.3.2 Depression

Sexual trauma survivors often say they feel sad, "blue," or depressed. Many suffer loss of pleasure or joy, low energy and motivation, hopelessness and low self-esteem. It's normal to feel sad and upset after being assaulted or harassed. Depression interferes with the lives of many sexual trauma survivors, forcing them to seek professional treatment. One study of military sexual trauma survivors found nearly 46% of female and more than 28% of male survivors suffered from depression.

1.3.3 Anxiety

Survivors may suffer from anxiety attacks. These attacks may come "out of the blue" or when the victim is reminded of the experience. Victims may constantly worry about possible dangers or difficulties. "Bracing" for danger and worrying about the future is a natural response when your sense of safety has been violated. Survivor's brains and bodies focus on preparing for and keeping protected from future attacks. But this level of anxiety doesn't keep anyone safe.

1.3.4 Strong Emotions

Survivors may suffer intense emotions. They may feel angry, constantly irritable, or have strong, sudden emotional reactions they can't control. Or they may feel anxiety, fear, sadness or grief.

1.3.5 Emotional Numbness

Many survivors of sexual trauma alternate between intense feelings and no feeling at all. Others may feel numb most of the time. "Numb" may mean you feel emotionally 'flat', or have difficulty experiencing love or happiness. Some survivors say they no longer know who they are or what matters to them. They feel empty inside.

1.3.6 Problems With Alcohol or Other Drugs

Survivors often drink alcohol, use illegal drugs, or overuse prescription drugs to cope with intense feelings or sleep problems. One study found rape survivors were 3.4 times more likely to use marijuana, 6 times more likely to use cocaine, and 10 times more likely to use other major drugs than people who had not been raped. Using drugs and alcohol to sleep or escape often backfires. Sleep quality suffers after drinking or using, and your "medicated" emotions and memories resurface when you sober up.

1.3.7 Sleep Problems

It's common to have trouble falling or staying asleep after being sexually violated, since survivors brains and bodies stay on alert and ready for danger after a traumatic experience. Many survivors also have disturbing nightmares that interrupt their sleep. These nightmares may make survivors avoid sleep.

1.3.8 Difficulties With Attention, Concentration, and Memory

Survivors may struggle with concentration, attention and memory, affecting work performance and straining relationships. Some people may not remember the event, or they may have vague or disjointed memories. Some may have "checked out" during the experience; present in body but not in spirit. They may now feel "spaced out" or disconnected from their bodies or experience.

1.3.9 Upsetting Memories

Memories of the trauma may come to mind unexpectedly and frequently after being sexually assaulted or harassed. Survivors may feel like they are reliving what happened. Or they may have vivid and upsetting memories. They may try to avoid reminders of their experiences, feeling upset or anxious when reminded of the trauma. This may ease distress in the short run, but can lead to problems with avoiding life and isolating.

1.3.10 Being On Guard

After a sexual trauma, survivors may be startled easily by loud noises, by people coming up behind them, or by being touched unexpectedly.

1.3.11 Anger

It is natural to feel angry, or even enraged, after being sexually violated. For some, this anger leads to aggressive and dangerous behavior, or thoughts of justice and revenge. Survivors must learn to feel and express anger without harming others or causing more problems for themselves.

1.3.12 Shame and Self-Blame

Survivors often feel shame or guilt over their trauma because of common myths and misconceptions about sexual assault and harassment. They may blame themselves for what happened or regret decisions made before the trauma. They may feel humiliated or embarrassed over what they were forced or coerced to do. Victims may blame themselves as a way to regain some control. You should never take responsibility for your attacker's choices and behaviors. Sexual violation is never the victim's fault.

1.3.13 Suicidal Thoughts

Survivors may think about or attempt suicide to escape the fear, anger, depression and other intense feelings after the sexual trauma. Some think suicide is the only way to feel in control again. We strongly suggest that you reach out to others if you are thinking about suicide.

If you need immediate crisis counseling, call VA's suicide hotline at 1-800-273-TALK. Counselors are available 24/7.

1.3.14 Difficulties in Relationships

Relationships with loved ones, especially intimate relationships, can be deeply affected when one partner suffers a sexual trauma. Survivors may feel isolated or disconnected, and may have difficulty trusting others. This can lead to distance, fear, and suspicions in relationships. Some survivors experience the double trauma of coming home to a violent or abusive relationship. Survivors often report more difficulty with vulnerability and intimacy.

