

Sisters in Harm: A Phenomenological Study Examining Active-Duty Military Women's Lived
Experiences of Military Sexual Assault and Trauma

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

There has been a plethora of research studies conducted on the staggering statistics surrounding military sexual trauma (MST) and how the armed forces have systematically failed to provide appropriate protections for women who experience military sexual assault (MSA). However, firsthand experiences from active-duty women who experienced MSA and the possible secondary trauma they experienced have very little documentation besides that from a quantitative research point of view. Studies surrounding survivors' personal experiences are even more limited. Within this body of research, a phenomenological approach is used to describe the contextual and perceptual experiences surrounding active-duty women who are survivors of MSA. The literature review is examined through a feminist theoretical perspective to determine social, cultural, and systemic complexities within military structures and how survivors can be empowered, validated, and supported while continuing to serve their country.

Keywords: Military, sexual assault, trauma, feminist

Dedication

To my sister and all survivors who endured in their own solemn strength.

Acknowledgments

First, I would like to take this time to acknowledge the people who influenced the writing and completion of the dissertation. First, I would like to acknowledge my chair, Dr. Torres, for his continued support and collaboration. Thank you for motivating me and most of all for helping to calm my nerves with this enormous undertaking.

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Last, I would like to dedicate this dissertation to my spouse Shontia and my daughters Kenzo and Chance. Shontia has been “shooting with me in the gym” since I was in my bachelors’ program. She has seen me give up my free time, my sleep, and probably my sanity to accomplish this monumental task, and I want to thank her for at times keeping me level-headed, dealing with the ups and downs of doctoral studies, and most of all being a big support system. To my children Kenzo and Chance, you are my forever motivation, when I look at you, I ask what I can do to climb higher so that my daughters will be able to see farther. Without you all motivating me and “doing school” with me, I would have never made it.

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List of Abbreviations

1. MSA–Military Sexual Assault
2. MST–Military Sexual Trauma
3. DoD–Department of Defense
4. NCO–Non-Commissioned Officer
5. SAPR–Sexual Assault Prevention and Response
6. RMA–Rape Myth Acceptance
7. SARC–Sexual Assault Response Coordinator

Chapter One: Introduction

Women's involvement and participation within the United States armed forces has been heavily documented throughout centuries and women's involvement has varied across every major armed conflict since the Revolutionary War, and since the Revolutionary War over 3 million women have served (Department of Defense [DoD], 2022). From serving as nurses aiding the sick and injured to joining segregated women's military units, women have found a way to serve their country in a myriad of capacities. However, the military's tolerance and inclusion of women within the armed forces has a strained relationship that continues to be at the forefront of issues for women who serve in the military today. In 2021 women made up 17.3% of service members, which is approximately 231,741 active-duty service women (DoD, 2022). Since the year 2017, women's participation in active-duty armed services has increased by 1.1% per year (DoD, 2022).

Women were formally included in the military during World War II; however, it was not until 1994 that women were allowed to serve in all capacities of the military including combat jobs and special operations warfare career fields with the repeal of the Direct Ground Combat and Assignment Rule (DGCAR) which repealed the restriction of women from serving in combat positions (Bailey et al., 2022). The adoption of the Women's Inclusions Acts allowed women to peruse new career frontiers within the military, including becoming fighter pilots, admirals, and commanders, and serving in hostile deployment locations. Most notably within the last 23 years, women have played a pivotal role in the wars in Iraq and Afghanistan starting at the beginning of the armed conflict. On September 11, 2001, Lieutenant Heather Penny, a national guardsman and F-16 pilot, was instructed to sanitize air space of potential terroristic threats and if need be, crash her own plane to stop the 9/11 terrorists who hijacked Flight 93

from reaching its target, the White House. Flight 93 ultimately crashed in the middle of a field in Pennsylvania after brave passengers deterred them from causing any further destruction to the American people (Timmons, 2020).

Other tales of female heroism in combat are often forgotten, stories of female bravery are almost always overshadowed by males, not only due to numbers but due to general associations of historical heroism almost always associated with masculinity. The masculine-warrior paradigm indoctrinates men and women who serve to adopt gender biases, masculine forms of expression, and repression of feminine or effeminate behaviors in favor of sustaining masculine-warrior social and systemic structures of behavior and values (Do & Samuels, 2021). Many women who served honorably and died nobly serving their country are often not as celebrated as their male counterparts in military service. Specifically, women's death due to combat is often fraught with patriarchal ideology and political debate on whether women should be able to serve their country in the combat capacity (C'de Baca, 2011). Army First Lieutenant Ashley White was a special operations team member who died in a bombing in Afghanistan after being assigned to a cultural support special operations team, designed to gain the trust of women in Afghanistan, a job that men were unable to do because of the strict cultural norms that separated men and women, and expectations that prevent women from speaking to men who were non-family members, which is deemed as unacceptable and disrespectful (Baldor, 2011). Lieutenant White's death signifies a first in military history in that women could obtain valuable intelligence to support the war efforts in a way that men could not.

Women today are still reaching the military's "first" milestones. An unidentified woman in the United States Navy in 2021 finished a 37-week training course to become a Naval Special Warfare combatant-craft crewman and part of a Navy SEAL team and is the first and only

woman of 18 who attempted and completed the course successfully (The Associated Press, 2021). However, no woman has ever completed the Marine's special operations training, although many have volunteered (The Associated Press, 2021).

Despite women slowly becoming part of the elite club of warfighters, the debate over the role of women in the military is often immersed in the MSA crisis. When women were first integrated into combatant roles, the DoD conducted field testing along with surveys that found that the greatest barrier to the integration of women into combat units was cultural and patriarchal opposition rather than physical and material barriers (Bailey et al., 2022). Even with women who are currently integrated into combat roles such as their careers in deployed locations such as Iraq and Afghanistan, women, regardless of how integrated into their combat teams, still are at high risk for experiencing sexual assault (C'de Baca, 2011). According to data collected from the DoD in 2008 and 2009 it was found that there was a 38% increase in sexual assault reports from deployed combat locations in Iraq and Afghanistan despite advancements and policy directives developed to create equality between men and women on the battlefield (C'de Baca, 2011).

In a review of multiple DoD studies surveying women in combat roles, men within special forces units had an overwhelmingly negative view of women and the integration of women into combat roles based were based on gender stereotypes (Bailey et al., 2022). Men within special operations units often relied heavily on gender binaries and heteronormative assumptions about women that shaped their negative beliefs and how they treated women culturally (Bailey et al., 2022). The negative sentiment that women's integration into combat roles would somehow undermine masculinity and unit functionality ultimately is systemic sexism masked as opinions in which the military perpetuates gender trope reinforcement within

military norms of masculinity that systemically expresses overt discrimination of women, which is one of the essential reasons of why MST has remained and will remain a persistent problem in the military.

Background of Gender Discrimination and Violence

The military's overt desire for masculine aggressiveness, courage, and resilience have shaped military culture as a system and a socialization institute in which masculinity is normalized and valued, and indoctrination of masculine ideals begins in basic training and remains a constant throughout a person's military career (Do & Samuels, 2020). Gendered discrimination of women, and reliance on creating otherness of women based on anecdotal experiences rather than empirical facts reinforces historical gender hierarchies in men and women within the armed forces (Bailey et al., 2022). The military has been shaped by sex and gender roles in a way that filters out undesirable, primarily feminine attributes (Do & Samuels, 2020). However, the military's historical exclusion of women, much like America's history of enslaving and overt discrimination against African Americans can still be felt today and is a continuous reason for gender-based discriminatory practices and continuum behaviors such as sexual assault and harassment that has infected military culture. The military has been shaped by sex, gender, and sexuality, and the discipline and omission of these features are often controlled by the military in covert and overt ways such as exclusive policies, practices, and routines that often target women (Bailey et al., 2022). The 1948 Women's Armed Services Integration Act allowed women to serve but restricted the number of women to 2% for enlisted and 10% for female officers, and often how fast women obtained rank was also restricted due to gender hierarchal beliefs that a woman should not outrank a male in certain circumstances (Bailey et al., 2022).

Military history of discrimination and exclusion of women has shaped and allowed for the continuation of sexual violence against women. When women were first allowed to apply for direct combat jobs, it was more of a sociological experiment than whether women would volunteer their services. Servick (2015) annotated that while in 2016 every branch of services was supposed to fully integrate women into combat roles, the military was having trouble determining what female standards for these specific combat jobs should be considering that these roles had been 100% male until that time. The author described military researchers and experts trying to determine women's physical fitness for combat as an emotional and highly politicized effort. The top researcher for women's integration into combat roles, Neal Baumgartner, an exercise physiologist, concluded that combat fitness standards should be based around the demands of real-world war time fighting, and not on the physical fitness traits of those who successfully passed the combat training courses, punting a non-gendered wrench in opponents of women in combat initiatives (Servick, 2015).

Before 2015, the military could exclude women from jobs solely on the belief that women could not do the job, however Baumgartner initiated the Women in Service Report (WISR) that made it so every job had to have a gender-neutral occupational standard that everyone must meet to deter further exclusion of women from certain jobs that was adopted and congressionally mandated (Servick, 2015). However, exclusionary efforts despite congressional mandates, continued to prevail despite determining need for women in ground combat initiatives during wartime, and women who were eventually integrated into combat teams faced an uphill battle on the sexual assault continuum. For example, researchers for the Marines not only focused on physical fitness but also focused on how women's sheer presence within combat

operations effect team performance. However, it was determined that team member fitness levels, regardless of gender, increased the probability combat risks (Servick, 2015).

The continuum of harm is directly correlated to gender-based discrimination practices mentioned above, and sexual violence against women. The continuum of harm refers to ranges of inappropriate behaviors and actions that are used before and after a sexual assault or behaviors and actions that support environments that enable and tolerate behaviors that fall along the sexual assault continuum such as sexual and gendered jokes, seductive and inappropriate advances, threats and blackmail, sexual touching, and physical force (O'Reilly, 2020). Until recently, there was no way to monitor or quantify the number of women who were victims of continuum behaviors until the DoD conducted the Workplace and Gender Relations Assessment.

The Workplace and Gender Relations Assessment concluded that there is a significant relationship between sexual harassment, sexual assault, and gender-based discrimination and found that behaviors and environments that fell within the continuum of harm and were allowed for sexual harassment to go unchecked, were often associated with environments in which perpetrators of sexual assault exists without consequences, and women who are junior enlisted, junior officers, and racial minorities are more likely to be on the receiving end of maltreatment (Breslin et al., 2020). The study also found that one in five women who experienced sexual assault experienced sexual harassment a year before their assault, and one in seven women experienced gender-based discrimination a year before experiencing a sexual assault. The rates of those who experienced sexual harassment and gender-based discrimination were almost always correlated with sexual assault (Breslin et al., 2020). Unsurprisingly, within the same study, researchers measured the correlation between workplace climate and sexual assault and found that women who experienced workplace hostility were 12% more likely to experience

sexual assault, women who noted that their workplace was unhealthy in terms of respect and cohesion were 9% more likely to experience sexual assault, and women who experienced unhealthy environments which there was no accountability or intervention were 11.3% more likely to experience sexual assault (Breslin et al., 2020). Further, it was found that units that had a prior history of sexual harassment experiences were most likely to be predictive of future sexual assault within the same unit.

The terms MSA and MST will be used throughout this paper. In essence, the use of MSA and MST both describe the pervasive overt sexual actions that facilitate issues surrounding women's equality and longevity within military service and MST describes the major biopsychosocial health disparities that overwhelmingly affect women at greater rates than men within the armed services. MST is defined by the DoD as, "sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of the geographic location of the trauma, gender of victims, or relationship to the perpetrator" (C'de Baca, 2011, pp. 59–60). The effects of MST are far more pervasive and intrusive than the definition given by the DoD and can be invalidating to the real traumatic experiences that victims of MSA experience.

Within the last 4 years, the churnings of a cultural shift has been happening. Resistance to the status quo of accepted gender-based discrimination and gender-based violence has seen swift changes in how the DoD defines sexual violence, how they punish offenders, and the treatment of victims have seemed to take affront. Several key landmark cases were filed against the Departments of the Navy (Samuels, 2012), accusations of service academy coverups (VanLandingham & Christensen, 2023), and public attention given to the documentary *The Invisible War* (Kirby, 2012), and the Human Rights Watch piece detailing adverse actions

against sexual assault survivors for reporting (Human Rights Watch, 2016) has created a wave that encompasses the pinnacle of women's rights, equality, and DoD compliance and accountability to victims of sexual assault.

