Sexual assault in the U.S. military: A review of the literature and recommendations for the future

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Abstract

The purpose of the current review was to examine sexual assault in the United States military. The current paper reviews prevalence rates, factors that may contribute to the high rates of sexual assault within the military, and the effects of military sexual violence. The paper also investigates the military's response to combating sexual assault among its servicemembers as well as recommendations for further improvement. Sexual assault continues to be a problem within the armed forces. And, although the military has recently implemented many new programs and prevention efforts, there continues to be a need for change within the military in order to reduce sexual victimization and perpetration. There also needs to be more evaluation of the current programs in order to determine their effectiveness.

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It has not been until the last decade that research has focused on sexual assault in the U.S. military. Unfortunately, it took several high-profile incidents, such as the 1991 Navy's Tailhook convention scandal, the 1996 cases of sexual harassment and assault at the Army training facilities at Fort Leonard Wood and Aberdeen Proving Ground, the 1997 sexual harassment accusations of Army Sergeant Major Brenda Hoster, and the 2003 Air Force Academy sexual assault scandal, to bring this issue to both the military's and the public's attention (see Murray, 2003 for more information about these events). Given the lack of scholarly reviews on this important topic, the goal of the current article is to provide a comprehensive review of the research on military sexual assault (MSA) in relation to prevalence rates, psychological and physical correlates of sexual assault, and factors that may increase sexual assault in the military. The article will also review the recent strides the military has made in implementing sexual assault training and prevention programs, as well as recommendations for future

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improvements in the military’s prevention efforts and its response to sexual assault among its servicemembers. A comprehensive summary of the current literature on this topic will hopefully stimulate further change and research that will aid in the recovery of MSA survivors and prevent future servicemembers from being victimized.

1. Prevalence of sexual assault in the military

Sexual violence is an endemic problem in our society, as evidenced by the fact that approximately 18% to 25% of American women report experiencing either an attempted or completed rape in their lifetimes (Fisher, Cullen, & Turner, 2000; Tjaden & Thoennes, 2000). A more recent national study reported that 11% of U.S. women reported an incident of completed rape in their lifetime (Basile, Chen, Black & Saltzman, 2007). Among men, approximately 3% to 4% of American men report an attempted or completed rape during adulthood (Elliott, Mok & Briere, 2004; U.S. Department of Justice, 2000). The reported rates of sexual assault in the military are as high or higher than those reported by civilians, but taking into account that the rates only include sexual assaults that took place during one’s military service, the rates are very high. There are also fewer studies of MSA than general sexual assault among civilian samples. And many of the studies of MSA have methodological issues that future research will hopefully address.

Between 9.5% and 33% of women report experiencing an attempted or completed rape while serving in the military (Bostock & Daley, 2007; Coyle, Wolan & Van Horn, 1996; Murdoch, Pryor, Polusny & Gackstetter, 2007; Sadler, Booth, Nielsen & Doebbeling, 2000; Skinner et al., 2000; Suris, Lind, Kashner & Borman, 2007). A large scale study of active-duty Air Force women found that 9.5% of women reported that their most recent rape experience occurred while serving in the military (Bostock & Daley, 2007), while another study of active-duty servicemembers across branches (Army heavily represented) found that 10.5% of women reported an attempted or completed rape (Murdoch et al., 2007). A number of studies of female veterans have assessed for sexual victimization during military service: Coyle et al. (1996) found that 19.6% of women who sought services at one Veterans’ Affairs (VA) medical center reported an instance of rape. Sadler et al. (2000) found that among a group of veterans who served after the Vietnam era 11% reported an attempted rape and 19% a completed rape; Skinner et al. (2000) found that among a nationwide sample utilizing VA health services 23% of women reported that “someone had used force or the threat of force to have sexual relations with them against their will.” Fontana and Rosenheck (1998) found that 43% of women utilizing VA services for stress disorders reported an instance of attempted or completed rape; and Suris et al. (2007) found that 33% of those who utilized VA medical or counseling services experienced an instance of unwanted oral, anal, or vaginal sex. If one includes sexual harassment and other forms of sexual assault, the rates reported during military service by women range from 22% to 84% (Bastian, Lancaster & Reyst, 1996; Bostock & Daley, 2007; Coyle et al., 1996; Kimerling, Gima, Smith, Street & Frayne, 2007; Murdoch et al., 2007; Rosen & Martin, 1998a; Sadler, Booth, Cook & Doebbeling, 2003; Skinner et al., 2000; Street, Gradus, Stafford & Kelly, 2007).

A few studies have gathered prevalence rates on male victims in the military with rates of reported sexual assault ranging from 1% to 12% (Kimerling et al., 2007; Krinsley, Gallagher, Weathers, Kutter & Kaloupek, 2003; Martin, Rosen, Durand, Stretch & Knudson, 1998; Murdoch, Polusny, Hodges & O’Brien, 2004; Murdoch et al., 2007; Smith, Frueh, Sawchuck & Johnson, 1999). However, it is not clear from many of the studies with male victims whether these sexual assaults occurred during military service. For example, Smith et al. (1999) reported a lifetime prevalence of sexual assault of 12% among 129 combat veterans consecutively referred for PTSD. However, 92% of these assaults occurred prior to combat exposure, so it remains unclear whether these assaults actually occurred during or before military service. Similarly, in a group of Vietnam era veterans 11.8% reported some form of adult sexual abuse (Kimerling et al., 2003), but rates were not specifically reported for in-service assaults only. Martin et al. (1998) found that 6.7% of active-duty male Army soldiers had experienced sexual assault during their lifetimes and approximately 3% since entering the military.

In a large nationwide sample of veterans who used VA health services in 2003, 1% of men reported military sexual trauma (Kimerling et al., 2007), while another small sample of veterans found that 4% of those seeking PTSD disability benefits reported an in-service sexual assault (Murdoch et al., 2004). A study of active-duty servicemembers (largely Army) found that 1.2% of men reported an attempted or completed rape (Murdoch et al., 2007). Reported rates of sexual harassment among men while in the military range from 36% to 74% (Bastian et al., 1996; Murdoch et al., 2007; Rosen & Martin, 1998a; Street et al., 2007), although men are less likely to acknowledge these types of behaviors as being sexual harassment compared to women (Rosen & Martin, 1998a).