**Survivors often
report *more*
fighting and conflict
in their
relationships.**

1.3.15 Difficulties at Work

Some sexual trauma survivors have an increased need for control after feeling powerless during the attack. This can create struggles with employers and COs over issues of power, control, and fairness in the workplace. Some survivors report lower work satisfaction, especially when they continue working where the trauma took place or continue working with their attacker(s). Some quit their jobs—even military careers—when faced with their attackers every day, or in work environments where they are not supported. Some have trouble finding work after discharge from the military because of the number of problems they have after the sexual trauma. And some survivors blame the military for what happened to them.

1.3.16 Sexuality

Sexual trauma affects one's sexuality and sex life. Some issues may be medical, like STDs or unwanted pregnancies. Survivors may also see changes in their sexual responses, such as lack of desire, lack of orgasm, or painful intercourse. Sexual experiences may be interrupted by anxiety, fear, angry reactions, or unexpected memories of the incident. Intimacy may feel vulnerable and uncomfortable. This can lead survivors to use alcohol or substances to escape these feelings when they are sexual. Some survivors become highly sexual to regain a sense of control. Others may "shut down" physically and emotionally during sex after an assault. If you've been sexually assaulted or harassed, it's important for you to focus on safety and comfort in your sexual experiences.

Finally, some survivors experience involuntary sexual arousal in response to sexual trauma. This involuntary response leads some survivors to wonder if they enjoyed the violation or are "perverted." Some may question their sexuality or sexual orientation after the attack. Men may also question their masculinity or believe they should have been able to fight off the attack.

1.3.17 Physical Health Problems

Sexual assault can result in pregnancies and STDs, including HIV. Sexual trauma is also linked to reproductive health problems, chronic back pain, pelvic pain, headaches, eating disorders, gastrointestinal problems, weight problems, and chronic fatigue. Survivors of MST are more likely to drink and smoke, suffering more physical health problems (liver and lung disease) as a result. While female survivors suffer more from weight and thyroid problems, male survivors contract HIV/AIDS more often.

1.3.18 Spiritual Crisis

Sexual trauma often leads to a spiritual crisis, especially for survivors who were spiritual or religious before they were assaulted or harassed. While many survivors gain a deeper sense of faith in their beliefs, some get angry at God. Some survivors think their trauma is a kind of spiritual punishment. Still others lose their faith completely.

Remember, these are all common reactions to MST.

1.4 MEN AS SURVIVORS OF SEXUAL TRAUMA

While male and female survivors react in similar ways to sexual trauma, men often have a tougher battle with the stigma than women. Men are often less willing to seek support. Many male survivors admit they feel isolated, alienated from others, emotionally vulnerable, and insecure about their masculinity. Victims of sexual trauma are forced to submit, and often feel vulnerable and overwhelmed by intense emotions. Many sexual assaults of men involve more than one attacker, weapons, or forced participation—even if no immediate physical threat was involved.

For men, sexual assault can lead to much shame and self-doubt. It may also trigger negative self-judgments and cause male victims to question their masculinity. For example, male survivors contend with issues of:

- **Legitimacy** (“Men can’t be sexually assaulted,” or “No one will believe me.”)
- **Masculinity** (“I must not be a real man if I let this happen to me,” or “My manhood has been stolen.”)
- **Strength and Power** (“I should have been able to fend them off,” or “I shouldn’t have let this happen.”)
- **Sexual orientation** (“Am I gay?,” or “Will others think I’m gay and only pretended not to like it?”)

Men may feel confused if their bodies were sexually aroused involuntarily during the attack. *Signs of sexual excitement during an assault are often out of the victim’s control.* In many cases, the responses are muscular or involuntary. These reactions are not measures of pleasure or interest. In some cases, the assault may even be somewhat pleasurable physically—but that doesn’t mean that the victim asked for, wanted, or consented to it. If you’re a male survivor, you are not alone. Seeking help from loved ones or professionals can help you overcome your shame and isolation. Seeking help takes courage and strength. Courage to face what happened, and strength to admit and overcome your vulnerabilities. But with commitment, discipline, and the right support, you can recover from sexual trauma.

1.5 WOMEN AS SURVIVORS OF SEXUAL TRAUMA

Women survivors of sexual trauma in the military face unique challenges as well. Rates of sexual assault and harassment are higher among military members than among civilians. This may be linked to the fact that women are the minority in all the armed services. They are more often in situations where they could be targets of violence.