With so much scrutiny surrounding the MSA crisis, many wonder why female demographics are steadily increasing in recruitment into the armed forces. The answer could primarily lie in military recruitment of vulnerable populations at a relatively young age. Female victims of MSA often join the military to escape adverse home environments usually right after high school, believing that military life and culture will provide the structure and discipline that alluded them from previous adverse and often abusive home environments (Kelly et al., 2011). However, military personnel who experience MSA had higher rates of depression, post-traumatic stress disorder (PTSD), and experiences of guilt and shame if they had a previous history of childhood sexual abuse (Wolfe-Clark et al., 2017). Further, the relationship between lifetime trauma and MST among female veterans shows that 95% of women report at least one other significant previous trauma before MST and most notably military women report sexual abuse as an adult at a rate of 77% and as children at a rate of 52% (Kelly et al., 2011). Previous trauma coupled with MST was associated with worse physical and mental health conditions, sleep issues, and adverse coping strategies compared to populations of female veterans who only experienced MST (Kelly et al., 2011). Undoubtedly, previous traumatic experiences before joining the military and recruitment of vulnerable populations play a pivotal role in the MSA crisis, which naively allows victims the false sense of safety that the military has their best interest, will take care of them and their families, and will create a system of support, which has not been the case in most survivor stories (Scoglio et al., 2022). Women who are volunteer-era veterans, meaning volunteering for military service without being drafted, have higher levels of

adverse childhood experiences and it was also found that women who experienced physical abuse by a caregiver and faced significant adversity as children were more likely to consider being armed services recruits (Scoglio et al., 2022). When women join the military, the falsehood of safety, and the probability of being personally victimized, often leads to more insidious forms of traumatic experiences such as betrayal trauma.

Betrayal trauma is perpetrated by a person or institution in which the victim experienced a close relationship or associated a sense of safety, and when a traumatic betrayal occurs it increases the risk of a range of negative psychological and physical health sequelae (Goldsmith et al., 2012). Women within the armed services who experience MST often experience institutional betrayal, which is defined as harm caused by institutions to an individual which the individual previously trusted and depended on that institution in some way (Monteith et al., 2022). When military women experience institutional betrayal, they often experience military systems that fail to adequately protect them and experience inefficiencies in response to their trauma along with experiences of omission, in which military institutions violate survivors by continuing victim's cohabitation in perpetuating environments where sexual assault and sexual harassment are likely to occur and be sustained even after a formal report is filed (Monteith et al., 2022). Women often experience commission, which is the act of being punished or retaliated against for reporting sexual assault despite policies and reporting entities that are in place to protect them from these experiences, women often become discouraged that reporting instances of omission or commission will hinder them further. Acknowledging and educating others on institutional betrayal is a key factor in helping women who experience sexual assault and sexual harassment within military systems as it was found that the degree of institutional betrayal is directly correlated to the severity of PTSD, depressive symptoms, and suicide attempts following

a sexual assault (Monteith et al., 2022). It was found that when institutional betrayal was low, and women felt supported and protected in their environments that the likelihood of developing more severe comorbid trauma symptomology was lowered.

There are several recent landmark lawsuits, reports, and sexual assault cases. Recently, in November of 2022, the Connecticut Veterans Legal Center filed a lawsuit against the DoD and the Department of Justice (Protect our Defenders, 2022). The purpose of the lawsuit is to release records that highlight how active duty servicemembers are prosecuted within sexual assault cases. The lawsuit comes on the heels of mass congressional reform of how the military justice system handles sexual assault cases based on the epic failure on behalf of victims. The sustained records of court prosecutions are expected to detail and confirm how the military justice systems have systemically failed service members by under-prosecuting sexual offenders (Protect Our Defenders, 2022).

In August of 2022, the Pentagon released the Annual Report on Sexual Assault and Prevention in the Military. The report is the yearly report that highlights sexual assault reported across all branches of the military (Protect Our Defenders, 2022). The report found that 2022 saw the highest reported sexual assault ever and found that 36,000 servicemembers experienced sexual assault. Sixteen thousand women and 15,000 men reported sexual assault in 2022, an increase from 2018 in which 20,000 members reported sexual assault (Protect Our Defenders, 2022). Chief Prosecutor of the United States Air Force noted that the 35% increase in reported sexual assault cases within the military is a direct reflection of military leaders' failure to support and protect real sexual assault reforms. Further, the report highlights retaliation, reprisal, and institutional betrayal as factors that enable sexual assaults to continue to be a readiness problem within the armed forces.

Last, the documentary called “#IamVanessaGuillen” highlights survivor stories of trying to seek justice in a broken military justice system (Protect Our Defenders, 2022). The documentary follows Karina Lopez’s cry for justice after her sexual assault and closely after the death of Vanessa Guillen. Vanessa Guillen inspired thousands of women in the military to share their stories of MST and to document the profound corruption that plagues the military justice systems and how issues of race, misogyny, and trauma impact the ways leadership systematically cover up sexual violence within their ranks. The tragic death of Vanessa Guillen and the maltreatment of other survivors sparked a movement that bolstered real reform in the military to change how sexual assault and sexual harassment are handled and how cases are prosecuted.

Problem Statement

The risk of sexual assault is high among women in civilian settings. However, women who serve in the United States armed forces are even more at risk than their civilian counterparts to be sexually assaulted. It is imperative to look at the aspects of military life to help improve systems that are currently harming women and to safeguard service members in the same way that they safeguard their country. Women become victims of sexual harassment, sexual assault, and gender-based violence since sexist cultural, institutional, and systemic policies, procedures, and regulations remain in place that allow sexual violence to remain commonplace in the military. Looking at the body of research examining sexual assault in the military, there has been a multitude of government-funded quantitative studies, and handfuls of federal qualitative studies using active-duty populations such as the Workplace and Gender Relations Survey and the Annual Report on Sexual Assault and Prevention in the Military. However, there have been few qualitative studies examining the barriers that active-duty women experience from their perspective, and how institutional betrayal and institutional trauma shaped their sexual assault

experiences. The qualitative studies that have been conducted usually pull participants from Veteran's Affairs (VA) centers and primarily look at sexual assault and sexual harassment through a retrospective and reactive lens, not looking at sexual assault from a current, active-duty women's perspective that can be preventative and future studies on similar populations can help implement changes in how treatment of survivors is conducted if looked through a longitudinal scope of qualitative studies.

Gaining a better understanding of how institutional betrayal and institutional trauma play the roles of creating or magnifying barriers to reporting could potentially change the inherent culture of the military when it comes to how reactive the armed services are to sexual assault and sexual harassment. Additionally, gaining first-hand experiences from survivors will apply personhood and humanization to MSA victims. Many federal studies only look at victims from a quantitative statistical number, which does not help the military develop the empathy needed to address complex sexual misconduct within its ranks. Further, if servicemembers have a deeper understanding and perspectives of victimhood, it could help eliminate antiquated reporting and response practices, can help improve and expand healthcare service for victims, and allow for great accountability of perpetrators. Additionally, more qualitative studies could increase survivor support and increase the longevity of MSA survivor careers, lessening the monetary cost of curative care, and restore the good faith that the military will take care of the soldiers, sailors, airman, and marines.

Purpose Statement

The purpose of this phenomenological study is to examine female active-duty members' experience of reporting sexual assault and sexual violence while serving in the military. Additionally, examined are their experiences with institutional trauma, institutional betrayal, and

institutional sexism will be reviewed and assessed to determine how those factors played a role in reporting their assaults. By using qualitative study, active-duty women's voices will be amplified to understand the magnitude and negative ripple effect of MST and how profound MST is to currently-serving women. Using the data collected from this study would better expand options for reporting for victims and may lead to expanded and more accessible ways of accessing helpful services while increasing victim safety.

This study could potentially help further studies on active-duty populations and could expand the study to more specific types of minority groups, such as conducting sexual assault qualitative studies based on racial minority active-duty women, active-duty males, LGBT military populations, and those of differing ranks. Moreover, the qualitative study would be able to determine which policies and directives inadvertently hurt victims or create difficulties in getting services or reporting sexual assaults. Last, the study could be expanded upon in a longitudinal study that follow current survivors throughout their military careers until they enter the VA healthcare systems, which could show the effects and magnitude of symptomology across a career and lifespan.

Significance of the Study

The significance of this study is due to the populations being used, specifically active-duty servicewomen. The study will be a first of its kind with an exploration of lived and continued experiences of active-duty women who have experienced sexual assault from a phenomenological perspective. In a study conducted in 2022 researchers examined if changes in MSA laws would change the outcomes of how many sexual assault cases were prosecuted, the authors found that despite changes in 2007 to sexual assault laws, the law changes showed no statistical significance or impact on how many sexual assault cases were formerly reported and

had no significance on decreasing barriers to reporting (Carpenter et al., 2022). Acknowledging that changes to military law do not hold any bearing on if women report or disclose sexual violence, it will indicate that one could infer that reporting sexual violence lies in experiential perspectives of women and their unique barrier that they may face. Awareness and predictability of experiential conditions that optimize survivor reporting, decrease survivor trauma, and increase command support could be paramount to quelling long-term mental and physical health issues in female populations of survivors.

The study, along with a multitude of experiential research could be the missing link in determining prevention styles and systemic leadership reactions that encourage or deter members from reporting based on experiences and can help future prevention training in tailoring sexual assault prevention and increase reporting in differing modalities based off current members experiences. However, due to the small sample size, this study can be further built upon by doing a widespread DoD phenomenological study in which researchers follow survivors throughout their military careers to determine the long-term impacts of sexual assault across active-duty women's career spans. The results of the study could help improve support services for victims and improve long-term support services for victims of post-sexual assault. Further, personal narratives of women's experiences can help with the impact and provide human context to sexual assault prevention training for military members. Human perspectives and personhood are the primary aspects missing from training and prevention measures that inhibit bystanders from continuously learning and taking sexual assault prevention seriously.

Research Questions

The study will explore the following research questions:

1. What barriers to reporting did women who experienced MST experience or perceive to experience?
2. What is the connection between institutional betrayal, institutional sexism, and institutional trauma and how it impacts survivors' ability to seek help or make a report?
3. Why do you continue to serve given your traumatic experience?

Definitions

1. *Military Sexual Assault*—refers to sexual assault in the military that is characterized using force, threats, intimidation, abuse of authority, or instances when the survivor cannot consent to sexual actions (Uniformed Services University, n.d.).
2. *Military Sexual Trauma*—sexual harassment or sexual assault experienced within the military (Department of Veterans Affairs, n.d.).
3. *Institutional Betrayal*—failure to prevent or respond in a supportive way to traumatic events experienced by individuals who depend on the institution for safety (Freyd, 2023).
4. *Institutional Sexism*—basic institutions within society have procedures, policies, practices, and routines that fundamentally and functionally sexist in nature (Arguilla, 2023).
5. *Institutional Trauma*—adverse psychological experiences that occurs due to or that are exasperated by institutional wrongdoings or betrayal (Freyd, 2023).
6. *Gender-Based Violence*—violence directed against a person or group based on their gender or violence that adversely effects people of a certain gender disproportionately (European Commission, n.d.).
7. *Gender-Based Discrimination*—treating someone unfavorably due to that person's sex, including sexual orientation, gender identity, or pregnancy status (U.S. Equal Employment Opportunity Commission, n.d.).

8. *Sexual Assault*—illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant (such as a doctor) in a position of trust or authority (Merriam Webster, n.d.).
9. *Sexual Harassment*—uninvited and unwelcome verbal or physical behaviors of asexual nature especially by a person in authority towards a subordinate (such as an employee or student) (Merriam Webster, n.d.).

Summary

The problem of MSA continues to be a growing and ever-present problem within the military. Congressional oversight and mass overhauls have been rebuilt time and time again to try and curb sexual assault within the military to no avail. However, Congress has relied heavily on data collected through numerous VA centers to assess the aftermath of sexual assault victims and determine courses of action which are reactive in nature. Moreover, very few studies have conducted in depth interviews with active-duty women to gain understanding of experiences of sexual violence prior to them becoming veterans. Allowing servicewomen to tell their stories will allow for further depth and breadth of experience and allow them to communicate their needs and safety, and hopefully allow Congressional interest to understand the complex needs of sexual assault survivors who make a conscious choice to remain active in their respective services.

Chapter Two: Literature Review

Overview

MST is a systematic issue within the armed forces that adversely affect women and contributes to the overall unhealthiness of military readiness, welfare, and morale. There has been a multitude of research attempts to better understand and control the pervasive environment in which women within the military work contributes to the alarming high numbers of sexual assault and sexual harassment. Several components are perceived to contribute to high numbers of sexual assault cases within the military, specifically the components of gender-based discrimination, institutional sexism, barriers to reporting, and lack of resources. Additionally, the aftereffects of sexual assault on women contribute to higher separation rates, chronic health issues, PTSD, and suicidal ideation. Although many studies focus on the mental health issues that many victims of sexual assault and sexual harassment face, there is rarely research found that examines the resiliency factors that survivors who are currently active-duty members possess that keep them sustained within military service. Throughout this literature review, previously discussed components such as support systems, access to physical and mental healthcare, and internal components that contribute to sustained military service will be examined. The gaps within this research will be used to further increase ongoing knowledge of resiliency among sexual assault victims while in military service.

Theoretical Framework

The philosophical assumptions that led to this choice of research are ontological as it focuses on the individualized experiences and characteristics that are used to understand that the study will have multiple realities based on individual narratives (Creswell & Poth, 2018). Additionally, the authors note that evidence of multiple realities is useful in compiling themes

associated with differential experiences of individuals within qualitative studies (Creswell & Poth, 2018). Differential experiences within institutions (armed services) directly affect the possibility of adverse psychological outcomes with victims of sexual assault and any institutional betrayal or institutional support can increase or decrease the likelihood of adverse outcomes in women, resulting in multiple realities that can be examined (Montieth et al., 2021).