As noted by Bostock and Daley (2007), there is little consistency in the methodology, sample, definitions of sexual assault, and surveys or questions used to measure MSA, which likely accounts for the wide variation in prevalence rates across studies. Although methodological issues exist in many sexual assault studies regardless of the setting and sample, there are fewer studies that focus specifically on the military than college or community samples, the population is one that researchers have a more difficult time accessing, there is less consistency in MSA measures, and MSA studies are less often prospective. Studies of MSA are also often retrospective (sometimes asking participants about experiences that occurred over 20 years ago), are not Department of Defense (DoD) or servicewide, and do not break down sexual assault rates by service, war era, or other characteristics.

The majority of prevalence data comes from examining women as MSA victims. Fewer studies have examined male victims, and the vast majority of research assumes that the perpetrators are men and do not provide sex data on perpetrators. One report by the DoD noted that among the reported sexual assault cases in 2002 and 2003, 99% of alleged military offenders were male and 91% of the alleged victims were female (DoD, 2004a). Therefore the focus of this paper will be on female victims and male perpetrators, but other research will be discussed when it is available. It is important to note that although women are more likely to experience sexual assault than men and men are the vast majority of perpetrators, given the greater number of men in the military, the total number of male and female victims is approximately equal according to a recent nationwide sample of veterans (e.g., Kimerling et al., 2007).

Data also suggest that the reported rates of sexual assault have increased over time, with one study finding that 26.6% of female veterans who served before 1974 reported sexual assault, 32.9% who served between 1974 and 1981, and 32.4% who served after 1981 (Coyle et al., 1996). A 2002 DoD report, however, found that the reported rates of attempted and completed rape by women declined from 6% in 1995 to 3% in 2002 (Lipari and Lancaster, 2003). More recent servicewide rates show increases from 2004 to 2005 and from 2005 to 2006 (DoD, 2006, 2007), which are largely attributed to a restricted reporting system which began in June 2005. Some studies have not found differing rates of sexual assault among any of the five service branches (e.g., Suris et al., 2007). However, one study of sexual harassment found the highest rates in the Marine Corps and the lowest in the Air Force (Hay & Elig, 1999).

In 2007, the Army had more sexual assaults reported than any of the other three DoD branches (Marines, Air Force, and Navy) combined and the highest rate when the number of active-duty personnel in each service was taken into account (DoD, 2008). It is possible that these higher reporting rates may indicate a greater propensity to report rather than a greater incidence of sexual assault. However, it should be noted that the rates of sexual assault based on

actual reports made while in the military (such as those typically reported by the DoD, service branches, and General Accountability Office reports) are thought to be an underestimate of the actual occurrence of sexual assault in the military (GAO, 2008; Sadler et al., 2003) a trend that is consistent across both college and community samples of sexual assault research as well (Catalano, 2006; Fisher & Cullen, 1999; Sloan, Fisher & Cullen, 1997). Despite the variability of methodology across prevalence studies, it remains clear that sexual assault within the military is a severe and pervasive problem. More comprehensive and methodologically sound research is needed to get a better sense of the true rates and characteristics of sexual assault in the military.

2. Psychological effects of assault

The psychological effects of sexual assault have been well-documented for both women and men. Studies show that men and women who have been assaulted often have high rates of depression and anxiety symptoms (e.g., Elliott et al., 2004; Ratner et al., 2003; Thompson et al., 2003), substance abuse and dependence (e.g., Burnam et al., 1988; Ullman & Brecklin, 2003), sexual dysfunctions (Becker, Skinner, Abel & Chichon, 1986; Elliott et al., 2004; van Berlo & Ensink, 2000), and post-traumatic stress disorder symptoms (PTSD; e.g., Elliott et al., 2004; Foa & Riggs, 1993). Many victims also report feelings of self-blame and shame (e.g., Isely & Gehrenbeck-Shim, 1997; Petruk, 2002), as well as problems with interpersonal relationships (Crome, & McCabe, 1995; Walker, Archer & Davies, 2005a).

An especially concerning finding is that victims of sexual assault are significantly more likely to report suicidal ideation and attempt suicide (e.g., McFarlane et al., 2005; Ratner et al., 2003). One problem that may be unique for men is confusion concerning sexual identity, masculinity, and sexual orientation after an assault, especially if the perpetrator is a man. Homosexual victims may experience internalized homophobia and feel that the assault was a punishment for being gay (Carnets, Herek & Levy, 1990), whereas heterosexual victims may feel confused about their sexuality and masculinity, especially if their body sexually responded during the assault (e.g., Mezey & King, 1992; Scarce, 1997).

Studies find that servicemembers experience many of the same psychological effects of sexual assault as civilians. Martin, Rosen, Durand, Knudson and Stetch (2000) examined male and female active-duty soldiers and found that lifetime sexual trauma (before or during military duty) was related to higher reported levels of global psychological distress and physical health symptoms. Similarly, Murdoch et al. (2007) found that male and female active-duty servicemembers exposed to sexual harassment or assault had increased psychiatric symptoms and poorer functioning compared to those with no sexual assault experience. Past sexual assault experiences prior to military service can also affect one’s work performance, with male and female Air Force recruits who reported past sexual abuse being less likely to complete basic training (Smikle, Fiedler, Sorem, Spencer & Satin, 1996).

The majority of research focusing on the consequences of MSA has utilized female veteran samples. In female veterans, those who experience a MSA are more likely to have increased rates of depression, alcohol use, and PTSD symptoms compared to veterans who did not report a sexual assault (Hankin et al., 1999; Kimerling et al., 2007; Skinner et al., 2000; Surís, Lind, Kashner, Borman & Petty, 2004; Surís et al., 2007). Surís et al. (2007) found that those with a MSA history had poorer emotional and psychological functioning and increased alcohol abuse than those with a sexual assault that occurred as a civilian or no assault history. Female veterans in another study were nine times more likely to have PTSD if they had a history of MSA, seven times more likely if they had childhood sexual assault histories, and five times more likely if they had civilian sexual assault histories compared to veterans without a reported assault history (Surís et al., 2004). Skinner et al. (2000) found that female veterans who reported MSA, compared to those who did not, were less likely to be employed due to physical or psychological problems, felt more negatively about their military service, had a harder time adjusting to civilian life, reported more psychological and substance abuse problems, and made more visits to both mental health and health care providers.