As the minority, women may feel they need to prove themselves. Female survivors may not be comfortable in the more traditional role of seeking help. Some female survivors worry that others will see them as weak. They fear some may think they are just causing trouble or undermining the group's strength. Female survivors may also worry that speaking up will damage unity and morale, especially if their attacker is co-worker or fellow service member. And because many women find it hard to break into the military "boys club," some worry coming forward will interfere with social and career opportunities. Finally, female survivors may simply fear they won't be believed or taken seriously. But, by remaining silent, they may become more isolated and have more difficulty healing.

1.6 REPORTING AND LEGAL ISSUES

In this section, you will learn about how to report a sexual assault, find resources for assault response assistance, and understand the legal investigation process. Having access to this information can inform your decisions and actions. There are resources available to you if you want the help.

1.6.1 Reporting a Sexual Assault

The US Military has developed a system to provide support and resources to service members who have been sexually violated.

1.6.2 Sexual Assault Response Coordinator

To help assault survivors, each branch has Sexual Assault Response Coordinators (SARC) to coordinate sexual assault victim care. SARCs are available 24/7 every day of the year. You don't need

an appointment or referral to contact a SARC. If you have the number, call your local SARC. Or call Military OneSource to be connected to a SARC.

Your SARC can help you decide whether to report your incident. SARCs make sure you and other sexual assault victims get appropriate and responsive care. They'll address any concerns you have about your health or well-being. And, if you decide to report, the SARC will help you from the initial report through disposition of any legal case. Your SARC may ask some general questions about the incident to make sure you get medical and emotional help.

All communication with the SARC is confidential. Visits to the SARC will not affect your commissioning or PQ status.

1.6.3 Victim Advocate

If you want, the SARC will also assign you a Victim Advocate (VA). Victim Advocates provide support, liaison services and care. They provide crisis intervention, and they help victims get necessary services, referrals, and ongoing non-clinical support. The VA provides information on available options and resources so you can make informed decisions about medical and mental health care and about reporting the assault. At your request, your VA can also go with you to investigative interviews, medical examinations and follow-up appointments. However, your VA does not make decisions or speak for you. They won't interfere with the medical, investigative, or judicial processes.

1.6.4 Reporting Options

The military offers victims two different options for reporting an assault: **Restricted** and **Unrestricted**. These options address privacy concerns while making sure you receive medical care and counseling.

Unrestricted Reporting is a complete report of a sexual assault to military and legal authorities that activates victims' services, including medical treatment and counseling. Unrestricted Reporting also notifies chain of command and triggers an official investigation. The Unrestricted Reporting process can be started by chain of command, law enforcement, a SARC, or even healthcare providers. When they receive a report of sexual assault, the SARC will immediately assign a VA. At the victim's request, a healthcare provider will conduct a sexual assault forensic examination (SAFE), which may involve collecting evidence. Access to details about the incident will be given only to those personnel with a legitimate need to know, such as the VA, chain of command, medical personnel, and law enforcement. *Currently military retirees, dependents, and other civilian victims may only use Unrestricted Reporting.*

Restricted Reporting was created in 2005 to allow victims to confidentially disclose details of their assault *without* triggering an official investigation or notifying chain of command. Like Unrestricted option, Restricted Reporting includes confidential medical treatment and counseling for the victim.

If they choose the Restricted Report option, service members must report the assault to a SARC, a VA, a healthcare provider, or a chaplain. Generally, the SARC, the assigned VA, and healthcare providers will not disclose confidential communications from a Restricted Report. But the SARC must report general information about the incident to command within 24 hours.

If the victim reports the sexual assault to a healthcare provider, the provider will offer appropriate treatment, and report the assault to the SARC instead of law enforcement or command. When they receive a report of sexual assault, the SARC will assign a VA to the victim. At the victim's request, a healthcare provider will conduct a sexual assault forensic examination (SAFE), which may involve collecting evidence.

Restricted reporting does have disadvantages. You cannot be protected from your attacker if the military is unaware you need protection. Only health care professionals, chaplains, SARCs, and VAs have a duty to maintain confidentiality. Others, including friends, may have to report the assault.