The theoretical orientation that provides structure to this study is feminist theory. Feminist theory centers on problematic and diverse experiences from women's perspectives whether they be situational or institutional (Creswell & Poth 2018). Additionally, feminist theories also embrace questioning injustices in current society that adversely affects women in ways that are exploitive and objectifying. Feminist theory in terms of MST highlights power structures within military communities that contribute to women's loss of personal and professional identity after an assault and shows the authoritarian abandonment of female military members to preserve unit cohesion for a more noble rationale (Northcut & Kienow, 2014). Gender is seen as a basis for conditions for what specific areas of participants' lives are being studied (Creswell & Poth, 2018).

Feminist theory primarily began in the 1970s when women's rights and anti-rape movements were at the forefront of women's advocacy with Susan Brownmiller's book, *Against Our Will: Men, Women, and Rape*, in which she suggested women organize to combat rape and feminists should become steadfast in researching, educating, preventing, and advocating for women effected by rape (McPhail, 2016). Additionally, the development of rape crisis centers built the foundation that rape is not an isolated incident but is used as a social control over women, dispelling many of the rape myths that are still believed today. Further, another feminist theorist duo and activists who wrote the *New York Radical Feminist Manifesto*, Mary Manhart

and Florence Rush, stated that women who experience the same oppression and problem no longer have a personal issue, but a political issue, and rape is a political issue of oppression (Manhart & Rush, 1974). This manifest acknowledges and shifts the focus of rape from an individualized experience to a cultural and systemic oppression of women (McPhail, 2016).

There are several theorists and researchers from feminist theory perspectives who specifically focus on the MSA of women. Rosemarie Skaine is one of the most world-renowned researchers who focuses on military women and has several publications on how gender roles play a part in cultural, institutional, and social aspects of women's military service. Skaine published the book, *Sexual Assault in the U.S. Military: The Battle within America's Armed Forces* where she examined MSA from a microscopic lens and viewpoint that highlights the primary significant problem that female servicemembers face today (Unknown, 2007).

Additionally, Dr. Rachel Kimerling is a clinical psychologist and researcher who has done many studies that have helped victims of MSA at the VA healthcare centers. Her expertise is mental health and gender issues specifically surrounding MST. Dr. Kimerling has also focused on female-centered health care for veterans since 2015. She also was one of the researchers on a federal study that highlighted gender differences in MST outcomes in 2012. Within the study, Kimerling and the research team examined male and female Iraq and Afghanistan war veterans with PTSD and additionally screened both males and females for MST. Thirty-one percent of women and 1% of men screened positively for MST and it was found that women who had MST and PTSD were more likely to develop comorbid depression, anxiety, and eating disorders while men were more likely to develop substance use disorders (Maguen et al., 2012). The researchers discovered that MST increases the prevalence and severity of other mental health disorders.

One feminist theoretical framework known as objectification theory posits that women who experience sexual objectification often live within cultural domains that sexualize their bodies and the theory links the intersection of sexual objectification and mental health to more severe mental health risks (Carr et al., 2015). This theory suggests that women who live in cultures or systems that objectify the female body allow women to internalize patriarchal views of women, increases body surveillance, increases body-shaming behaviors, increases anxiety, and reduces internal awareness of physical safety (Carr et al., 2015). Within the objectification theory, research has shown that there is a connection to sexual objectification, experiences, and serious mental illness, and that women with more experiences of everyday objectification are more likely to have more comorbid symptoms associated with traumatic experiences (Carr et al., 2015).

Intersectionality theory asserts that unique experiences of women intersect with differential aspects of oppression and identity, and fusing the intersection of these variables negatively impacts mental health (Szymanski & Moffitt, 2012). The perspective of intersectionality theory posits that one form of oppression (sexism) may intensify other forms of oppression (racism) and the multiplicity of oppressions may worsen psychosocial health of those when more than one minority status such as being a Black woman or Black, Indigenous Person of Color (BIPOC) and LGBT person coexists within the same individual (Szymanski & Moffitt, 2012). Intersectionality theory primarily effects BIPOC populations, and within the context of MST, gendered racism can affect self-esteem, increases psychological distress, and increases the likelihood of disordered eating in female populations (Szymanski & Moffitt, 2012).

Additionally, the feminist new materialism theory is a feminist theory that argues that sexual violence is not caused by individual isolated incidences but is caused by organizational

and systemic dynamics of sexual violence (Harris et al., 2020). The theory suggested that systems create sexually violent behaviors as an organizational process in which policies, cultural norms, and regulations create structures that support or undermine sexually pervasive behaviors. The authors argue organizations try to relabel harassment and sexual assault to prevent accurate accounts of the prevalence of sexual violence, to stall investigative processes, and to assign and spend money on fewer resources for prevention and response programs (Harris et al., 2020). By reframing harassment as misunderstandings, organizations make it even more difficult for victims of assault to come forward or to be supported by trivializing continuum behaviors of sexual violence.

The specific proposed research heavily relies on theoretical constructs that focus on systemic structures and organizations that are oppressive to women and is the reason which the previously mentioned feminist theoretical orientations are to be utilized as a part of the ongoing study. Ontological and the mentioned feminist theories often intersect on the experiences of women and focus on how experiences contribute to different realities and circumstances surrounding women's sexual violence narratives within military systems.

Related Literature

This chapter begins with an overview of the military history of women's service from a cultural and legal standpoint and mentions notable court cases or military incidents which draw attention to women's issues with sexual assault. Additionally, there is a discussion of the structural, cultural, and systemic issues that contribute to adverse psychological and physiological issues related to sexual assault as an active-duty female member of the armed services. Further observed is the historical data collected throughout the DoD and other prominent studies surrounding MSA. Moreover, barriers, gender biases, feminist theory, and the

needs of MSA survivors are discussed to give context to negative outcomes experienced by women. Last, the purpose of the study with proposed research questions is presented.

History of Women's Service

Women have always had a place in the United States military armed services and during armed conflicts even when women's equality was a theory at most. Women often served in support capacities such as washerwomen and medical caregivers from the Revolutionary War to the Civil War (Blakemore, 2019). It was not until World War I that women could enlist in the armed forces during wartime doing clerical work. However, during World War II the dramatic need for more bodies on the front lines enabled women to join the military in non-combatant jobs such as linguists, weather reporters, and other support services (Blakemore, 2019).

With the creation of the Women's Army Auxiliary Corps and Women's Army Corps in 1943 women were able to attain military rank and serve overseas and were able to receive military pay (Blakemore, 2019). Although during WWI and WWII, women made great strides to serve their country equally and honorably in comparison to men, women who served were often stigmatized and mocked, which lead to rampant sexual harassment that included trading sexual favors in exchange for rank. Men within the military often resented women being able to serve and this resentment and sentiment was pervasive after the war ended (Blakemore, 2019). Women were given citations and were taken as prisoners of war, but afterward were not recognized for their contributions to the war effort, and often came back from their service jobless.

Many employers discriminated against women who served, accusing female veterans of sexual immorality. Even women who stayed within military auxiliary organizations were not considered veterans and received no benefits until President Truman signed the Women's Armed Service Integration Act into law in 1948 (Blakemore, 2019). The signing of this law allowed

women to have permanent positions in the military and receive the same benefits as men.

However, this law heavily restricted women, increasing discrimination policies to keep women subordinate to men in rank and jobs while proponents of the law favored it because if women gained enough rank, they would have the ability to give men direct orders (Blakemore, 2019).

These restrictions on women's roles within the military capacity can be seen as the first structural misfire that has led to service-wide discrimination of women in the armed services and has ubiquitously led to rampant sexual assaults due to structural discriminatory practices that can even be seen by today's military women.

Masculine Military Culture

The military has a longstanding tradition of indoctrination. Gender norms are considered part of cultural indoctrination within the military where there are presumptions associated with masculinity and femininity that justify certain activities for one sex but not the other (Ase & Wendt, 2021). The authors highlight how women's roles historically within the military have been diminished and how heroism often is the privilege of masculinity inside the military, while regard for female heroism and agency is largely forgotten (Ase & Wendt, 2021).

Additionally, the power differentiation between being outnumbered in male-dominated career fields and hypermasculine jobs leads to a power imbalance that leads to stereotypes about women, negative gender beliefs, and hypermasculine beliefs enabling the ability for MSA and actions that fall along that continuum to occur in the armed services (Castro, 2015). Due to hypermasculine environments within the military, women also play a role in sexist and discriminatory practices that are experienced. Bonnes (2020) asserted that women often accept sexist remarks, harassment, and prejudice for fear of being outcasts from professional and peer groups and often excuse sexual advancements along the MSA continuum to maintain

relationships and community in military structures. Women who accept MSA continuum behaviors often enable a masculinized power dynamic in which women often reframe unwanted sexual encounters with sexist beliefs that allow the false belief that remaining silent and enduring maltreatment by male coworkers is considered strength and resilience that reinforces that masculine cultural identity of military service (Bonnes, 2020).

Sexism in power structures that are male-dominated or in historically masculinized institutions such as the military often has oppressive systems meant to keep women in subservient roles while simultaneously indoctrinating women into accepted sexism that consequently requires the obedient acceptance of unwanted sexual advancements. Women have consciously endorsed and enabled sexism as a protective mechanism and coping strategy to deal with rampant assault and harassment in male-dominated industries and institutions (Bosson et al., 2022). The rationale behind accepted sexism is the hope that with women's acceptance of gender discrimination, they may be less likely to be on the receiving end of further hostile sexist encounters such as physical or sexual assault (Bosson et al., 2022). Women in the military are often so indoctrinated into acceptance of gender discrimination, harassment, and assault, that they are unaware of the maleficent nature of accepting hostile sexism in the surroundings, further perpetuating a dangerous dynamic of oppression that enables continued MSA.

Women are not at fault for the power dynamic that exists within the armed services. Hegemonic masculinity is the systemic reinforcement of routines, training, policies, and practices that power institutions are the central tenant of military culture that prioritizes masculine traits culturally, systemically, and structurally and women are expected to follow those subcultural norms as well (Portillo et al., 2021). The deferential treatment of women in male-dominated institutions often leads to women having less sociocultural power and influence

which makes acceptance of harassment and assault more tolerated (Monreau et al., 2021). Even if women can gain rank and recognition, it is often a desolate and reclusive pursuit as many women do not excel to the level of their male colleagues for various reasons related to systemic and cultural sexist beliefs, thus further increasing the male-to-female ratios of those higher in rank, and leaving senior ranking women even more vulnerable to sexual coercion, verbal and physical unwanted sexual advances, and increased likelihood of being a victim of MSA (Monreau et al., 2021). However, it was found that women who were higher in rank had higher educational levels and were more likely to officially report their assault to others, and educational levels are reflective of rates of reporting MSA (Monreau et al., 2021).

Past MSA Scandals

From that start of the Revolutionary War to the wars in Afghanistan and Iraq, the military has been plagued with sexual misconduct, and what is deemed sexual misconduct has evolved with the military as well. However, not until recent years were sexual misconduct issues seen as an actual crime within the military. Before several landmark misconduct investigations, women were seen as sexual outlets and spoils of war to boost soldier morale during combat and sexual misconduct was widely accepted and expected of male troops (Kuhl et al., 2017).

First, in 1991 the Tailhook scandal rocked the Navy and Marine Corps when at a professional symposium for past and current pilots had an after-conference events that involved drunken hazing activities where the Navy and Marine officers were accused of sexually assaulting 83 women and seven men (Stilwell, 2023). Upon further scrutiny, investigators said the out-of-control hazing opportunity was inspired by the movie “Top Gun” in which military members were unhinged and unbridled pilots condoning hyper-masculine behavior and hazing rituals (Stilwell, 2023). According to Stilwell (2023), 300 officers were identified as committing

crimes, but only 140 were prosecuted, and most were given nonjudicial punishments, fines, and at most were demoted in rank and pay, but none were given prison sentences for assaults of the women.

Second, in 1996 the Aberdeen Proving Grounds sexual misconduct scandal occurred in Maryland in which all male members of the Ordnance Center and Training School sexually assaulted female trainees (Kuhl et al., 2017). After the scandal broke and garnered media attention the Army created the first sexual assault hotline to report MSA. As this story gained more and more media attention, the investigation expanded to additional training facilities finding that many more women had been sexually assaulted by an instructor, drill sergeant, or commandant of differing training facilities, and numbers rose to 1,300 women officially reporting sexual misconduct against an instructor (Kuhl et al., 2017).

Third, the next largest military sexual misconduct scandal happened at Lackland Air Force Base, Texas at the basic military training compound. From 2009–2012 62 Air Force recruits were sexually assaulted during basic training (Risen, 2013). According to Risen (2013) 32 military training instructors were convicted, and punishments varied from 20-year jail sentences to involuntary retirements from the military service. The assault of these female trainees signified the first widespread reform of how the military resolves sexual assault misconduct (Risen, 2013).