Only a few studies have specifically focused on male servicemembers’ responses to MSA. Goyer and Eddleman (1984) examined 13 clinical records of active-duty Navy and Marine Corps personnel who were identified as victims of male sexual assault. These men’s records revealed high rates of depression, anger, somatic disturbances, sexual problems, and interpersonal relationship difficulties as a result of these assaults. Another study of a large sample of male veterans found that those with a history of MSA were more likely to have a range of mental and physical problems, including PTSD, alcohol abuse, and dissociative disorders compared to those veterans with no MSA history (Kimerling et al., 2007). One sexual assault survivor describes the masculinity and self-concept issues that are likely prevalent among male military victims: “The assault was a threat to my male pride and dignity. It was a shock to find that a so-called ‘strong man’ could become a helpless victim of sexual assault at the hands of another man. My sense of who I was (ex-Army) was destroyed for about 10 years.” (Walker, Archer & Davies, 2005b, p.76). Regardless of the victim’s gender, the evidence indicates that the consequences of sexual assault are both far reaching and acute.

3. Why are these rates so high?

Even considering the lowest reported sexual assault rates, a large number of servicemembers are being affected by sexual violence. The occurrence of this violence goes directly against the values, honor codes, and laws of the U.S. military and instead harms those who have sworn to serve and protect their country. In order to prevent sexual violence, it is important to understand factors that may facilitate or increase violence in the military. It is likely that there is no single factor, but a combination of factors. Further research is needed on all of these factors as many of them have not been subjected to strong empirical inquiry.

3.1. Sociodemographic factors

Given the all-volunteer nature of the U.S. military, those who join the military are a self-selected group. Also, the military has certain eligibility requirements, such as age and health guidelines, resulting in a different demographic composition than the overall population. The U.S. military is composed of fewer women, younger individuals, more people with high school diplomas, fewer people who attended college, fewer Caucasians, Hispanics, and Asians, and more African Americans than the overall U.S. population (U.S. Government Accountability Office, 2006). Some of these demographics may place military servicemembers at an increased risk for experiencing a sexual assault. Although there are not many consistent research findings in relation to sexual assault and demographic variables (e.g., Morris, 1996), several have been noted in the literature. For instance, several authors have documented that sexual victimization is more prevalent among younger adults than older adults (e.g., Acierno et al., 2001; Mezey & King, 2000; Perkins, 1997; Tjaden & Thoennes, 2000). Elliott et al. (2004) found that being a woman, being younger, being divorced, and having a lower socioeconomic status were related to experiencing a sexual assault in a large stratified national sample. Perkins (1997) found that although individuals 18 to 24 represented 35% of sexual assault victims, they only represented 12% of the overall population. In the military, approximately 83% to 87% of victims and 40% to 68% of offenders are between the ages of 17 to 24 (DoD, 2004a).

Recently several sociodemographic variables were examined in relation to sexual victimization in a large military sample of over 20,000
women (Harned, Ormerod, Palmieri, Collinsworth & Reed, 2002). Low sociocultural power (i.e., lower age, less education, non-White, and single marital status) and low organizational power (i.e., lower pay grade and fewer years of active-duty service) were associated with greater likelihood of experiencing both assault and harassment. In a large veteran sample of over 4 million men and women it was also found that those who indicated a sexual assault during military service were younger and more likely to be Caucasian and non-married compared to those who indicated no MSA (Kimerling et al., 2007). Other studies of women have also found that those who report sexual assault in the military tend to be younger (Coyle et al., 1996; Skinner et al., 2000; Suris et al., 2007), non-married (Coyle et al., 1996), and less likely to be an officer in the military (Coyle et al., 1996; Skinner et al., 2000). Servicemembers who are not married, younger, and enlisted may be more likely to be at risk for a number of reasons including that they are more likely to live on base in close quarters, have less power within the military, more likely to be exposed to dating violence, and more likely to be engaging in substance use for the first time (DoD, 2004a). Although more research is needed in this area, it is clear that the large number of young and non-married servicemembers compared to the general population may help explain the high rates of sexual assault.

3.2. Substance use

Substance use prior to an assault is prevalent among both victims and perpetrators (e.g., Abbey, 2002; Abbey, Clinton-Sherrod, MCauslan, Zawacki & Buck, 2003; Acierno et al., 2001; Testa, 2002). A Department of Defense report on sexual assault in military academies indicated alcohol was involved in 58% of sexual assault cases from the Military Academy and 57% of reported cases reviewed from the Naval Academy (DoD, 2005). Data from two military services concerning reported sexual assault cases during 2002 and 2003 suggests that approximately 50% of these cases involved servicemember alcohol use (DoD, 2004a). A military focus group on sexual assault noted that for young individuals entering military training, easily accessible alcohol, in combination with elements such as newfound independence, peer pressure, close quarters, integration of units, limitations on privacy, and new relationships, could help contribute to the increased risk of sexual assault (DoD, 2004a). It is evident that substance use plays a problematic role in instances of sexual assault across, especially among new servicemembers.

3.3. High prevalence rates of prior sexual abuse

Several studies have found high rates of childhood and adolescent sexual abuse occurring prior to military service. Rates of abuse are generally high but vary across samples and studies with 15.1% of female Air Force recruits (Smikle et al., 1996), 49% of Army women (Rosen & Martin, 1996), 45.5% to 48.5% of female Navy recruits (Merrill et al., 1998; Trent, Stander, Thomsen & Merrill, 2007), and 27% of female veterans reporting a history of childhood sexual abuse (Coyle et al., 1996). Among men, 11% to 22.5% of Navy recruits (Merrill, Thomsen, Gold & Milner, 2001; Trent, Stander, Thomsen & Merrill, 2007), 15% of Army men (Rosen & Martin, 1996), and 1.5% of Air Force recruits reported a history of childhood sexual abuse (Smikle et al., 1996). The disparate rates of abuse are likely because sexual abuse was not measured in the same way across studies and the participants come from different branches and samples. There is some suggestion from the above rates that there may be more sexual abuse in some branches (e.g., such as the Army and Navy versus the Air Force). However, no study has compared rates across samples using the same methodology. It is clear from the rates that there is a large number of servicemembers with sexual abuse histories.