NOTE: *Making a Restricted report does not prevent victims from later filing an Unrestricted report for the same incident.*

**Some
victims want
to avoid
command or
law enforcement
involvement.**

A Word About Delayed Reports

Reporting soon after the incident helps ensure all possible evidence is collected and preserved, in case you choose to pursue legal action. Timely reporting also provides the best chance to gather accurate testimony if there were any witnesses. But victims can report a sexual assault at any time. The investigation will be the same, no matter how much time has passed.

Some people believe late reporting is useless after a certain period of time has passed. But even late reporting can impact other investigations involving the same attacker, and may help identify and prosecute a criminal. If you aren't sure whether to report an assault, you should discuss your concerns about reporting with a professional counselor. You can also speak to an OSI (Office of Special Investigations) or legal representative to ask about investigative or legal processes.

1.6.5 Collateral Misconduct

Some victims worry about reporting sexual assault because they were involved in illegal conduct at the time of the assault, such as underage drinking or fraternization. This conduct may be considered collateral misconduct by the military.

Unit commanders have the option to delay disciplinary action for collateral misconduct until after the sexual assault case is resolved, although deferring discipline is not required. When choosing disciplinary actions for a victim's collateral misconduct, commanders and supervisors consider the impact on the victim. They will not choose disciplinary action that further traumatizes the victim or discourages others from reporting sexual assault.

If you file a Restricted Report, beware that disciplinary action will not be deferred. That's because there is no case in process.

Advantages of Restricted Reporting	Disadvantages of Restricted Reporting
<ul style="list-style-type: none">• Victim gets appropriate medical treatment, advocacy, and counseling.• Victim has time to consider reporting options and to begin the healing process.• Victim can make more informed decisions about participating in the criminal investigation.• Victim controls the release and management of personal information.• Victim decides if and when to move forward with initiating an investigation.	<ul style="list-style-type: none">• Attacker goes unpunished, able to assault other victims.• Victim cannot get a military protective order.• Victim may face continued contact with the attacker.• Crime scene evidence will be lost. And the official investigation will likely encounter significant obstacles, if the victim switches to an unrestricted report.• Victim will not be able to discuss the assault with anyone without obligating them to report the crime. The only exceptions are chaplains, healthcare providers, or the victim's VA or SARC.• Victim cannot invoke the collateral misconduct provision of the Department's sexual assault policy.

1.6.6 Legal Investigation Process

Investigations can be stressful for victims of sexual assault. The process from investigation to courts martial or other punishment can take months or years. During an investigation, victims may be asked difficult and personal questions.

In unrestricted reporting, victims are assigned a Victim Witness Liaison (VWL). The VWL helps victims through the legal investigation process. The VWL will explain the victim's rights and keep the victim updated on the legal proceedings for the case. The VA works with the VWL to provide victims with information about where to get emergency medical care, social service support, and mental health treatment.

At least once a month, command should update victims on the investigation, until final disposition of the case. "Final disposition" means the conclusion of any judicial, non-judicial, and administrative actions (including separation actions and "no action" decisions).

Victim Support: Who Does What ?

Sexual Assault Response Coordinator (SARC):

- Coordinates sexual assault victim care.
- Helps victims determine if they want to report the assault.
- Ensures victims receive appropriate and responsive care.
- Provides support through resolution of health, legal, and well-being concerns.
- Is available 24 hours a day, 7 days a week, every day of the year.
- Provides confidential communication.

Victim Advocate (VA):

- Provides support, liaison services and care, including:
- Crisis intervention
- Referrals for services
- Ongoing non-clinical support
- Information on available medical, mental health, and legal options and resources.
- On request, accompanies victims to investigative interviews, medical exams and follow-up appointments.
- Confidential communication.

Victim/Witness Liaison:

- Works with victims who file an Unrestricted Report.
- Explains victim's legal rights.
- Keeps victim updated on the legal proceedings for their case.
- Explains military criminal justice system, legal process.
- Coordinates other support with Victim Advocate.

Victims have the right to:

- Confidentiality.
- Fair and respectful treatment.
- Immediate, effective, and complete medical care.
- Reasonable protection from the accused offender.
- Timely notice of court proceedings.
- Appear at all public court proceedings related to the offense (unless the court decides otherwise).
- Talk with the attorney for the Government in the case.
- Restitution, if appropriate.
- Information about the conviction, sentencing, imprisonment or release of the offender.