Fourth, and most recently, in 2021 the death of 20-year-old Army member Vanessa Guillen inspired nation-wide outrage. Vanessa had been reported as Absent Without Leave (AWOL) by her unit, but her disappearance sparked suspicion by her family who said that she disclosed her sexual assault and had officially reported it before her disappearance (Aguilera, 2021). The Army was slow to investigate and even slower to look for Vanessa, and pressure

from the media and mass protests eventually launched an investigation, and 6 weeks after her disappearance her remains were found. Additionally, along with finding Vanessa's remains, three other missing soldiers' remains were found who were unrelated to her disappearance and had also been labeled as AWOL in their search for Vanessa. Investigators found that her rapist had murdered her for reporting her sexual assault, and once police identified her killer, he committed suicide once he was confronted by police (Aguilera, 2021). However, police were able to make an arrest, Vanessa's killer had an accomplice, his girlfriend, who helped him dismember and hide Vanessa's remains.

Vanessa's death, while tragic, sparked a launch point for major reform in how MSAs are handled and reported. Vanessa Guillen's family and other MSA advocacy groups lobbied for Congress to create legislation that was built around protecting victims, creating more avenues for reporting, tracking retaliation, and officially making sexual assault a crime within the United States Uniform Code of Military Justice (UCMJ) (Aguilera, 2021). The legislation is now known as the "I Am Vanessa Guillen Act" and was implemented across the DoD officially in December of 2021.

Current Sexual Assault Prevention and Response Programs and Reforms

The previously mentioned landmark sexual assault cases have led to mass legal reforms and revamped and reinvented Sexual Assault Prevention and Response (SAPR) programs and how sexual assault cases are managed in the military. However, there is limited data on whether those new processes are working for or against survivors, or if the DoD has over-complicated the process of reporting, creating an even more confusing environment for survivors and victim advocates to navigate. As of December 2021, Congress made sweeping changes in how sexual assaults were handled including stripping power for military commanders to have the authority

to prosecute cases (Steinhauer, 2021). Ziesk-Socolov (2021) professed military convening authorities which consist of senior officers put in charge to preside over court-cases are often appointed from within the commands where the sexual assault offense took place, creating a conflict of interest (Ziesk-Socolov, 2021). In addition to being unethical, unjust command influence has no place in the judiciary process to prosecute sexual assault offenders, and with the new laws being implemented that commands cannot prosecute these cases, it adds additional protections for survivors that they may increase their likelihood of safety and a fair trial (Ziesk-Socolov, 2021).

SAPR programs were developed so that survivors of MSA could report their sexual assault, obtain necessary medical and mental health care, and be supported legally and emotionally throughout court proceedings in the military, and if necessary, make confidential reports known as restricted reports (Munoz, 2022). In 2021 the Secretary of Defense updated the SAPR program policies included allowing victims to make a restricted report and receive SAPR program services, even if they disclosed their sexual assault to someone in their chain of command (Munoz, 2022). Before December 2021, if a sexual assault was disclosed to the military member's chain of command, it was no longer allowed to be a confidential restricted report, making it an unrestricted report that triggered investigations and often compromised victim safety.

Additionally, with the new policy surrounding restricted and unrestricted reporting, survivors also have the option to not participate in the investigation by authorizing and signing a Section 540K Declination Letter (Munoz, 2022). The Declination Letter allows survivors to decline to participate in the investigative process if the sexual assault was reported to their chain

of command from a third party, or if the survivors disclose a sexual assault to a supervisor or any previously unknown mandatory reporter (Munoz, 2022).

Next, there has been an update to the Catch a Serial Offender Program, also known as CATCH. The CATCH program allows for victims who filed restricted reports to submit information about their sexual assault to identify repeat offenders within the military (Munoz, 2022). With the combination of the Declination Letter and updates to the CATCH program, it allows sexual assault victims with unrestricted reports to provide information to the CATCH program, previously only for restricted reporting victims to use (Munoz, 2022). The program was implemented in hopes that if an offender is repetitive, the more victims that input information about this offender, the more likelihood there is to prosecute this person for the offense.

Tracking Sexual Assaults

The DoD has reported that one in 16 women and one in 143 men will experience a sexual assault (Acosta et al., 2021). Service academies such as the Air Force Academy, The Citadel, Virginia Military Institute, and other military officer cadet programs report alarming statistics that estimate that one in six women and one in 29 men will experience a sexual assault while at a service academy (Acosta et al., 2021). However, researchers for DoD agencies have found that the true number of sexual assaults that occur in the military may never be statically accurate due to women and men who never disclose or report their sexual assault (Acosta et al., 2021).

In 2018, there were 6,058 official reported cases of sexual assault. However, anonymous surveys conducted by the DoD later that same year found that there had been at least 20,000 cases anonymously reported (Acosta et al., 2021). The DoD concluded that underreporting of accurate sexual assault demographics lied in safety and confidentiality concerns of active-duty members who experienced sexual assault, noting experiencing social and professional reprisal

and retaliation made members reluctant to report (Farris et al., 2021). The Department of Veterans Affairs experiences higher numbers of sexual assault disclosures, and reasons for this could lie in that veterans are no longer under the commands or within proximity of offenders and have more social and cultural support as veterans often move once discharged back to locations where they are supported and feel empowered enough to disclose to VA providers.

DoD Data

DOD Annual Reports on Sexual Assault

The DoD is required to release annual review reports on sexual assault within the military that includes outcomes of sexual assault official reports and the number of filed restricted reports. SAPR also issues annual reports of data associated with sexual assault but often deals more with aspects of policy concerning MSA that also details the quality of services with the prevention, treatment, and annual SAPR training that are to be implemented DoD-wide. The DoD releases annual statical information every fiscal year that guides new policies and guidance surrounding MSA prevention, intervention, and support.

The demographics that annual reports look at are MSA as defined as penetrating and sexual contact crimes by adults on other adults as defined by UCMJ articles 120, 125, and 80, which are the governing legal offenses represented within the DoD (DoD, 2022). In 2021, DoD annual reports found that the armed services annotated 8,886 reports of sexual assault involving military members, which was a 13% increase from the previous fiscal year 2020 (DoD, 2022). Out of the 8,886 cases, 2,510 were restricted reports, which was a 15% increase compared to the year before. There were 6,356 reports that were unrestricted and provided a 13% increase from previous unrestricted reports for the fiscal year 2021 (DoD, 2022).

Additionally, 8.4% of women and 1.5% of men experienced a sexual assault in the fiscal year of 2021 and when it came to investigating unrestricted reports, military criminal investigators concluded that 168 cases did not have enough evidence to warrant an investigation, 206 cases did not proceed because victims declined to participate, and 64 cases did not proceed because military investigators had no jurisdiction over the perpetrator (DoD, 2022). Within this amount of total investigation eligible MSA cases, 12% of reported cases end with offenders receiving adverse administrative actions, 15% end with offenders receiving an administrative discharge, and 31% receive nonjudicial punishment such as Article 15 (DoD, 2022). Out of 4,030 cases that were eligible for investigations 1,148 of the offenders involved in those cases received no jail time and only administrative punishments (DoD, 2022). Twenty-eight percent of offenders receive very minimal punishments that either allow them to continue duty with their careers being minimally affected or separate from the military and escape any other adverse punishment such as jail time (DoD, 2022).

The official DoD 2022 report has not yet been made public, however, several reports ahead of its official release note that the year 2022 saw the highest amount of reported sexual assaults in the history of the military (Vanden Brook, 2022). Within the press statement for the annual report, it notes that 36,000 service members reported MSA, with 8.4% being women and 1.5% being men. The rates of reported MSA increased by 35% from the 2021 to 2022 fiscal years (Vanden Brook, 2022). The increase in the number of reported sexual assaults from year to year is alarming yet encouraging. The increased reports could indicate that the reformed SAPR reporting policies are making survivors feel comfortable and supported coming forward but also could signify that despite the DoD's best preventative efforts to quell MSA, the numbers of

reports are going up at an alarming rate, and that is not even factoring in the number of survivors who do not disclose their sexual assault.

DoD official reports only give a snapshot of a larger and more widespread problem of sexual assault. The DoD can only report on restricted and unrestricted reports, leaving out all members who did not disclose their MSA without support services and without being included in annual data cannot accurately detail the interventions that are needed to support survivors. Research has shown that survivors who report MSA increase the likelihood that they would engage in medical treatment and other forms of support (DoD, 2022). SAPR programs highly encourage members to report to be able to improve support services for victims and increase survivor participation within the military justice process to empower survivors, but conviction rates of MSA have proven that MSA survivors have a deep distrust of the structural and systemic components surrounding DoD SAPR programs. The DoD is working to track those who do not make official reports of MSA by using anonymous RAND Corporation cultural workforce studies to determine a more accurate estimate of survivors who do not report.

RAND Military Gender and Workplace Studies

The RAND Corporation along with the Health and Resilience Research Divisions has conducted congressionally mandated gender relationships surveys with active duty and reserve military components as an independent research entity that validates the prevalence and estimates gender discrimination, sexual harassment, and unwanted sexual contact between military members that occurred the year prior (DoD, 2022). The Workplace and Gender Relations (WGR) survey is responsible for monitoring and surveying incidences of gender discrimination and sexual misconduct through anonymous surveys so that the DoD can respond

with preventative efforts and appropriate responses that help reduce incidences of gender discrimination and sexual harassment and assault (DoD, 2022).

The WGR surveyed anonymously a range of sex-related behaviors that constitute assault including non-penetrative assault and other unwanted behaviors. The 35,875 active-duty military members surveyed said that they had experienced unwanted sexual contact with 19,255 being women and 16,620 members being men (DoD, 2022). Within the survey, it was also found that 67% of women and 84% of men did not report their experiences to military authorities, and it was also found that of all women who did report their experiences, 30% experienced retaliation and 21% of men experienced the same backlash associated with legal criteria of reprisal (DoD, 2022).

Additionally, gender-based discrimination was included in behaviors that are associated with assault and harassment and were also surveyed as part of the WGR survey (DoD, 2022). Within surveys from active component women and men, it was found that of 65,542 female respondents, or 28.6% of women experienced sexual harassment, and it was reflective of an increased rate of sexual harassment compared to the 2018 study with a 24.2% increase in sexual harassment in women. Additionally, 16.1% of 36,935 female service members reported gender-based discrimination (DoD, 2022).

The WGR survey highlights challenges related to sexual misconduct and how it is related to gender-based discrimination. Additionally, the comparison of the DoD studies to the WGR survey shows a significant determination that retaliation and reprisal is a factor in why thousands of members are not reporting gender-based discrimination and sexual misconduct. Last, researchers from the WGR found that prior research and DoD studies consistently demonstrate tension with organizational climates that are conduits for sexual harassment and sexual assault to

take place (DoD, 2022). More concerning is the report that despite DoD's efforts to curb retaliation and reprisal whether perceived or actual reflect a deep mistrust of military leadership and fear of professional and personal consequences will occur if they report sexual or gender-based violence within their chain of command (DoD, 2022).

Sexual Assault

Defining MSA and Trauma

Sexual assault is defined as the act of unwanted sexual contact based on coercion, physical force, threats of harm, or abuse of authority in which a victim cannot or does not give consent (Street et al., 2011). MST refers to sexual assault or sexual harassment experienced during military service (U.S. Department of Veterans Affairs, 2023). The UCMJ describes the rape and sexual assaults as any person who commits a sexual act upon another person by using unlawful force, using force causing or likely to cause death or serious bodily harm, threatening or putting that person in fear that if they do not cooperate that they will be subjected to death, serious bodily harm, or kidnapping; if the person is unconscious or if that person uses threatens of force, without knowledge or consent, or if that person is drugged, intoxicated, or under duress of similar substances that substantially impaired their ability to maintain bodily control (Joint Service Committee on Military Justice, 2019).

Feminist Frameworks of Sexual Assault

Throughout the military structures and historical documentation, it can be seen how women's involvement within the military and the levels of acceptable and unacceptable levels of gender-based discrimination have been accepted as policies and structures were rearranged with the inclusion of women within the armed forces. Canan and Levand (2019) noted that like the integration of women into the military, there is a historical feminist framework when it comes to

sexual assault. The authors further introduce that before the 1960s rape was a property crime in which women were the property of their fathers until they were passed to their husbands, and if an unmarried woman was raped it was considered a crime against the father and an economic liability (Canan & Levand, 2019). Martial rape did not become officially a prosecutable crime until 1993.