Past victimization rates of military personnel have also been compared to civilian samples. In a national retrospective telephone survey, 27% of adult women and 15% of adult men described a history of childhood sexual abuse (Finkelhor, Hotaling, Lewis & Smith, 1990), whereas researchers found double the rate of sexual abuse among Army women (49%), and similar rates in Army men (15%) using the same questions (Rosen & Martin, 1996). Another more recent study found that lifetime prevalence of rape among Air Force women was twice as high (28%; Bostock & Daley, 2007) as the prevalence found in a national sample of adult women (13%; Kilpatrick, Edwards & Seymour, 1992) while using identical measures and examining rates across age cohorts. Schultz, Bell, Naugle and Polusny (2006) found similar rates of childhood sexual victimization among female military veterans and civilian women (48.6% versus 43.2%). However, veterans were more likely to report being sexually abused by a parent, longer durations of childhood sexual abuse, and later adulthood sexual assault experiences (48.9% versus 21.5%).

These rates of abuse are important in understanding the rates of MSA as a past history of sexual victimization has been shown to be strongly related to experiencing a subsequent sexual assault for both men (e.g., Coxell, King, Mezey & Gordon, 1999; Elliott et al., 2004) and women (e.g., Gidycz, Coble, Latham & Layman, 1993; Roodman & Clum, 2001). In a study of female Navy recruits, women with a past history of childhood sexual abuse, while controlling for physical abuse, were 4.8 times more likely to experience a MSA than those with no prior history (Merrill et al., 1999). These studies suggest that those with childhood sexual abuse histories may be more likely to join the military than those without a history and are then at greater risk to be victimized while in the military. It could be that those with assault histories see the military as an “escape” or a place for a “fresh start”, or it could be that those with assault histories see the military as an environment where they can release their pent up aggression and resentment. The motivations for these men and women to join the military, however, have not been studied so the link between childhood sexual abuse history and decision to join the military awaits examination.

3.4. High rates of prior sexual perpetration

In three large samples of male Navy recruits, 9.9% to 11.6% across samples reported perpetrating a completed rape of a woman prior to entering the Navy (Merrill et al., 2001), which is much higher than the 4.4% prevalence reported by a large sample of college men (Koss, Gidycz & Wisniewski, 1987). Another study of male Navy recruits found similar rates, with 14.8% admitting to committing attempted or completed rape prior to joining the Navy (Merrill et al., 1998). Childhood abuse has been found to be related not only to sexual victimization, but also to sexual perpetration (Merrill et al., 2001; Weeks & Widom, 1998; White & Smith, 2004). In a military sample, Merrill et al. (2001) found that childhood sexual and physical abuse was related to greater rates of perpetration in three samples of Navy men. Those men who reported either childhood physical or sexual abuse were two times more likely to commit rape than those with no childhood abuse history and those with a history of both physical and sexual abuse were four to six times more likely to commit rape. No known research studies have reported on the prevalence of female perpetration of sexual assault in the military, although a DoD report noted that in sexual assault cases reported between 2002 and 2003, 99% of the alleged perpetrators were men (DoD, 2004a). As demonstrated, past sexual victimization contributes to both the increased likelihood of military women experiencing and military men perpetrating sexual assault while in the military.

3.5. Military culture, structure, and environment

The culture of the military is very different than the culture found in most of the civilian world as the military has its own code of conduct, legal system, police, courts, education, and research facilities, and medical system. It also has its own set of norms and values which
recruits learn in basic training as they are indoctrinated into this new world. Although many of the rules and customs of the military are in place to train servicemembers to be effective in following orders and defending one's country, some of these same aspects of military culture may promote sexual violence.

Hunter (2007) identified several elements of military culture that may promote sexual violence, including sexualized and violent language, the general acceptance of violence, the learned ability to objectify other people, strong obedience to the chain of command, encouraged protection of the military, and the promoted belief that those outside the military will not understand what goes on within the military. Specifically, the group cohesion and deindividuation achieved in military units are powerful elements which allow for the socialization to and maintenance of negative normative sexual and gender beliefs (Morris, 1996). The elements of this culture can lead servicemembers to believe that sexist and violent behaviors are acceptable.

However, it is not just the overall culture of the military that impacts the occurrence of sexual assault. For example, it has been demonstrated that more MSA occurs in units where the commanding officer is neutral or indifferent to abuse than in those where officers did not tolerate abuse (Pryor, 1995). The author also noted that at the unit level, the absence of a grievance procedure, an unprofessional work atmosphere, and the existence and acceptance of a sexist attitude in the workplace have been found to be the most salient predictors of MSA. A study of female veterans found that increased rates of reported rape were associated with environmental military factors such as physical intimidation while on-duty, feeling unsafe, observing heterosexual sexual activity in sleep quarters, and observing ranking officers allowing others to make demeaning remarks or gestures about women (Sadler et al., 2003). Such an environment may make it more difficult for sexual assault survivors to report an assault because of the fear of stigmatization and repercussions (Valente & Wight, 2007).

The structure of the military as a male-dominated institution, where men assume greater leadership roles, creates a power differential between men and women. Mazur (2007) states that the different assumptions about women in leadership is the “single greatest impediment to solving issues of sexual misconduct within the military” (p. 993). Despite efforts to increase the proportion of women in the military, women are still underrepresented and excluded from combat roles, which prevents them from attaining promotion to many higher ranking positions.

Henry, Ward and Hirshberg (2004) discuss the risk for male-perpetrated sexual victimization in all its forms that is created in male-dominated and loyalist environments in which women are both the minority and desired sexual objects for men. Harned et al. (2002) examined elements of power differential models (e.g., Cleveland & Kerst, 1993) and organizational climate models (e.g., Hulin, Fitzgerald & Drasgow, 1996) as antecedents of sexual assault and harassment by personnel in a large U.S. military sample. The results supported previous evidence (Cleveland & Kerst, 1993) indicating that societal and organizational power sources can promote or inhibit sexual victimization in organizations. Specifically, when women lack organizational power (e.g., having low status within the military hierarchy) they are at a greater risk for sexual victimization. In the same study, organizational characteristics (e.g., organizational power and climate) were only found to indirectly influence sexual assault by servicemembers. This suggests the presence of a “spill-over effect” within the larger organizational structure of the military, as servicemembers typically work, live, and socialize together within their military installation.