1.6.7 Work Transfers and Administrative Separation

Survivors may wish to apply for work transfers, or even for separation from the service. This option can be especially important if survivors live or work near their attacker(s).

Another option for some survivors is “no contact orders.”

Service members who live off post may also file for restraining orders from civilian courts.

These decisions can be difficult, and some may interpret a transfer or separation as punishing the victim for reporting.

But a transfer or separation may be the only way for a victim to stay safe and emotionally healthy.

1.6.8 Sexual Harassment Reporting

There are several ways to respond to sexual harassment.

Informal complaint: An informal complaint is not made in writing. Instead, the complaint is resolved informally, with or without the help of others. Resolution can take place in a number of ways.

Direct approach. You confront the harasser, explain that you don’t appreciate the behavior, and demand that it stop. If you take the direct approach with your harasser, it may help to:

- **Prepare.** Write out your thoughts before approaching the person. Think carefully about what to say and how to say it.
- **Communicate clearly.** Avoid interpreting motives. Instead, focus on behaviors that must change. This will help you determine whether the person respected your request or not. Clear communication also gives the person something specific to do and may help that person comply with your request.
- **Stay calm and courteous.** Don’t give them anything to use against you. If tempers flare, walk away.
- **Focus.** Stick to the reason for the conversation. The harassing behavior and its impact. Don’t get distracted by other topics.

Indirect approach. Send a letter to the harasser that outlines the situation, your feelings about the harasser’s behavior, and your suggested resolution. The indirect approach can be useful if you feel unsafe or uncomfortable having a conversation with your harasser.

Third Party. Take along another person when you confront your harasser. This other person might intervene on your behalf to resolve the conflict. Or the third party might simply come along to provide protection or support as you confront the harasser yourself.

Chain of Command. Reporting the situation and behavior to the chain of command can also help resolve the situation. Reporting to command doesn’t mean you have to file a formal complaint. In any of these approaches, you should document all contact with your harasser, as well as their reactions. This can be useful information if the situation escalates, or you decide to file a formal complaint later.

Formal Complaint. This written complaint triggers an official investigation. You can file a formal complaint with your chain of command. If that makes you uncomfortable or creates a conflict of interest, you can file your complaint with another chain of command, an inspector general, chaplain, provost marshal, or medical personnel. Be aware that confidential reporting can only be guaranteed with chaplains and lawyers.

Formal complaints require specific documentation and must be filed within 60 days of the incident.

Outcomes of sexual harassment investigations can vary. Guilt is determined by a “preponderance of evidence” that supports the claim of harassment. If found guilty, offenders will, at minimum, receive counseling from their commander. Punishment may also include discharge or other administrative or judicial action.

WAYS TO RESPOND TO SEXUAL HARASSMENT SUMMARY

Informal Complaint

Formal Complaint

Indirect Approach

Third Party

Chain of Command

1.7 EMOTIONAL SUPPORT

In this section, you will learn about the number of options service members have for emotional support, counseling, and mental health treatment. While it's normal to struggle with memories, thoughts, and intense feelings about your trauma, you need to find support to help you heal. Don't try to handle the situation on your own.

Support Resources: some people feel comfortable getting help from family members, friends, and other loved ones. It may also help to talk with someone who knows about sexual assault in the military and how victims are affected. Support and counseling are available through military mental health services, chaplains, the VA, Vet Centers, and civilian counselors.

By calling **Military OneSource**, you can speak to a master's level consultant at no charge, any time, and get counseling referrals. Remember that Military OneSource, mental health counselors, and chaplains provide **confidential** counseling. However, in some cases, military mental health counselors may be required to share some information with your command.

Each branch of the service also has **Sexual Assault Response Coordinators (SARC)** who coordinate sexual assault victim care. A SARC is available for **confidential** consultation 24 hours a day, 7 days a week, every day of the year. You don't need an appointment or referral to contact a SARC. Just call your local SARC or call Military OneSource to contact a SARC.

The VA provides free confidential counseling and treatment to veterans who are victims of sexual assault and harassment in the military. Many VAs have specialized mental health services that focus on sexual trauma. Survivors of sexual trauma may receive this help even if they are not eligible for other VA care or disability compensation. The VA help is available even if you don't report or document the incident. Free counseling for military-related sexual trauma is also available through **Vet Centers**, and with some **civilian counselors**.

You'll find contact information for these resources at the end of this document.