Due to this outdated thinking, there was a development of hyper-masculine beliefs that women were inherently pure, and men had innate biological sexually lustful desires and it was women's responsibility as pure individuals to manage men's lust in a way that was compliant with patriarchal standards of how women should behave, and any woman who had more than one sexual partner was untrustworthy (Canan & Levand, 2019). Research sees historical context applied to today's prosecution of rape and sexual assault within the military in which victims' sexual history can be used as relevant legal evidence to prove or cast doubt within sexual assault cases. Henninger et al. (2020) noted that women in military settings who had experienced sexual assault are discouraged to continue with the investigative process if past sexual encounters or victim narratives were not believed or questioned (Henninger et al., 2020). Canan and Levand (2019) asserted that through advocacy for women's rights rape is now a crime but without correcting the systems that enable rape and sexual assault it will continue (Canan & Levand, 2019). Canan and Levand state:

In a feminist analysis, sexual assault is understood to be intrinsic to a system of male supremacy...rape is no longer viewed as an outcome of an individual deviant, but a product of a larger rape culture that condoned and excused male violence. (Canan & Levand, 2019, p. 5)

The larger rape culture that Canan and Levand (2019) contended with also has paradoxical alignment within liberal feminism, which is generally anti-war, thus not supportive of anything military related, and in many ways has lacked support for military women has allowed for the continued assault of military women. Mesok (2016) argued the systems of military sexual violence by asserting this:

Movements to eradicate [MSV] are built on inherently paradoxical notions of liberal equality, wherein sexual violence is directly tied to military women's inequality. Indeed, military rape has largely been presented as an ahistorical eruption occurring coincident with women's increased presence in the service in the 21st century; senators and journalists alike implicitly and explicitly linked the 'crisis' of sexual assault to the military's adjustment to women's full integration, comparable to previous historical moments such as President Truman's 1948 order to racially integrate the forces and the 2011 repeal of Don't Ask Don't Tell. (Mesok, 2016, p. 5)

Additionally, Mesok (2016) noted that it is falsely thought that MSA is like discrimination based on race and sexuality, and if within military settings, all military members are treated equally and that discrimination and sexual discrimination will dissipate into nothingness (Mesok, 2016). When the Combat Exclusion Act was repealed, it was believed that seeing women as equals rather than others would quell sexual violence issues within the military and thought that establishing equal job opportunities would create an environment in which men treated women equally and would disrupt trends of sexual violence. However, military leaders tried to create equality when the structures of gender discrimination still exist within military systems, thus trying to create a paradox in which gender equality and gender discrimination systemic policies and practices exist in unison (Mesok, 2016). To eradicate sexual violence

within military institutions, military leaders need to face the possibility that sexual violence does not exclusively belong to inequality, but within the structural roots of militarism, which means the military would have to actively work to redesign historical structures that made women categorized as other to see true equality and lessen sexual violence.

Retired Major General Jeanne Holm, the first female one-star general in the Women's Army Corps noted that the Integration Act solidified women's inequality within the military ranks into law, with strict policies governing jobs and special duties that women were not allowed to do, confirming otherness within female military members (Mesok, 2016). Even now, in modern-day times, the military still subscribes to otherness, still recruiting women for support roles despite having higher educational levels and job training than men and ascribing them to low levels of non-policy positions, where it creates the power dynamic of inequality even though many combat jobs are critically undermanned, starting at recruitment women are not seen equally employable in those jobs despite manning issues.

Creating structures of otherness gives rise to other prevalent and divisive constructs within military system. Due to these constructs women have historically been discriminated against from being in positions of power and authority and even if women are successful in breaking the glass ceiling, they are still at risk for certain biases from other males in authority. Concepts such as rape myth acceptance allow for the military to endorsing through routines and policies that affirm traditional gender norms and negative attitudes towards women. Due to this endorsement of covert sexist beliefs the military actively excludes women or limits women's roles in certain career fields and prioritizes male gender norms as a measurement of status quo within the institution.

Rape Myths

RMA is about misguided beliefs and stereotypes about rape, victims, and perpetrators that often excuses offender actions and actively places blame on victims (DeLisle et al., 2019). RMA is predictive of sexual violence, aggression, and negative views of women that are indicative of intolerant ideology surrounding women within male populations (DeLisle et al., 2019). In addition to intolerant ideology, RMA has culturally accepted beliefs surrounding what constitutes a real rape or a real victim that is rooted in patriarchal cultural and structural standards of how women and men behave (Garza & Franklin, 2021).

There are several types of RMA and the first is victim masochism in that men have the belief that women want rough sex, but due to cultural expectations of women, will not admit to it (Garza & Franklin, 2021). The second rape myth is the concept of victim precipitation, which is the belief that only certain types of women get raped, or a woman asks to be raped due to a sexual fantasy. The third rape myth is the belief that women lie about being raped because women are ashamed of sex, known as victim fabrication (Garza & Franklin, 2021). The fourth rape myth is the viewpoint that if an assault victim had a previous sexual relationship with an offender that their rape also constitutes consent because of that previous relationship with the offender, known as individual rape myth. Last, and most relevant to military systems is the institutional rape myth, which for it to constitute as real rape or a real victim, the rape must be committed by an unknown deviant or criminal stranger who was previously unknown to the victim. This view is mostly perpetuated through media and assumes that rapes can only be real if it happened from a stranger (Garza & Franklin, 2021).

Knowledge about rape myths is important from a contextual standpoint as to why conditions that enable MSA exist within military capacities. Additionally, contextual variables that enable RMA suggest that there are underlying conditions and schemas that create acceptance

of intolerant attitudes (DeLisle et al., 2019). Within a study examining sexual violence and RMA within military service academy cadets, it was found that men entering service academies had higher beliefs of RMA compared to men who were in college fraternities, and DeLisle et al. (2019) replicated this study in Army populations and found atypical moral processing and decreased empathy and perspective-taking in military populations (DeLisle et al., 2019).

RMA has a significant impact on how women in the military are believed, supported, and empowered to report sexual assaults. However, knowing the psychological dissonance of belief in rape myths, an issue that should be able to be addressed is the recruitment of men who have the psychological and emotional congruence associated with RMA and sexual violence propensity. A study explored United States Navy recruits and found that 13% of Navy recruits were sexual perpetrators and 71% perpetrated before military service, and the Navy recruits who reported pre-service offending were more than 10 times more likely to offend within the first year of military service (LeardMann et al., 2022). Additionally, within the Army, a similar study was conducted, and data suggested that sociodemographic, history of deployment, low rank, criminal history, substance use, and mental health issues were predictive of sexual assault offenses. However, within the same data, military criminal investigation reports noted that the majority of sexual assaults occurred within the same peer groups and ranks (junior enlisted E-4 and below, NCO corps E-5 to E-6, and senior enlisted E-7 to E-9), yet an independent study found that 80% of MSAs had offenders who were higher in rank than the victim (LeardMann et al., 2022). Rank structure and other systems that rely on superiority create power differentiation along with the recruitment of hyper-masculine personality characteristics of recruits that perpetuate rape myths, it seems that the root aspect of mass underreporting of assaults is caused by institutional structures that are man-made.

Institutional Betrayal

Among the broad range of negative outcomes associated with MSA and MST, researchers have taken a great interest in contextual influencing factors that may inhibit recovery for survivors, and research has suggested that military institutions play a critical role that either facilitates or impede the recovery process for women as victims of MST. Institutional betrayal is defined as when institutions fail to prevent specific traumas from occurring or respond in an unsupportive way that often minimizes the survivors' experience, blames the victim, or otherwise contributes to the psychophysiological decline of survivors (Montieth et al., 2021).

Military institutions create a system of betrayal by creating an environment where sexual harassment and other continuum behaviors are expected, constant, and normal, and within military settings almost all alleged offenders are military (90%), almost always higher ranking than the survivor (57 %), and most women who are sexually assaulted were often assaulted early in their military careers when they had very little power in rank or influence within their units (Monteith et al., 2021). Institutional betrayal can occur before an assault and after an assault. Institutional betrayal that happens after MSA can be described as silencing and disempowering the victim, which is often derived from fear regarding safety, career repercussions, and perceived threats of retaliation or reprisal. Survivors have described negative outcomes and reactions are common when disclosing MSA, which is often met with insufficient support, documentation, and laissez-faire pursuits of justice, and are often told not to tell anyone about their assault from their chain of command. Along with the negative consequences, women often have high rates of professional punishment when reporting assault (62%), and offenders are rarely punished, which leads to women not feeling valued by a system they have sworn to protect, which leads to the

disesteemed of self and often leads to premature separation from military service (Montieth et al., 2021).

Institutional Sexism

Institutional sexism refers to sexism that is saturated within organizations and institutions such as government, legal system, education, healthcare, and media that include policies, procedures, attitudes, training, and other institutional cultural ideals that reinforce sexist beliefs (Leonard, 2021). Within military-affiliated groups there tends to be a more traditional gender role belief system which contributes to sexism endorsement, thus enabling the restriction of women's roles in certain careers (Young & Nauta, 2013). Due to military members holding more traditional thoughts on how women should act, women conforming to non-ascribed gender roles, and working in career fields deemed as masculine are often met with sexists' resistance that include unfavorable attitudes and negative beliefs (Young & Nauta, 2013).

In military institutions, several forms of sexism are seen that contribute to sexual assault cases and the lack of women in male-dominated roles. The first is old-fashioned sexism which is the overt beliefs that women are inferior and that their job roles should be restricted to be consistent with their gender (Young & Nauta, 2013). Second, modern sexism is covert beliefs surrounding sexism, such as the belief that sexism does not exist and that women are creating unnecessary turmoil advocating for rights, and people who have these beliefs often hold resentment for social policies created to help women succeed in their jobs (Young & Nauta, 2013). Third, hostile sexism is an overt outward anger towards women in which a person derives anger from negative stereotypes associated with women. Fourth, benevolent sexism views women as innocent and nurturing and needing constant protection from men which is also

derived from negative stereotypes that women are weak and need men's protection, which contributes to negative attitudes as women being inferior.

In the military subculture of masculinized institutions not only do the military structure and systems contribute to institutional betrayal and institutional sexism, but the continuum of harm is also at play because of institutional betrayal and institutional sexism that are already established historically. The continuum of harm refers to the range of inappropriate interactions such as gender and sexual-based jokes, comments, pictures, harassment, or bullying that enables military environments to become complicit in tolerating this type of behavior from military members which leads to sexual harassment or sexual assault (O'Reilly, 2020). The continuum of harm is reflective of common risk factors that enable sexual assaults and harassment to exist within an already deeply sexist institution. The continuum of harm asserts that there is more contextual overlap of harassment and assault within the military than in civilian populations due to military work/life structure being often entrenched within the private life of military personnel (Stander et al., 2018). Additionally, there is an overlap between the predictive nature of sexual harassment to assault. Harassment and ongoing aggressive behavior are often predictive of sexual assault towards the same victim of harassment (Stander et al., 2018). However, there is limited information across the DoD about how often harassment was predictive of assault due to reporting harassment and reporting assault having two different avenues, and different organizations handle harassment and assault with Equal Opportunity controlling tracking of harassment, and SAPR controlling and tracking assaults (Stander et al., 2018).

Sexual harassment before 2022 was reported to Equal Opportunity and provided no anonymity for victims to report, while sexual assault was reported to SAPR which allowed restricted and unrestricted reports. With differing reporting policies, it is easy to see why many

victims were often harassed before being assaulted but did not report due to not having safety within the Equal Opportunity programs to report their harassment. The institutional sexism and institutional betrayal are only some of the structural issues that women face when it comes to sexual violence in the military, however, the military can prevent some of these acts from occurring if they reimagine and reframe the sexist institutional formats that allow for gender discrimination and could quell many risk factors associated with MSA. The next section will provide clarity on topics within the institutional dynamics that contribute to overall high numbers of MSA and how MSA impacts health, wellbeing, and how MSA impacts racial and sexual minorities.

MST

Within published research, it is widely known that MSA is underreported, and has been difficult to track and gain conclusive data on the direct impact MSA has on women within the armed forces. MSA and the resulting MST is a widespread public health problem (Department of Veterans Affairs, 2023; Nichter et al., 2022). MST is the psychological trauma that develops because of sexual assault and or repeated harassment while serving in the military (Department of Veterans Affairs, 2023). The prevalence of MST is often as difficult to track as the same reasons why MSA is hard to study and depends upon an array of methodological factors such as population and timeframe in which the studies were conducted. However, data collected from the VHA found that 32.4% of female veterans experience MST, while a contrasting study on Operation Enduring Freedom and Operation Iraqi Freedom veterans found that the population of women who experienced MST was 41.5% (Barth et al., 2016). Many research studies have identified a range of sociodemographic, military, psychiatric, and clinical observations that are

associated with the diagnosis of MST in women and how MST has a broadening range of effects on other sexual and racial minority populations (Klingensmith et al., 2014).

Gender Biases and Discrimination

Gender equality for women in the military has stalled to 86% acceptance (Schafer et al., 2021). As previously mentioned, differing forms of sexist beliefs and competitive attitudes toward women often affect occupational judgment. Gender inequality and sexism often hyper-focus on women's abilities and competence and perpetuate the acceptability of women's physical abilities when it comes to masculinized jobs such as combat jobs offered in the military (Schafer et al., 2021). Due to the hyper-focus of women's abilities, or lack of abilities in proximity to males, women are often scored lower on performance evaluations and women are often described from a gender-stereotyped format. Additionally, studies on the advancement of women have not been well documented historically, thus there is no real way to evaluate women's career advancement in comparison to men's within the military, and if there is any correlation to gender bias and discrimination that affects women's positions of authority within the armed forces.

Gender biases in military institutions found that upon integration of women into military cadet academies and full members of services, it was found that for women to succeed within the military they must be considered as just as capable as men, even as far as women adopting sexist beliefs that were overly critical of other women to gain a competitive edge (Do & Samuels, 2021). Additionally, as previously mentioned, women often use masculinized versions of themselves to become "one of the boys," and women often seek the validation and praise of doing similar work of men to gain rank that they often verbally express gendered language to describe women and to differentiate themselves from others (Do & Samuels, 2021). How women are indoctrinated to see gender discrimination as acceptable within themselves and their

organizations sets the precedence that gender biases and discrimination are a systemic issue that permeates and is congruent with sexual violence against women.