Although most of the above cultural and organizational factors are used to theorize why men may be more likely to sexually assault women, these same factors may also increase the likelihood of male-on-male sexual assault. Although the incorporation of male victims into sexual violence theories may seem atheoretical to feminist scholarship, the same power dynamics are believed to govern violence of both sexes (Scarcie, 1997). For instance, prominent feminist scholar Susan Brownmiller suggested that same-sex rape in prison is “generally seen today for what it is: an acting out of power roles within an all-male, authoritarian environment in which the weaker, younger inmate, usually a first offender, is forced to play the role that in the outside world is assigned to women.” (Brownmiller, 1975, p. 258).

3.5.1. Emphasis on violence

Elements of violence are embedded in a multitude of aspects of the military, ranging from more obvious aspects, such as killing, to more subtle aspects such as slang and cadence calls. As such, violence is then perceived as a means for obtaining one’s goals (Hunter, 2007). By viewing the government as using violence as a means to an end, individuals then are able to legitimize the use of this technique for themselves (Ember & Ember, 1994). Thus, the culture of violence that characterizes the military may contribute to the increased risk for sexual victimization within the organization.

It may be that the acceptance of violence towards another human has increased in recent years. Grossman (1996) describes the reluctance of humans to kill one another and notes that the firing rates of servicemen in combat were only 15% to 20% during World War II. The military has changed its methods of training over time and now uses desensitization and conditioning methods that have dramatically increased firing rates. At the same time, we have trained a group of men and women who have become desensitized to killing and harming their fellow man, which may lead to increased interpersonal violence in general. This violence may especially be directed towards women if men see women in the military as being inferior.

3.5.2. Hypermasculinity

The male-dominated environment of the military has traditionally not been very inviting or prepared to handle the needs of women. The military is often viewed as an environment that promotes hypermasculinity and rigid sex roles (Mosher & Tomkins, 1988). Hypermasculinity is an extreme form of masculinity based on beliefs of polarized gender roles, the endorsement of stereotypical gender roles, a high value placed on control, power, and competition, tolerance of pain, and mandatory heterosexuality (Hunter, 2007).

A considerable literature has developed linking men's negative attitudes towards women, acceptance of violence, and tolerant attitudes towards rape and sexual harassment to male perpetration of sexual assault (Begany & Milburn, 2002; Malamuth, 1988; Malamuth & Brown, 1994). One prospective study found that college men who had more adversarial beliefs concerning heterosexual relationships were more likely to report sexual perpetration over a 7-month period (Loh, Gidycz, Lobo & Luthra, 2005). All of these attitudes are encompassed in the value of hypermasculinity that is fostered in the military. Furthermore, numerous studies have found that men who report hypermasculine values are also likely to have a rape-supportive attitude and commit more acts of sexual aggression than men who have less extreme masculine values (e.g., Mosher & Anderson, 1986; Quackenbush, 1989). Several studies have also found that organizations endorsing stereotypical masculinity have higher rates of sexual harassment and assault than other organizations (Gruber, 1997; Ilies, Hauserman, Schochau & Stibal, 2003), as well as greater tolerance towards these behaviors (Gruber, 1997; Ilies et al., 2003; Vogt, Bruce, Street & Stafford, 2007).

Similar relationships have been reported in military samples. For example, Kurpius and Lucart (2000) found that undergraduate men in military training were more likely to hold authoritarian and masculine beliefs and traditional sex-role attitudes than civilian undergraduate men. Rosen and Martin (1998b) examined the relationship between tolerance of sexual harassment in the Army and men's negative attitudes toward women. Negative masculinity, hostility towards
women, and non-acceptance of women as men’s equals in the Army were found to predict tolerance of sexual harassment in the Army.

Intolerant belief systems have also been linked to increased sexual violence. Research has shown that people who hold such intolerant belief systems (i.e., sexism, racism, homophobia, and religious intolerance) are more likely to accept rape myths (Aosved & Long, 2006). Carroll and Clark (2006) found important differences in rape scripts, cognitive beliefs of what a typical rape experience entails, between men at a regional university and a military academy. Men at the military academy were less likely to include alcohol in their scripts, less likely to report that a situation was rape, more likely to report that the incident was mislabeled as rape, and more likely to report the woman acquiesced or “gave in” to sex. Research suggests that men who hold such beliefs endorsing stereotypical rape myths or hold traditional attitudes about sex roles are more likely to engage in sexual aggression than men who do not hold such beliefs (Koss, Leonard, Beezley & Oros, 1985).

Additionally, it appears that military culture fosters the development of hypermasculine attitudes. For example, Nicol, Charbonneau and Boies (2007) found that rates of sociodominance (the extent to which an individual supports group-based dominance) increased over military training in a group of cadets, and that this change did not occur in a comparable sample of civilians. Scarse (1997) remarked that, in the military, “men's gender roles become more rigid and narrow, heavily scrutinized for any behavior that might seem the slightest bit feminine, and, therefore, considered weak and unfit for military service” (p. 47). The military, through various acts of socialization, such as bonding ceremonies, creates group cohesion and interdependence. This, in turn, creates a sense of accountability within its servicemembers to uphold and maintain these beliefs through self-policing (Scarse, 1997), further perpetuating hypermasculine attitudes, and continuing to place female military personnel at a heightened risk for MSA. Due to the pervasive hypermasculinity present in the military, female servicemembers may have limited opportunities to experience a sense of community within their units that would reduce their risk of sexual trauma.