1.7.1 The Emotional Healing Process

Recovery from sexual assault or harassment takes time and effort. To help the recovery process, you should find safety, take good care of yourself, and seek support.

Stages of Recovery

Everyone reacts differently to sexual assault and harassment. But there are some general stages of recovery that nearly all victims experience, including:

- **Initial shock**
- **Denial**
- **Reactivation**
- **Healing**
- **Integration**

1.7.1 The Emotional Healing Process (cont.)

1. Initial Shock: Immediately after the trauma, survivors may experience emotional and physical shock. Survivors may express their shock in different ways. They may act very controlled, become quiet and withdrawn, or they may cry, scream, and shake.

2. Denial: In denial, survivors attempt to go back to their normal routine. They avoid thinking about the assault, or they deny its impact.

3. Reactivation: Survivors experience the intense feelings related to the sexual trauma all over again, usually because of reminders or memories of the assault. Depression, anxiety and shame may increase during reactivation. Survivors may also have nightmares, flashbacks, feelings of mistrust and vulnerability, and physical pain. Survivors may feel consumed by thoughts and feelings about the trauma. The reactivation stage is often when survivors reach out for help.

4. Healing: Survivors begin to process their anger, grief, fear, and emotional turmoil. Survivors may address the anger they feel toward themselves, friends, significant others, society, or the legal system. They may also have to deal with their grief over the ways life has changed since the trauma. They may come to terms with their loss of relationships, betrayed trust, or lost innocence. During this stage, survivors begin to reclaim their lives.

5. Integration: With support, hard work, and time, many survivors integrate the trauma into their larger life story. Survivors may continue to see the world somewhat differently. They may feel less innocent or naïve. They may be a bit more guarded or cautious. But they may also feel stronger, with different priorities or a different sense of purpose. Their recovery can be a source of insight, political activism, and personal growth.

CAUTION: seek professional help immediately if you:

- Feel disoriented or out of touch with reality.
- Experience hallucinations.
- Have vivid flashbacks where you lose touch with present reality.
- Think about suicide.
- Think about harming or killing others.
- Behave in ways that could harm you or others.
- Abuse alcohol, prescription medication, or other drugs.
- Cut or mutilate yourself.
- Suffer blackouts or can't remember certain periods of time
- Hyperventilate.
- Shake uncontrollably
- Have an irregular heartbeat.
- Feel extremely nauseous or start vomiting
- Can't stop bleeding.
- Suffer increased symptoms for a preexisting condition
- Feel intense, new, or unexplained pain

You'll find a list of resources at the end of this document.

1.7.2 Steps Toward Recovery

1. Create Safety: Creating safety means making sure you have a safe place to live, work, and sleep. It also means addressing any health concerns. If you feel like hurting yourself or someone else, being safe means seeking support and counseling to deal with those feelings. Safety also means avoiding dangerous behaviors like alcohol abuse, drug use, unsafe sex and reckless driving.

Creating safety can be difficult if you live or work with your attacker. In these cases, you can seek the support of a SARC, who can help you figure out how to work and live in safety. Some survivors choose to file a report; others decide to get a restraining order. Some may even decide to leave their jobs when their attackers are unavoidable.

Seeking medical care and mental health counseling arms you with support and healthy coping skills.

2. Self-Care: To heal and recover after a sexual trauma, you must take care of yourself. Basic self-care includes:

- Getting enough sleep.
- Eating healthy foods in healthy amounts.
- Seeking medical care for any physical problems.
- Finding behavioral health care for emotional and behavioral health problems.
- Avoiding the overuse of alcohol.
- Avoiding illicit drug use and overuse of prescription drugs.
- Avoiding risky behavior, like unsafe sex, gambling, and reckless driving.
- Getting support from friends, family and/ or professionals.
- Exercising regularly.
- Quitting smoking

If self-care feels overwhelming, focus on changing behaviors that are most unsafe, like excessive alcohol use, and drug use. Once you've dealt with those behaviors, move on to things like eating healthy and exercising. Support from others can help you develop better self-care, too. For example, you may find it easier to cut down on drinking with the support of your friends and loved ones.

3. Get Support: Getting support from friends, family, and professionals is an important part of self care. Survivors often isolate themselves, which makes them feel more alone. Those who seek support and reach out to others do better than those who try to “go it alone.”