Risk Factors

Veterans with a history of MST are more likely to develop PTSD, depression, and substance use disorders compared to veterans who do not experience MST (Kimerling et al., 2007). Consequently, experiences of gender inequality increase the likelihood that MSA survivors will experience more complex PTSD symptoms (Ozcurumez, 2021). In addition to the consequences of gender inequality, policies and procedures that enable gender discrimination further increase the likelihood that MSA will occur.

Certain risk factors are predictive of an increased likelihood of MSA occurring with demographics of female populations. The first risk factor is entering the military at a young age and being less likely to have a college education (Suris & Lind, 2008). Women who used the military to escape their home environments, or those without adequate support systems were more likely to be sexually assaulted. Military members who were sexually abused as children were more likely to become revictimized as adults and female military members had higher experiences of childhood sexual abuse than civilian populations (Suris & Lind, 2008). Additionally, joining the military raises the risks of experiencing sexual assault, and researchers found that women who joined the military at ages 19 and under had double the chances of being raped or experiencing some form of sexual violence within their first 2 years of service (Sadler et al., 2003).

Violence towards women in the military can also be conditional on work and living environments. Sadler et al. (2003) asserted that individual, relational, and situational factors often occur within sexual violence in workplaces and the risks of assault are highest in male-

dominated fields in which organizations value traditional masculine characteristics associated with physical labor and acceptance of authority. Women who experienced environmental factors such as hostile work environments were six times more likely to experience rape, women who lived in mixed-gendered living quarters and were pressured into sexual advances were three times more likely to experience rape, and supervisor behaviors were also strongly associated with women's sexual assault frequencies. Sadler et al. (2003) found that commanding officers who engaged in quid pro quo behaviors or who used sexually demeaning language or gestures towards female military members were also associated with three to four times the likelihood of increased unwanted sexual contact. Last, appropriate officer leadership plays an important role in determining safety and environments that are adequate to ensure security for women.

Health and Psychological Outcomes

Women's exposure to toxic stress environments increases the risk of the development of other comorbid psychological and physiological conditions (Sabri & Granger, 2018). Women who experience gender-based violence and discrimination are more likely to develop complex trauma and have more complicated prognoses in comparison to males. Marginalized women who work or live within the confines of sexist institutions cannot appropriately respond to adverse actions, so often women are reduced to comply with sexual assault, harassment, discrimination, and biased behavior in several ways (Sabri & Granger, 2018). Women within sexist institutional settings often respond to traumatic experiences within their environments by tending, which is acting in a nurturing or mother-like way that protects the victim from harm; befriending, in which women will create social connections and ties to those meant to do harm (Sabri & Granger, 2018). Tending and befriend coping mechanisms are used to cope with toxic stress when adequate or appropriate resources are not available to help intervene.

Women who experience MSA and MST are more likely to develop complex PTSD compared to other duty-related stressors (Luterek et al., 2011). Broadening the consequences associated with MST, it was also found that sexual trauma experienced in the military was associated with poor life satisfaction and family relations, and less satisfaction with physical and sexual health (Luterek et al., 2011). Further, women have an increased risk of sexual dysfunction if they experienced MST, and sexual dysfunction because MST was closely related to quality of life and the development of other medical and mental health outcomes (Pulverman et al., 2019). Sexual dysfunction is considered a physical and mental health disorder that includes low desire, difficulties with arousal, inability to orgasm, and genital pain with sex, and is directly related to how women mentally relay satisfaction with their relationships and sexual experiences (Pulverman et al., 2019).

Further, women have a greater risk of physical ailments such as chronic pain, obesity, renal and cardiopulmonary disease, and sleep disorders (Sumner et al., 2021). Chronic pain is associated with the sensitivity to psychosocial factors associated with trauma history, and women who experience MST are associated with physical and psychological sequelae of chronic pain syndrome (Turner et al., 2020). Within one study that oversaw 596,815 female veterans, it was found that 9.5% were at risk for certain types of pelvic cancers, 28.9% were diagnosed with headaches, 10.5% chronic back pain, 4.2% irritable bowel syndrome, 40% noted depression, 40.6% PTSD, and 12.6% had a history of drug overdose (Turner et al., 2020).

Last, it would be remiss to not mention the psychological outcomes and prognosis of MST and MSA, however, it has been well documented previously throughout. Studies suggest that the prevalence of eating disorders among female veterans who experience MST is around 25%, and the link between eating disorders and military women who experience MSA is

associated with one of the four main coping styles of military women who have MST (O'Brien & Sher, 2013). The primary coping styles are disordered eating, impulsive behavior, compulsive spending, prescription drug abuse, and over-exercising (O'Brien & Sher, 2013). Further biology and environment play a role in the development of PTSD and other comorbid conditions within female veterans, in a process called biological embedding, or the repeated exposure to toxic stress and traumatic experiences completely alters one's biological and functional health responses across the lifespan, this biological process causes permanent changes in brain functioning and has consequences for mental and physical health outcomes outlined previously (Sabri & Granger, 2018).

The data surrounding MST and MSA within female veteran populations is well documented. Women's exposure to adverse gendered experiences, unwanted sexual contact, and hostile work environments has been noted to affect women mentally and physically at higher rates than males and have similar or worse psychophysiological outcomes in comparison to combat exposure. However, what outcomes have been less studied within military populations is how MST and MSA adversely affect people of color and LGBTQ populations within military institutions, in which intersecting identities can play a critical role in facilitating or inhibiting survivors' ability and access to help and support within military structures.

Impact on Racial and Sexual Minorities

Minority stress, or experiencing stress in negative situations due to an individual's membership in a stigmatized group, where that group is a target for prejudice and discrimination, can reduce incidents of reporting sexual assault in institutional settings (Sabri & Granger, 2018). Minority stress in female populations can attribute to a lack of reporting even though minority women experience gender-based violence at a higher rate than White women (Sabri & Granger,

2018). Women can further be discriminated against based on intersectionality, such as being a person of color and LGBT is another cause for concern when it comes to MST and MSA (Sabri & Granger, 2018). Rates of trauma exposure and PTSD are higher in veterans who identify as LGBT and often face higher rates of overt harassment and violence based on their sexual or gender identities (Livingston et al., 2019). LGBT populations may face more lack of protections than cis-gendered military members and experience more trauma exposure due to the outright banning of LGBT people within the military was only abolished within the last decade, and the debate around transgender identity have the right to exist within the military is still hotly debated (Livingston et al., 2019). Further, there are limited understandings of dual identities and how intersectionality adds a unique element that shapes how trauma affects gender, sexual and racial minorities (Livingston et al., 2019). There is limited research on intersectionality, race, gender, and sexual minorities and how they are impacted by MSA and MST.

Continuum behaviors such as sexual harassment, coercion, and unwanted sexual advances in the workplace are dissimilar between White women and Black women which could be due to differential social perceptions, work-related gender roles, and definitions of femininity are also challenges within social perceptions of different races (Buchanan et al., 2008). Within the military, adding organizational status to intersectionality is another reason minorities experience gender-based violence and discrimination at higher rates as military rank is unequally distributed by class, race, and gender, with White heterosexual males making up the majority of high-ranking individuals within the armed services (Buchanan et al., 2008). Black enlisted women reported more sexual coercion and experienced more psychological distress followed by gender-based harassment, which pleads the case that there is a dire need for further investigation of how MST and MSA affect women of color.

Traditionally, the military has been an anti-LGBT environment, which means that the amount of LGBT service members who experience MSA or MST will be widely unknown until further research can be conducted (Gurung et al., 2018). However, two large VA facilities concluded that lesbian and bisexual women experience significantly more instances of MST than heterosexual women, LGBT people were more likely to report experiencing sexual assault, with a prevalence rate of 4.5% compared to 0.8% of non-LGBT services members (Gurung et al., 2018). Despite the repeal of Don't Ask Don't Tell and the updated transgender inclusion policy focused on LGBT populations, involving MST has been very limited and the stigma associated with being LGBT and openly serving also creates an obstacle to accurate data concerning sexual and gender minorities.

Barriers to Reporting

Studies have repeatedly shown that victims of MSA do not report, seek medical care, or mental health care and often prolong care in favor of not disclosing their sexual assault. Research has shown that women who reported their sexual assault were most likely to experience reprisal and retaliation, however, women who did not report their assaults were also retaliated against and it is determined that the source of that retaliation could be from the perpetrator or from someone who is an ally to the perpetrator (Farris et al., 2021). Other barriers to reporting can impact reporting a sexual assault can have on one's career, including fear of not getting justice, medical barriers depending on location to adequate women's health care within their installation, and fear of being revictimized through systemic trauma and betrayal.

Across all military services, and in sexual assault official reports, it is estimated that 52% of military members experience retaliation and reprisal because of disclosing a sexual assault (Farris et al., 2021). Additionally, members were subjected to adverse actions and punishments

at the hand of their command for violations that were associated with reporting their sexual assault. Survivors of MSA had several risk factors that created characteristics in which they were more likely to be retaliated against, which were hazing-related assaults, alcohol use, workplace assault, multiple assailants, relationship to the assailant, offender status, service branch, and victims and offender rank (Farris et al., 2021).

Another barrier that many women face with reporting MSA is the career impact and the military justice system it has on victims. Women are already battling systemic sexism in which gender bias and stereotypes keep women in lower positions than men, but adding a sexual assault can have long-term career impacts on victims in addition to the systemic issues surrounding gender-based violence. Military court systems have a variety of ways to handle court proceedings and can consider a myriad of non-relevant issues that can be to the disadvantage of the victim (Dardis et al., 2018). Commanding officers appointed to prosecute cases can be within the victim or the offenders' chain of command, and commanders are often able to bring up imperfect service records or any minor career infractions they had pre-assault to cast doubt that a victim was raped and can bring into question their reluctance to report their assault if they prolonged reporting for any amount of time. Further, many victims have a perception of a code of silence in which they will not report because they believe that nothing substantial will be done to help them and that career repercussions and retaliation will be the consequence of reporting (Dardis et al., 2018).

Further, military culture is unique in that those offenders of MST are allowed to continue to work in the same places and still live in the same areas as the victim (Dardis et al., 2018). Allowing this unethical proximity to occur increases psychological distress and attributes to the sense of disempowerment and helplessness that contributes to the feeling of institutional betrayal

when the trustworthiness within that unit has been broken. Offenders are allowed to continue to retraumatize victims until a verdict has been met. Additionally, traumatization through institutional betrayal often leaves victims with a shattered sense of self and challenges long-held beliefs and trust held within the military system that often creates an environment where it is hard to disclose due to the newfound distrust within the organization (Dardis et al., 2018). Due to the broken trust and betrayal and the psychological and physical impact of MST, many women prolong medical care.

Many women forgo or delay MST-related treatment even though the Veteran's Health Administration (VHA) provides free healthcare for MST-related conditions. A predictor of women delaying care for MST lies in if the survivors felt betrayed by the military institution by how institutional responses failed to adequately protect the victim or supported the victim in justice seeking (Holliday & Monteith, 2019). The mental and physical health conditions of MST survivors are often associated with more severe mental health disorders such as complex PTSD, anxiety disorders, borderline personality disorder, and higher rates of suicide (Holliday & Monteith, 2019). Physically, women often developed chronic health conditions such as heart disease, chronic pain, and sexual dysfunction disorders (Holliday & Monteith, 2019). Further, lack of knowledge about MST care at VHA services also impacted if women sought free healthcare. Also, women's perceived distrust of VHA providers may be a driving force for women who may have initially gone to seek help for MSA-related medical care but were shamed or retraumatized for help-seeking (Holliday & Monteith, 2019).

Last, women leave the military at faster rates than men due to sexual violence. The military often expeditiously discharges women who report sexual assaults with less than honorable discharges at an alarming rate. Between 2001 and 2010 women who had reported or

disclosed sexual assaults were discharged for having personality disorders, and when discharge paperwork has other than honorable conditions, it is predictive of homelessness, imprisonment, and suicide (Thompson, 2016). Additionally, poor discharges bar military members who suffer from mental health issues from receiving care from the VHA. Quickly separating sexual assault survivors under other than honorable conditions discharges speak to the systemic issue that the military would rather expedite discharges for victims than support their recovery and help them remain part of their organizations (Thompson, 2016). Sexual assault is uniquely associated with separation from military service and increases the odds of separation, and in fiscal year 2014, of the 21,000 cases of sexual assault reported 5,600 of those individuals left military services within a 28-month time frame (Morral et al., 2021). Further, higher separation rates among women in the military after sexual assault could have been voluntary or involuntary if insubordination occurred or if other failures to meet military standards were affected by experiencing sexual assault. Nearly half of all members who reported sexual assault within the Millennium Cohort Study noted that sexual assault made it hard for them to perform their duties in the military. By not supporting survivors, the military loses 16,000 manpower years due to premature separations due to sexual harassment and sexual assault (Morral et al., 2021).