3.6. Military laws

Some laws in the military may be used in a way to encourage victim blame or rape myths, such as “women lie about being raped,” “men cannot be raped,” or “rapes are always physically violent”. Rape myths are often defined as “prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists” (Burt, 1980; p. 217). For instance, as pointed out by Houser (2007), rule 306(b) listed under the Rules for Courts-Martial lists a variety of factors that commanders are to take into consideration when determining how to respond to a reported offense or crime that may be based on and encourage rape myth beliefs. These factors include taking into account the “character and military service of the accused”, “the extent of harm caused”, “possible improper motives”, “relevance of the accused to testify”, and “availability and admissibility of evidence” (Joint Service Committee on Military Justice, 2008; p. 1-25). So a servicemember reporting a sexual assault who is perceived as having an “immoral character”, has an imperfect service record, has no visible physical wounds, or is reluctant to testify may not be taken seriously based on the above rules. Further, the U.S. military rape law applies only to female victims and male perpetrators, and in some sexual assault offenses being married to the victim can be an affirmative defense (Joint Service Committee on Military Justice, 2008). These laws may promote the rape myths that men cannot be raped, that women cannot be perpetrators, and that marital rape does not exist.

Another area of concern is the legal discrimination of homosexuals in the military, especially given that an estimated 65,000 gay, lesbian, and bisexual men and women serve in the U.S. military based on the 2000 census data (Gates, 2004). One concern is that the article banning consensual sodomy (cunnilingus, fellatio, anal sex) may make it difficult for gays, lesbians, bisexuals, and heterosexual men to report sexual offenses if they are afraid of others believing they have engaged in homosexual behavior (whether truthful or not). This law is inconsistent with national law and is much more likely to be enforced against homosexuals than heterosexuals, even though an estimated 75% of heterosexual military servicemembers are believed to have engaged in consensual sodomy according to the military definition (Servicemember Legal Defense Network, 2002 as cited in Bateman, 2004). The law is consistent with the military’s “Don’t ask, Don’t tell” (“DADT”) policy which prohibits any homosexual or bisexual person serving in the military to disclose information about their sexual orientation (Secretary of Defense, 1993). This policy makes it difficult for servicemembers to report sexual assault by a same-sex offender regardless of their sexual orientation. The APA Task Force on Sexual Orientation and Military Service characterized the “DADT” policy as harmful and stated that the task force “recognizes and abhors the many detrimental effects that the law has had on individual servicemembers, the military, and American society” (Taylor, 2004, p. 12).

3.7. Low reporting rates

Whereas the rates of MSA are alarmingly high, it is likely that the reported instances are an underestimate of the actual occurrence of sexual assault (GAO, 2008). For example, Sadler et al. (2003) documented that almost one third of military women reported that they did not know how to formally report a rape and only 26% of victims formally reported their rape to a superior officer. A study of the DoD and Coast Guard found that between 13% to 43% of military personnel even after receiving training were not sure how to report an assault (GAO, 2008). The GAO investigation also reviewed evidence suggesting the majority of assaulted servicemembers are not reporting their assaults. This underreporting is similar of that among college and community women (Catalano, 2006; Fisher & Cullen, 1999; Sloan, Fisher & Cullen, 1997), and increases the likelihood of violence continuing.

Low reporting rates indicate that there are numerous barriers impeding servicemembers from reporting MSA. An investigation by the Air Force found that there are a number of reporting barriers noted by victims, including fears of confidentiality breaches or retaliation, shame, not being granted advancement or clearances, betraying one’s group, being negatively judged by other personnel, and being re-victimized (U.S. Air Force, 2004). Many of these issues are still reported as barriers by servicemembers (GAO, 2008). Mullins (2005) also identifies the military legal system, a lack of training among military personnel who are supposed to assist with sexual assault victims, and the fact that victims often have to continue to serve with the perpetrator as barriers for victims to report assault and to get adequate help. One aspect of the military legal system that may deter the reporting of MSA is fear of prosecution of other crimes that occurred during the time of the attack (e.g., adultery, fraternization, and underage drinking; DoD, 2004a). Legal proceedings for victim misconduct offenses may occur before those of the MSA case, leading to beliefs that victims get punished while perpetrators do not. The power of the commander in determining how to dispose of reports of sexual assault may also be influential in reporting sexual assault. The 2004 DoD Sexual Assault Task Force on victim care reported that the chain-of-command reporting process, at times, leads to informal investigations prior to the formal investigation which leaves victims feeling as though they lack anonymity and regret reporting their assault.

The military’s stance on homosexuality may discourage reporting because confusion may exist between homosexuality and same-sex rape, especially for men (Scarse, 1997). A person may not report sexual assault for fear of being labeled a homosexual (whether accurately or falsely), which could lead to harassment and even a dishonorable discharge from the military (Hunter, 2007). Although there are clearly
numerous areas that could be improved regarding the legal, structural, social, and cultural environment in the military that could impact both the rates of reporting and occurrences of sexual assault, the DoD has acknowledged and responded to many of these problems and criticisms.

3.8. Military implementations

In the past decade, the DoD, the Department of Veterans Affairs, and the military branches have responded to criticism and high rates of MSA by changing laws, implementing a DoD office responsible for overseeing sexual assault education and treatment in the entire department, and providing more services to veterans who experienced sexual trauma in the VA system. One helpful law was the establishment of the Victim and Witness Assistance Program in 1994 by the DoD. This law provided statutory requirements about how to provide services and assistance to victims and witnesses of crimes through the military justice process (DoD, 2004b). In October, 2007, the UCMJ rape and sexual misconduct laws were amended by Congress after remaining relatively the same since their inception in the UCMJ. The previous law stated “any person subject to this chapter who commits an act of sexual intercourse by force and without consent, is guilty of rape” [Joint Service Committee on Military Justice, 2005, p. 66 of Part IV, §45.a.(a)]. The new law makes the use of force by the offender no longer necessary for the crime to be considered rape and the new law acknowledges substance-related assaults (Joint Service Committee on Military Justice, 2008). The new law also combines sexual acts that were previously described loosely under Article 134 and Article 120 and now encompasses 36 different sexual offenses with differing levels of offense and punishment.