4. Set Boundaries: Find ways to reach out and get support that feels safe and comfortable. For example, if you are avoiding contact because you don't like people touching you physically, set boundaries with people and ask them to respect those boundaries. Setting boundaries can feel awkward. But there are ways to protect your privacy *and* respect others. For example, you could ask not to be touched by saying: “I'm a little jumpy lately. Please don't touch me without asking me first.” Or you could ask to avoid certain “off limit” topics by saying, “I'd rather not talk about— (sexual harassment/ dating/ a rape in the news/ my CO) right now, thanks.”

You don't need to explain or justify your boundaries. Setting boundaries can be an empowering experience, especially if your physical or sexual boundaries have been violated. Check in with yourself about what feels okay to you, and to get comfortable saying what you want and need.

For more information on setting boundaries visit the Relationships program on this website.

5. Develop Coping Skills: Everyone has different ways of coping with stress and upsetting events. These coping skills can help you manage stress:

For relaxation: Deep breathing, progressive muscle relaxation

For better relationships: Conflict resolution, reducing isolation

For managing difficult situations: Problem-solving, time-management

For managing upsetting emotions: Mindfulness, distress tolerance

You can learn how to practice each of these coping skills on this website.

1.7.2 Steps Toward Recovery (cont.)

6. Revisit the Experience and its Effects: This process includes acknowledging the impact of the sexual violation, and expressing some of the feelings associated with it. This process may also include exploring your thoughts and beliefs about the trauma. You may process your self-blaming thoughts, assess the reasons behind the trauma, and dissect your beliefs about who was responsible. For some, telling the story of what happened, or therapies like Prolonged Exposure Therapy and Cognitive Processing Therapy can ease intense feelings and fear, and can help survivors rethink their beliefs about the trauma.

7. Reach Out and Help Others: For some survivors, healing comes through helping others. Trauma leaves some survivors feeling helpless, powerless, and unsafe. Others may reclaim a feeling of healthy power by advocating for themselves or other survivors, or by doing something to support those in need. Supporting a cause that matters to you can be empowering and enlivening. It may help you feel less like a *victim* and more like a *survivor*.

Some survivors develop unhealthy coping methods such as:

- **Emotional numbing:** *Blocking to avoid emotional pain from the trauma. Blocking anger and fear may also block positive feelings like joy and love.*
- **Dissociation:** *Victims of sexual assault may “leave their bodies” during the attack. This is one way the body copes with an unbearable experience. However, dissociation (“spacing out,” “checking out,” or even losing memory for periods of time) can become a habit-forming way to deal with stress or intense feelings. Ultimately, dissociation does not help survivors deal with the stresses of life in a healthy way.*
- **Obsessive-Compulsive behavior:** *Some survivors engage in obsessive thoughts or compulsive cleaning, counting or checking to regain some power or control in their lives. Instead, these obsessions and compulsions end up controlling the survivor.*
- **Alcohol/substance abuse:** *Some survivors turn to alcohol and drugs to escape from upsetting memories and emotions. However, these substances create health and relationship problems. They make the survivor’s life worse.*
- **Eating disorders:** *Survivors may try to gain control by eating too much, purging, or not eating at all. Unfortunately, these unhealthy eating habits all carry serious health risks.*

Other resources for medical, legal, spiritual, relationship and job-related support include:

- Local Medical Treatment Facility (locate yours at <http://www.tricare.mil/>)
- Military Police/ Criminal Investigation Division
- Your commander, supervisor, or First Sergeant
- Chaplains
- Military social services, including family advocacy and social work services, information and legal referral services, and the VA.

A Final Note: Seeking Revenge

Some survivors feel upset about how others respond to their situation. They may feel justice is not being done. Some may seek revenge for their pain and suffering. It's normal to think and feel this way. But you should not act on these thoughts and feelings. If you are thinking about revenge, talk with someone you trust.

1.8 PREVENTING ASSAULT AND REVICTIMIZATION

In this section, you will learn about ways to protect yourself from assault or revictimization. Planning and thinking ahead about some simple steps can help you be alert, prepared, and assertive to reduce your risk of being sexually victimized.