Summary

Sexual assault is an experience that has caused many women to end their military careers, whether voluntarily or involuntarily. MSA is pervasive due to the deep negative mental, physiological, interpersonal, and professional outcomes that are experienced by women. Female service members are often put in vulnerable positions in which they must choose between having a military career and seeking the justice they deserve. The experience of sexual assault is traumatic, and the trauma is compounded by the systemic, structural, and cultural, confines of the

military that enables negative outcomes and consequences that adversely affect women at larger rates. The military's reliance on hyper-masculine culture, gendered stereotypes, and sexist policies and practices are doing a disservice to every woman who is a survivor.

Chapter Three: Methods

Overview

The purpose of this study is to examine lived experiences of female active-duty survivors of MSA and MST. Previously examined has been a review of relevant literature that will be instrumental in the execution of the methodology. Included within the review of the literature was a theoretical framework, a review of military women's service history, masculine military culture, past MSA scandals, tracking of sexual assault across the DoD and its reforms, and feminist frameworks related to MSA. Additionally examined were the systemic issues that created barriers to reporting such as institutional betrayal, institutional sexism, gender-based violence and discrimination, and risk factors associated with military service that directly affects women who experience MSA.

Design

The phenomenological study is designed to determine common themes within lived experiences of individuals who experienced a phenomenon (Creswell & Poth, 2016). A phenomenological study is appropriate for the use of this study as MSA survivors are a specific subset of trauma survivors who have had similar experiences within military institutions that created environments that enabled sexual assault. Within this study, interpretative phenomenological analysis (IPA) will be utilized as it can be used for a wide range of issues, but the primary use of IPA is to examine participants' experiences and perceptions of major experiences, which will generate participants to reflect on meanings of experiences, however, a reflection of meaning often leads to emotionally charged cognitive responses (Smith, 2019). Within IPA it can be used with relatively current experiences, such as a major life turning point, or an ongoing event, and what makes IPA appropriate is that IPA needs to be used with a life

event that has ongoing consequences that evoke cerebral and emotional activity for meaning making to be interpreted or integrated as part of the study.

Additionally, this model of study is dependent on the participants' intrinsic self-reflective abilities to interpret their major experience and relies on the researcher to engage within their worldview for accurate accounts of experiences (Smith, 2019). The use of IPA allows for pragmatic and experiential interpretations of meaning-making in which the researcher can use a line of interview questions that unravels the layers of meaning in responses and allows participants to interpret what answers to interview questions mean to their identities. Last, heightened existential import is the last major level of IPA allows for participants and researcher to reflect on how similar situations, circumstances, and realities can be reflected in different ways and differential applications to meaning making by both researcher and participants (Smith, 2019).

IPA is a phenomenological research design that is well-suited for this study due to the sensitive nature of MST and the survivors who will be participating in the study. There are several reasons for the suitability of IPA for this study. The first reason is that it is important to examine the meaningful interpretations that participants make of their experiences, as the design precludes. Second, from the feminist framework perspective, it's important to examine the values associated with a feministic and social justice positions. Third, this format allows for drawing parallels between meaning-making of systemic oppressive issues associated with sexual trauma including gender-based exclusion, hyper-masculinity within the military, and how servicewomen interpret systemic and structural rules that exclude women. Last, compared to other studies mentioned within the review of literature, it adds humanistic qualities to survivors of MST. Previous studies have solely compared survivor experiences from a demographic and

statistical standpoint to highlight the significance of MSA. For women to recount their experiences and describe how systemic and structural barriers directly affected their care, professional identity, career, and mental and physical health captures a facet of MST and assault that many of the DoD and other associated studies have yet to capture.

Last, experiential approaches within qualitative research can affect the world from a multi-level perspective which can place the researcher within advocacy roles that place participants' experiences in a position to raise awareness of the mentioned experiences (Larkin et al., 2019). IPA can highlight marginalized groups and effect policy changes based on qualitative data. The researcher, who already serves in an advocacy role within the current group being studied, is congruent with social advocacy and bringing awareness to further issues associated with MSA (Larkin et al., 2019).

Research Questions

The study will explore the following research questions:

1. What barriers to reporting did women who experienced MST experience or perceive to experience?
2. What is the connection between institutional betrayal, institutional sexism, and institutional trauma and how it impacts survivors' ability to seek help or make a report?
3. Why do you continue to serve given your traumatic experience?

Setting

The setting for the study will be conducted through recruitment through various avenues from social media groups aimed at supporting female veterans, MSA survivors, and support groups for active military personnel. The participants may be of any branch affiliation. Military civilians are excluded from this study. Primarily, if interviews are done in person, they will be

conducted at an agreed upon location that provides privacy and confidentiality of the participant. Additionally, participants that are unable to meet in person will be interviewed via Zoom communication platforms in which the researcher and participant will set up a scheduled time and date for the interviews to be conducted.

Participants

A convenient and purposive sample of 8–15 participants will be used to conduct this study. Sample sizes of 8–15 recommended to provide enough data to explore similarities and differences between cases to not overwhelm the researcher with data associated with higher numbers of research participant cohorts. Convenience samples are good to use due to ease of use, and efficiency, and are economical (Gill, 2020). Purposive sampling is a way of selecting participants that will contribute useful and appropriate information and the reason for adopting this method of sampling is to make a case for assumptions that within the parameters of the study that specific people hold different worldviews and have important ideas that can contribute to the overall depth and breadth of the study (Campbell et al., 2020). Participants will be women who self-report as active-duty military service members who experienced sexual assault within the last 5 years (2018). Currently, the study will observe service women who self-report experiencing a sexual assault in the military, but do not have to have a restricted or unrestricted report with SAPR offices. Due to the sensitive nature of the study, women who have reported sexual assaults within the last 6 months will not be eligible to participate in the study. Additional measures will be taken to ensure participant safety, assessing for suicidal ideation, self-harm, and other risk factors that could be belabored if participants were to contribute to the study, and this would be done with an initial screening questionnaire. With additional safety precautions, after each interview participants will be given a list of resources if they are feeling distressed that they

can contact for support. Last, participants will be compensated with 25-dollar gift cards from Amazon for each completed interview within the study.

Procedures

Participants for this study will be recruited from advertisements through social media groups affiliated with military membership and through social media groups that are female-based, military-based, or sexual trauma-oriented groups. Some of the support groups include memberships that are support groups for MSA survivors, self-help support groups for military women, and military-lifestyle groups in which there is primarily military women.

Once participants have been recruited, a screening questionnaire will be given to assess participant safety and appropriateness of criteria. If participants meet the criteria for selection within the study, semi-structured interviews will be used to conduct in-person interviews via Zoom or in person. The interview will be approximately 60–90 minutes in length and will give the participants time to explain their experiences and realities while primarily focusing on experiences post-sexual assault. All participants will be given consent documentation to have their Zoom interviews recorded and transcribed and names, places, and specific events that could make the survivor easily identifiable will be changed to protect participant safety and anonymity. After semi-structured interviews are conducted, participants will be debriefed and will be compensated for their time and given resources for mental health care in case the needs arise during participation of the study. Further, participants will be assigned a letter and names will be extracted for protection of privacy, for example, Participant A, B, C, D, and so forth.

Table 1. Pre-Screening Questionnaire

1. Are you currently active-duty military or on active-duty orders?
 - a. Yes-active duty/on active orders.

- b. No
- 2. Do you identify as a cisgendered woman (assigned female at birth) and over the age of 18?
 - a. Yes
 - b. No
- 3. Have you experienced a sexual assault while active-duty or while on active-duty orders?
 - a. Yes
 - b. No
- 4. How long ago was your sexual assault?
 - a. Less than 1 year ago
 - b. Between 1–3 years ago
 - c. Between 3–5 years ago

Table 2. Interview Questions

- 1. Can you describe your reasons for joining the military and why you chose your service branch?
- 2. Prior to joining the military, did you have knowledge of adversities that you could possibly face in the military with being a woman (sexism, gender-based discrimination, etc.)?
- 3. Did you experience sexism/institutional sexism prior to your assault?
- 4. Did you experience institutional betrayal any time prior or after your assault?
- 5. What is your current unit like? If you have been to multiple units, can you briefly describe the climate (hostile, fun, respectful, enjoyable) of each unit that you were previously at?

6. Can you tell me about events leading up to the sexual assault?
7. Prior to your assault did you have environmental safety concerns such as being sexually harassed, stalked, or experience unwanted sexual advances or someone making sexual advances towards you that made you uncomfortable?
8. Was the assailant someone you knew?
9. What happened in the hours or days after your assault?
10. What made you decide to report your sexual assault and what made you go restricted/unrestricted with your report and why?
11. What fears did you have with reporting your assault and what made you push past the fear and ultimately report your assault?
12. If your report was unrestricted, what was the legal outcome? How did the legal outcome impact you?
13. If your report was restricted, how did you feel supported by leadership/friends/family after the assault? If you did not feel supported, in what ways did they create an unsupportive environment?
14. Did you experience any retaliation, reprisal, or ostracism from peers, coworkers?
15. How do you cope with your experience on a day to day as someone who experienced this XX years ago?
16. How do you feel your experience with MSA changed you? In what ways?
17. Do you feel like your overall health has suffered due to your experience?
18. Why do you continue to serve despite your experience?

19. What do you feel could be done to help survivors who want to continue to serve?

(Once reports are done, legal issues have been resolved, they stop seeking SAPR services, health services).

Safety Protocols

Due to the sensitive nature of sexual assault, survivors are considered a vulnerable population and researchers should take precautions to avoid inadvertent physical and psychological distress within vulnerable populations which have experienced a traumatic event (Van Wijk & Harrison, 2013). If the researcher fails to protect the participants physical and psychological wellbeing it could lead to ethical violations, high dropout rates from the study, and cause unnecessary suffering at the fault of the researcher. For these reasons appropriate safety precautions and support mechanisms will be implemented throughout the duration of the study and made readily available to participants, to include a debrief session in which the opportunity to utilize further support services should be offered (Van Wijk & Harrison, 2013).

First, the researcher will ensure information about the study is well communicated in a way that is easily understandable to the participants and an explanation of the level of involvement of the participants will be clearly stated in all informed consent documentation (Van Wijk & Harrison, 2013). The researcher will conduct an in-brief with potential participants to introduce the study, the significance and impact it could have, and explain their roles as participants. Second, the researcher will give adequate acknowledgement to the participants of the sensitive nature of the questions and the interviews and reiterate confidentiality, anonymity, and privacy practices within the described study. Third, participants will not be asked specific details about their sexual assault, only details about what happened before, leading up to, and after the assault. Additionally, to further safeguard participants emotional well-being, the

researcher will provide a list of resources for supportive and emotional care along with a list of numbers for crisis intervention.

Researcher's Role

As within many qualitative studies, data analysis and emerging themes are often influenced by the researcher's worldview, biases, and proximity to the study. Potential biases, values, and experience that could potentially affect the study will be discussed. First, within the military, I serve as a volunteer Victim Advocate, in which I help victims make reports of MSA and help support them through the legal, mental, and emotional processes of having MST. Due to my involvement in SAPR programs with supporting victims and advocating for victims is at the forefront of the study, there is potential for bias. Second, feminist frameworks, power differentiation, and masculine military dynamics are issues that I have observed with almost a decade of experience within the military.

However, my values as a non-commissioned officer (NCO) who is charged as a servant leader, I have had the opportunity and was hand-selected to facilitate several dialogues between military leaders surrounding extremists in the military, with the Extremism Stand Down Day and the Diversity and Inclusion Stand Down Day, in which I facilitated educational discussion surrounding power differentiation between race, gender, and inequality between marginalized groups within the military. I also facilitated discussions on why there are suddenly many extremists within the military ranks and how masculine military culture perpetuates extremism and sexist beliefs along a continuum.

Additionally, along with being a SAPR Victim Advocate, at my previous installation, I facilitated the first ever SAPR survivors support group that brought survivors together once a week to initiate support, encourage restructuring of assault narratives, and empower survivors to

continue help-seeking. I also taught sexual assault and suicide prevention courses to military leadership throughout three DoD military installations and even acted as the lead SAPR Coordinator while serving in Afghanistan on a 6-month deployment. I continue to serve in a Victim Advocate capacity, and once completely credentialed and upon completion of my doctorate, plan to specialize in feminist and trauma therapy interventions to continue supporting victims of MST.

Data Collection

Semi-Structured Interviews

Semi-structured interviews have strength within qualitative research as it allows the researcher to cover various topics and multiple themes. The interactive nature of semi-structured interviews provides room for interviewees to respond freely (Kakilla, 2021). Further, semi-structured interviews can inspire new themes, and facts about themes can develop organically (Kakilla, 2021). If participants are not available for in-person interviews members would be allowed to complete the semi-structured interviews via Zoom, Teams, or Webex.

Diaries

Due to the sensitive nature of the research and the ability to trigger participants within more formal interviews, diaries are a way to minimize intrusiveness and give participants space to adequately reflect on their history of MST (Morrell-Scott, 2018). Additionally, diaries may allow participants to reveal more intimate details that they feel remised to discuss in a focus group or front of an interviewer (Morrell-Scott, 2018). Participants will be given a certain topic or theme to write about for 25 minutes and will keep their notebooks in a secure and locked environment to safeguard and protect their privacy.