The most significant change was the permanent implementation of the DoD Sexual Assault Prevention and Response Office (SAPRO) in 2005 in response to a series of Congressional hearings concerning MSA (DoD, 2007). The SAPRO is responsible for the entire DoD, including four of the five branches of the military (the Coast Guard is under the jurisdiction of the Department of Homeland Security but has similar sexual assault policies and reporting options), and serves as a single point of accountability for sexual violence. Programs through this office are used to provide care and support to sexual assault victims, and prevent MSA through department-wide training, education, and prevention programming. The SAPRO has also instituted a confidential restricted reporting system for sexual assault victims. This system allows servicemembers who have been assaulted to receive medical care and counseling without the notification of law enforcement or their commanders. However, a restricted report can only be initiated by medical or counseling services, chaplains, sexual assault response coordinators, or victim advocates. Commanders or members of law enforcement are still obligated to report the assault to proper authorities which will likely trigger an investigation and thus may reduce the likelihood of reporting. Servicemembers and their families, even when deployed, can contact Military One Source by phone or online 24 hrs a day to talk to a master's level consultant, make restricted or unrestricted sexual assault reporting, and contact local sexual assault response coordinators, VA centers, or other established DoD sexual assault services.

Different branches implemented their own sexual assault risk reduction and prevention programs prior to the creation of the SAPRO, which were later altered to fit DoD guidelines. One such program was the Sexual Assault Victim Intervention implemented by the Navy to increase sexual assault awareness and to provide victims with the assistance of trained advocates. Both the perceptions towards the prevention/training component and advocacy services were evaluated by researchers, making this the first such known program to empirically evaluate a sexual assault program in the military (Kelley, Schwerin, Farrar & Lane, 2005). Although victimization and perpetration rates were not examined in the study, the researchers reported that participants found both components of the program to be helpful.

The participants believed that the program showed that the Navy cared about its personnel and families and enhanced their own health and safety. Those who gave higher ratings of the prevention program reported higher overall military readiness, whereas those who gave higher ratings of the advocacy program reported both higher overall readiness and better quality of life, providing support for the positive impact of sexual assault programming.

The VA system is a place where many current and former servicemembers turn for treatment of service-related medical and psychological problems. In 1992, Congress passed Public Law 102-585, which authorized psychological counseling for female veterans who experienced trauma related to sexual harassment or MSA. Later laws would extend these benefits to male veterans, expand services to any appropriate treatment services, and make services for sexual trauma a permanent benefit for all veterans. VAs are also now required to screen all veterans seeking care for military-related sexual trauma and designate someone who is in charge of sexual trauma screening, treatment, and personnel training (Department of Veterans Affairs, 2005). One study has evaluated the effects of these laws and mandates on screening for sexual trauma among veterans, finding that the majority of veterans are being screened for sexual trauma and that collecting this information is both feasible and valuable to treatment (Kimerling et al., 2007).

3.9. Suggestions for further change

Given that sexual assault is a problem in society at large as well as the military, there will be no easy solution to the problem. Efforts must continue to combat this problem to keep our troops safe from violence. Although the military has certainly taken steps to reduce and prevent sexual violence among its personnel, there needs to be continued efforts to address and prevent MSA.

The military routinely screens out those recruits with a criminal background and these efforts should perhaps become more stringent as studies have shown that there may be a large number of men coming into the military that have committed sex crimes, but were not convicted (Merrill et al., 1998, 2001). An alarming trend among the military has been a significant increase in the percentage of waivers given for medical conditions and convicted criminal behavior, including aggravated assault, rape, and sexual assault (Committee on Oversight and Government Reform, 2008). Although recruiters may be struggling to get the numbers desired given the current war, strict screening procedures need to be used to ensure safety among servicemembers. Also, new servicemembers should be carefully monitored for signs of sexual violence and demeaning behavior with a zero-tolerance policy for such behavior. There should also be continued sexual violence prevention efforts with programs targeting risk factors that are likely present from a recruit’s premilitary experiences (childhood abuse, attitudes towards women, and hypermasculinity) as well as factors that may develop from within the military training and environment (e.g., desensitization to violence and substance abuse). Prevention programming and education should occur at the beginning of a servicemember’s career and also at multiple points in one’s time in the military.

Legal change must also take place for widespread, institutional change to occur in the military. Several of the current laws may promote sexual violence, discrimination, or under-reporting of sexual crimes. Although the UCMJ sexual assault laws were updated in 2008, Article 125 making consensual sodomy illegal for all servicemembers remained unchanged. This law is outdated and no longer consistent with federal civilian law, and although routinely violated, may discourage those who engage in consensual sodomy to report MSA. Also, the Article 120 rape law still excludes the possibility of male victims of rape, although male rape can be punished under other sexual assault laws in this article. Articles 120 and 125 also allow for the fact that two people are married to be an affirmative defense for several of the
sexual assault crimes and this defense should be eliminated to prevent and legitimize marital sexual assault.

The “DADT” policy promotes intolerance and discrimination (Taylor, 2004), harms the military’s reputation (Belkin, 2008), and likely discourages reporting of MSA for those who are afraid of being believed to be homosexual. Further, a recent nonpartisan group of retired high-ranking servicemembers found that the existing evidence indicates that allowing gays and lesbians to serve openly is unlikely to pose any significant risk to morale, good order, discipline or cohesion (Aitken, Alexander, Gard, & Shanahan, 2008). Given that there is no strong empirical evidence supporting the “DADT” policy, it should be repealed to increase tolerance and equality among all servicemembers.

Morris (1996) suggests that changing the negative normative beliefs in the military (e.g., beliefs about gender, sex, and culture) will impact the risk for rape. Also given that those who hold intolerant belief systems (i.e., sexism, racism, and homophobia) are more likely to accept rape myths (Aosved & Long, 2006), increasing tolerance among all groups within the military would be helpful in both the reduction of sexual violence and the increase of unity among servicemembers. Two methods through which this can be attained are repealing the “DADT” policy and reducing the imbalance of power between male and female servicemembers.

The maintenance of a male-dominated military known for its hypermasculine attitudes is not going to change unless women are allowed to become more integrated into the military. Although some individuals may hold adversarial beliefs toward women, it may be that some laws of the military are based more on benevolent sexism, a belief that women should be adored and idealized while at the same time believing they are weak and need to be protected (see Glick & Fiske, 1997, and Glick & Fiske, 2001 for discussions of this theory). For example, the collocation policy (this policy excludes women from positions and units where they will be physically working with units that are in ground combat) and ground combat exclusion policy seem to be at least partly designed to protect women and seem to indicate women are weaker than men. McSally (2007) recommended that for women to achieve a more equal role in the military the military must: 1) rescind the collocation policy; 2) adopt gender-neutral criteria for positions and assignments; 3) rescind the ground combat exclusion policy; 4) rescind the policy that allows servicemen to avoid commitments during pregnancy; 5) eliminate double standards between the sexes (same basic training; same uniform and appearance guidelines); and 6) include women in the Selective Service Act. Other suggestions include increasing the number of women in roles of leadership and increasing recruiting efforts of women. Until women are fully integrated into the military, they will still be viewed as secondary to men, in turn maintaining the power differential (Morris, 1996). Given that the overwhelming majority of offenders are men, it is men who must ultimately stop sexual violence in the military.