1. **Be Alert**
2. **Be Prepared**
3. **Be Assertive**
4. **Reduce Your Risk in a Deployed Environment**

1.8.1 Be Alert

- **Trust your instincts.** If a person or place makes you feel unsafe, it's probably for good reason.
- **Be aware** of your surroundings at all times.
- **Watch** for signs of trouble, like strangers in private areas or people loitering where they shouldn't be.
- If you sense trouble, **get to a safe place** as soon as possible.
- If you feel you are in danger, **attract help any way you can.**
- **Report** any unauthorized or suspicious people in the barracks. Sixty-seven percent of the sexual assaults involving Army personnel occurred on post.

1.8.2 Be Prepared

- **Travel with a buddy.** Watch each others' backs.
- Stay in groups. There is safety in numbers.
- **Stay sober, or drink in moderation.** Studies indicate that most military sexual assaults involve alcohol.
- Never leave a drink unattended or accept a drink from an open container. Educate yourself about date rape drugs.
- Walk only in lighted areas after dark.
- Lock the doors to your home, barracks, and car.
- Don't dress near a window.
- Know where the phone is located.
- Don't go anywhere alone with someone you don't know and trust .
- Always carry extra money to get home. Have a plan for someone you can call if you need help.
- If you plan to go out with someone you don't know very well, tell a close friend

1.8.3 Be Assertive

- Being assertive means that you **state what you want, and what you don't want**.
- If you feel uncomfortable, scared, or pressured, act quickly. Say, "Stop it" and leave or call for help.
- **"No" means "No."** If you decide you don't want to be intimate with someone, make your decision clear. Use a confident voice and body posture. Don't laugh and smile while saying "No."
- Do not just "go along" for the wrong reasons. You have the right to say "No" even if you:
 - Said yes, but changed your mind
 - Have had sex with this person before
 - Have been kissing or "making out"
 - Are wearing "provocative" clothing

Watch out for **"red flags"** from your partner in intimate situations (see below).

Dating: Red Flags

Be especially alert if the person you are with:

- Ignores, interrupts or makes fun of you.
- Sits or stands too close to you or stares at you in a way that makes you uncomfortable.
- Has a reputation as a "player."
- Drinks too much or uses drugs; tries to get you to use drugs or alcohol.
- Tries to touch or kiss you or gets into your "personal space."
- Wants to be alone with you before getting to know you, or pressures you to be alone together.
- Does what he or she wants without asking what you want.
- Gets angry or sulks if he or she doesn't get what he or she wants.
- Pressures you to have sex, or tries to make you feel guilty for saying "no."

Remember: Trust your instincts!

1.8.4 Reducing Your Risk In A Deployment Environment

Be especially prepared and alert in deployed environments. Deployed environments present special risks for military personnel:

- Sleeping areas (tents, bunkers, and other buildings) are often less secure in a deployed environment. Report any unauthorized people in sleeping areas.
- Non-Army personnel are present in deployed unit and working areas. Report any suspicious activity.
- Deployed environments may have different lighting conditions and facilities than those in garrison. Stay alert and aware of your surroundings.
- Different cultures may treat females differently. Be assertive and clearly state if you feel uncomfortable with the way someone treats you.
- Always **travel with a buddy**.

1.9 RESOURCE LIST

Information about sexual trauma in the military

- National Center for PTSD Fact Sheet: “What is MST?” at: <http://www.ptsd.va.gov/>
- US Department of Defense Sexual Assault Prevention and Response www.sapr.mil

Counseling and referrals: Contact information and support resources

- **VA and Vet Center services and health care:** Call 1-800-827-1000, VA’s general information hotline, or online at www.va.gov and www.vetcenter.va.gov.
- **Military Treatment Facility:** www.tricare.osd.mil
- **Sexual Assault Prevention and Response Internet Resource:** www.sapr.mil
- **Military One Source:** CONUS (800) 655-4545, International Toll Free (dial all 11 numbers) (800) 3429-6477, and International Collect (484) 530-5947 (confidential)
- **Local rape crisis center**
- **Other Confidential Resources:** Chaplains office, Psychotherapists, Legal assistance attorneys

Reporting: Contact information and support resources

- **Unit commander**
- **Military law enforcement**
- **Local authorities: 911**
- **Military Treatment Facility** www.tricare.osd.mil
- **Sexual Assault Prevention and Response Internet Resource** www.sapr.mil
- **Military One Source:** CONUS (800) 655-4545, International Toll Free (dial all 11 numbers) (800) 3429-6477, and International Collect (484) 530-5947 (confidential)
- **Other Confidential Resources:** Chaplain’s office, Legal assistance attorneys