Investigation and judicial processes involving sexual assault victims must be made more impartial and less biased toward the perpetrator. A DoD task force indicated that the manner in which legal proceeding for perpetrators of sexual violence is processed is detrimental to the reporting of such crimes, often leaving victims regretful of their report (DoD, 2004a). In order to facilitate perpetrator accountability, increased victim privacy in their disclosure of their sexual assault and greater transparency regarding the reasoning for legal decision making (i.e., prosecution) should be established. The streamlining of court proceedings and increased training of military legal personnel in sexual assault and harassment litigation should also be considered so that the matter can be resolved quickly and fairly for both the parties. These systemic legal changes may encourage greater victim reporting and provide a sense of perpetrator accountability. In fact, the Army recently began an effort to increase the number of legal personnel with expertise with sexual assault litigation and to hire special investigators to aid in sexual harassment and assault cases in order to more effectively prosecute sexual assault cases (Kruzel, 2008).

Across all military services it is of utmost importance that personnel are aware of reporting procedures and which of these reporting options are confidential. Several studies have indicated that a sizable portion of MSA are unaware or are unsure of how to report an assault (e.g., DoD, 2005; GAO, 2008). Therefore, it is imperative that all personnel receive training on reporting resources and the level of confidentiality afforded to each resource. Furthermore, it is important that all military staff is trained to recognize signs and symptoms, both physical and psychological, of sexual assault in men and women and also to be aware of the appropriate services available for victims. It is also important that the military begin enforcing the zero-tolerance policy towards sexual assault, with no exception (Nelson, 2002). In conjunction, handling all reports of sexual assault professionally and immediately is an important step towards changing the attitudes within the military that perpetuate the risk for sexual assault.

Another recommendation is to make personal safety and self-defense training accessible to all active-duty female personnel as well as to veterans at VAs. David, Cotton, Simpson and Weitlauf (2004) found that female veterans with physical and/or sexual assault histories strongly endorsed the use of personal safety and self-defense training in coping with PTSD symptoms. David, Simpson and Cotton (2006) later conducted a pilot 36-hour behavioral intervention that included psychoeducation, self-defense training, and personal safety training with 12 female veterans with PTSD related to MSA. The women who participated in this intervention showed fewer PTSD symptoms and greater functioning and efficacy at a 6-month follow-up. Self-defense training can also be used to protect and empower women who have not been victimized (McCaughey, 1998; Ozer & Bandura, 1990): increasing women’s feelings of confidence may increase their capability to assertively respond to future threatening situations (Turchik, Probst, Chau, Nigoff & Gidycz, 2007).

Although the creation of the SAPRO was a big step forward in preventing sexual assault and enforcing sexual assault laws, there needs to be widespread evaluation of its implementations and their effects on personnel by both DoD and civilian researchers. Although there are many outcome variables that would be important to examine (e.g., increased knowledge about sexual assault and reporting, increased feelings of safety, increased offender accountability, and decreased health costs), the main variables of outcome are decreased incidence of sexual victimization and perpetration. If the SAPRO is truly accomplishing its goals one should see increased initial reporting as victims feel more comfortable and then a decrease in rates of reported victimization over time. A recent report found that there are still many servicemembers not reporting due to a number of barriers (GAO, 2008). Also, there is a lack of access to mental health services on military installations, which may prevent victims from getting adequate psychological care (GAO, 2008).

The VA system also needs continued evaluation of its programs and treatments for MSA. Kimerling et al. (2007) were the first group of researchers to evaluate the MSA screening in the VA system and these researchers stated that the DoD and the private sector must continue to monitor and evaluate the VAs screening, educational, outreach, and treatment programs. There also needs to be more general research on MSA and its effects on servicemen and women. Research is especially lacking on the sexual victimization of men and the effects of victimization; this research is particularly important given the large percentage of men in the military. It would also be beneficial to continue to bring together both military and civilian researchers to address MSA such as the 2007 United States Air Force Sexual Assault Prevention and Risk Reduction Symposium.

The military should also make changes to its overall structure and environment as some environmental aspects may promote sexual violence, such as the strict power hierarchy, substance use among young servicemembers, and inappropriate use of violence. As discussed earlier,
the chain-of-command reporting, in which commanders have the power to determine how reports of sexual assaults will be handled legally, and the power hierarchy created by the military are significant barriers to reporting MSA. There must be limits on the amount of power commanders can have over those in their unit, and servicemembers should be aware of ways they can safely report abuse by those who outrank them. There are also needs to have more women in positions of authority so women can have the option to report to another woman. Further, commanders need to be trained on their job as role model to younger servicemembers and how watching commanders make demeaning remarks or gestures about women increases sexual victimization in units (Sadler et al., 2003).

Another important aspect is substance use among servicemembers. Although policies and programs (e.g., Air Force Alcohol and Drug Abuse Prevention and Treatment Program) are in place to restrict and prohibit use of substance, there needs to be more programs and education on the appropriate use of alcohol and drugs, especially among new recruits as substance use is often linked to MSA (DoD, 2004a, 2005). Finally, another element of the military environment is the emphasis on violence. Although violence may be necessary for active-duty combat, servicemembers need to be taught to discriminate between when the use of violence is appropriate and when it is not. Programs for dealing with stress, impulse control, and conflict management may also be used to teach additional healthy ways for releasing stress and tension among servicemembers.

In summary, the DoD and VA systems have implemented significant changes that demonstrate the military’s concern and willingness to address the problem of sexual assault within this institution. However, there still remains room for further significant growth and improvement aimed at ameliorating the systemic, cultural, and associated factors which perpetuate MSA. Future research efforts should also focus on more soundly assessing the prevalence of MSA, especially that of male victims, as well as on evaluating the effectiveness of current MSA programming.

References