Focus Groups

Focus groups can be cost-effective and provide different perspectives and worldviews surrounding the central themes of research (Nvumba et al., 2018). Focus groups change the power dynamic of the researcher being the central entity controlling the discussion, to the researcher becoming the facilitator of conversation surrounding themes, which can increase group participation and articulation of meaning between participants (Nvumba et al., 2018). The focus group will be held at the SAPR office within the base facilities as this is where victims can speak confidentially and privately.

Data Analysis

Inductive Coding

In first order coding the researcher reviews data, makes notes, and combines the data into broad themes and theoretical frameworks (Chandra & Shang, 2019). Inductive coding is the process of data analysis in which the researcher reads and interprets raw textual data to develop common themes and interpretations based on the data presented and allows for the researcher to thoroughly review passages and texts and annotate sentences that substantiate themes with a code. Data will be transcribed using manual methods to conduct first-order coding and the use of qualitative analysis data software such as Nvivo, RQDA, etc. (Chandra & Shang, 2019). The reason that researchers use inductive coding is it allows for the coding of new concepts where the researcher has a limited knowledge base or knowledge gap, and this type of data analysis does not require any previous theories about the studied topics (Chandra & Shang, 2019).

Constant Comparative Analysis

Originally developed for grounded theory methods, this method involves taking one piece of data such as an interview, statement, or theme, and comparing it with all other data to find

similar or differential concepts and the possible relation to other data provided by participants (Thorne, 2000). The researcher would take accounts from two different participants and determine what is similar and what is different within their experience and ask the question why their experience was different from one another and how are they similar in theme, this can be done by conducting follow-up interviews with the two compared participants to dig deeper as to why their experiences were different or similar (Thorne, 2000). Researchers often use this method of data analysis of human phenomena in which there are fundamental institutional or social processes that explain behaviors or experiences (Thorne, 2000).

Trustworthiness

Member Checking

The researcher will solicit participants' views on the credibility of the findings and validation of the interpretation of data (Creswell & Poth, 2016). Member checking is seen as the most critical technique to establish credibility because data analysis, interpretation, and conclusions are given to participants so they can assess the accuracy of their accounts (Creswell & Poth, 2016). The researcher will be mindful that qualitative data is often a collaborative effort between the researcher with the participants, and accurately detailing the participants' accounts is crucial to building rapport, staying true to the study, and reforming the narrative for accuracy with the input of participants is crucial to the outcome of the study's completion.

External Audit

The researcher facilitates auditing by an external consultant, more than likely the dissertation chair, to examine both the process and the product of each account to assess the accuracy of the researcher, and ensure the auditor has no connection to their research in any way so that they cannot influence or deter data (Creswell & Poth, 2016). The external audit allows for

transparency and reliability of the study and allows for the documentation of analytic leaps that contribute to the study for the auditor to process findings and evaluate the accuracy (Creswell & Poth, 2016).

Reflexivity

Reflexivity is related to the degree of influence that the researcher exerts either intentionally or unintentionally on the findings, while also focusing on the researchers' values, preconceptions, and presence on the participants and can determine to what extent the researcher processes and understands their data (Joontun et al., 2009). The researcher is a victim advocate who is also a combat veteran who has her own biases, values, and experiences that she brings to the study and will disclose these biases, beliefs, and influences as part of the data analysis.

Ethical Considerations

When it comes to research participants, concerns for their welfare and safety are of the utmost importance to the researcher. The researcher will ensure that adequate measures are taken to protect participants and any identifiable information will be expunged from any data collected such as the military base of record, rank, name, home of record, etc. (Creswell & Poth, 2016). Additionally, the researcher will use pseudonyms for all participants such as Participant A, B, C. An initial screening questionnaire will be given to potential participants to determine psychological fitness for participation in the study.

The researcher will disclose all findings to participants in a timely manner after the study and before final submissions to dissertation Chairs. For transparency and to build rapport with participants the researcher will engage with participants about the findings within the study, and the procedures used, and will collaborate with the participants to ensure that participants'

perspectives were well-represented as a part of their experience within the study (Creswell & Poth, 2016).

Last, the protection of data is another ethical consideration that must be protected throughout the research process. Data materials and information will use appropriate security measures and will be stored in a secure location for up to five years (Creswell & Poth, 2016). Some security measures that will be in place are using HIPPA-compliant transcription services in which data collected is not sold. Additionally, participants' names will be changed for the safety and security of information, and the use of backup computers and external hard drives separate from other miscellaneous computer software for collecting data and being able to secure it.

Summary

IPA is the primary form of research being utilized within this study. IPA was chosen to better understand and make meaning out of survivors' experiences while the researcher will be able to incorporate aspects of her experiences as a victim advocate and her feminist framework perspectives into the interpretation process of the study. An overview of research questions was provided, along with data collection, analysis, and procedures were examined. Additionally, an overview of the researcher's role was conducted to determine biases, values, and frameworks that could influence the data collected. The following chapters will present the results of the mentioned study.

Chapter Four: Findings

Overview

The findings within this chapter provide a complete description of the results of the research. The chapter will be organized in such a manner that allows for the overview of participants' military background, their experiences with sexism and gender-based discrimination, their sexual assault experiences, and their experiences with institutional and organizational factors surrounding their assault to provide context to the results of the study. Additionally, themes will be introduced to provide descriptive accounts from the participant's point of view.

Participants

The results of the study are based on first-hand accounts from eight self-reported active-duty participants. The demographics include women who range from 22–35 years of age, and all women were active-duty Air Force along with one Army Guard/Reserve component member who was on active-duty orders during the time of her assaults. Racial demographics were primarily White women, who represented 75% of participants, while two participants identified as African American and biracial and made up 25% of participants. Two participants noted that they were naturalized citizens but identified as White, while one previously held French citizenship and the other held Russian citizenship before becoming naturalized American citizens.

Participants military occupations varied greatly and included Aircrew Records Management, Intelligence Analysts, Aircrew Flight Equipment, Medical Technician, Public Affairs, Transportation, Recruiter, and Operations Officer. Additionally, all participants were enlisted, and two were junior commissioned officers. Two participants were currently in the

process of separating from military service; however, they were still on active duty and were waiting for their final days within the military to end.

Primary areas that created central theme development were participants experiences with 1) Motivation for joining, 2) Pre-assault experiences with sexism and gender-based violence, 3) Post-assault reporting and barriers, 4) Perceived support, retaliation, and reprisal within military systems, 5) Interpersonal coping and healing, and 6) Hope for the future of survivors.

Additionally, three subordinate themes emerged regarding service members' experiences: 1) The meaning of survivorship, 2) Perceived closure, and 3) Navigating continuum behaviors as survivors.

Results

Motivation for Joining

All participants detailed their motivation for joining the armed services. Joining the military seemed to provide a wide variety of external, internal, and experiential benefits to members, and those experiences were consistent across all participants within the study. Military service provided a means for individuals to see the world, pay for school, fulfill a need to serve their country, continue a family trend of military service, and improve socio-economic status.

Gabby noted she joined due to wanting to travel and see the world and only wanted to be the first in her family to join the armed services. She stated:

I went into the military because I wanted to one be the first one in my family to serve in my, for my country. I was the only one that I knew of that had wanted to go into the Air Force. And I had found out that my uncle was in the Navy, but he had gotten out and didn't serve full term. So, I wanted to be the first one to go into the Air Force do something new, and I was like, maybe I can travel as much as possible. And then I also

wanted to get the opportunity to just do something different than school. I didn't want to have to sit in class and go to college. So, I honestly just took it, the opportunity and ran with it. I thought it'd be something new.

Hannah asserts that she joined due to realizing that she was apprehensive if college was for her and noted that her brother who joined before her influenced her to join. She said:

I joined the military because me and my brother were really close growing up and he decided to join the Air Force. And he had a really cool recruiter. And when he joined, I mean he loved it. He really liked the Air Force. So he kind of talked me into it to joining because I didn't really want to go to college or anything. I wasn't sure what I wanted to do. So I was following footsteps and joined the Air Force.

Carmen joined the military due to her socio-economic status and wanting to have a stable job, but also wanted to experience safety. She stated:

Yeah, I mean, there's the philosophical reason that everyone gives, like, you know, I was called to serve. I really did want to be a leader. I also came from a really low socio-economic household and military paid for college, a stable job, great culture and community. I chose the Air Force because I grew up in an air force town, I had a lot of mentors who are Air Force. I guess, ironically, now it was, you know, this is the safest branch for females.

Evelyn, like Hannah, joined the military not having a direct career path in mind. She joined and became a public affairs specialist and noted that the military afforded her the opportunity to explore different career paths without spending money on formal education; she additionally found safety in the military compared to other branches. She noted:

And most of reason why I chose the Air Force, the first few branches I really were looking at was Air Force and Navy. And that was mostly because I knew those two branches were the safest two branches to join in the sense of, we all hear stories about the Marine Corps, how it can be very dangerous to be a woman in the Marines....So for me, the Air Force, in particular had the job opportunities I wanted, but more importantly, to me, it was, it was safer as a woman to join. So, I chose to join. I was right out of high school, I was 17. And I chose to join just because college didn't really feel right for me.

Marie's reason for joining was more straightforward, and she joined for the benefits of getting education paid for and noted: "Um, so I basically joined for college benefits. I'm in the Army National Guard in (state redacted) upper Midwest."

Latrice also joined after being influenced by friends around her who were currently serving to obtain United States citizenship and to utilize educational benefits. She said:

So, all the friends I made were all active duty. And so that's kind of what pushed me towards that branch specifically, it just seemed like a better branch, I guess. I was tired of living with my parents because I wanted to go to medical school, and I was not a citizen at the time. So, it was super expensive for me to just go to like a junior college like it was so, so bad. It was like \$900 a semester.

Taylor joined due to a family history of military service. She stated:

The reason I joined was because I graduated high school early, and I didn't see myself jumping straight into college. Also, I have a family background of the military. So, I was excited to join. The branch was chosen because my dad and my grandpa were in the Army there were like no Army. And they said no Marines. So those between the Navy

and the Air Force, and personally, I don't feel comfortable in the middle of the ocean. So, Air Force it was.

Willa joined due to being in a commissioning program that paid for her master's degree program that allowed for her to be geographically separated from her unit to obtain advanced education opportunities. She said:

Yeah, so I joined the military because I knew I wanted to go to college. And I wanted to get an education. But I wanted something a little more. And one of the service academies just sounded like it was definitely something a little more just a challenge that I really wanted to take on. So, I was a little short sighted only looking at the commissioning programs, and not so much the service but knowing that a lot of people that I had met, like my parents' friends had been Air Force doctors or something. I just knew that from their stories it was a good path, one way or the other. And so once I started down that path, I liked it, decided to stick around and stick with the Air Force, because I was told that they take care of their people, and just provide good opportunities.

Although most participants' reasons for joining were primarily educational and socio-economic in nature, each participant described complex, conflicting, and sometimes indifferent emotions surrounding their military service, particularly as they recalled their experiences after their sexual assault. Participants' experiences cannot be singularly summed up with their sexual assault narratives, but previous experiences of sexism and gender-based discrimination were continuing themes that preceded their assaults. In addition to prior experiences of assault, the most profound impact to these survivors were the post-events and mental devastation that proceeded after. The chapter now focuses on their pre-assault experiences within military institutions.

Pre-Assault Experiences of Sexism and Gender-Based Violence

Many participants who joined the military had little to no prior knowledge of adversities they could face while being female military members. Additionally, there was limited knowledge associated with sexism and gender-based violence, and many admitted to going into the military with limited concerns or awareness of sexism prior to joining. Some women, however, noted that mentors who influenced them to join did give warnings of possible maltreatment of women. Experiences of sexism or institutional sexism often went unnoticed. However, some experienced overt and covert sexist behaviors from superiors who took a unique interest in lower-ranking women, and further descriptions of benevolent sexism and a continuum of harm behaviors were annotated.

Carmen noted that several mentors proclaimed the sexist institution within the military and surrounding male-dominated cultural norms were what she needed to be cautious of and recounted that her mentors advised the following:

They were all very, like, hey you have to be careful. You have to you know, watch yourself like it's not your fault, but people like guys are going to be guys. You can't like be alone with anyone, like know that you have to work harder.

Latrice articulated that due to her proximity to active-duty military members, she had knowledge of social, cultural, and institutional hardships and even had current service members discouraging her from joining. She recalled:

Yeah, I was pretty aware of everything. I was getting a lot of feedback left and right. A lot of people telling me don't do it, I regret joining, and everything like that, but I just was, I was motivated, and I definitely was gonna go for it.

Latrice further reported other members telling her of the power differentiation between men and women:

Um, just the fact the men in power are just, they would just isolate them and just make them feel like they weren't good enough. I guess that was a common, like trending theme. That men were being treated better than the women were in the service. That was another one. But that was specifically for like the maintenance squadrons or anything that's mostly men targeted, I guess on the medical field, which is what I was, I didn't hear a lot of that per se, just because it was more diverse. But that the biggest one was just how, like men get treated better in the military than women do.

Gabby experienced isolation and expressed feeling excluded from one of her units and associated being a woman, she often felt excluded from an all-male working dynamic:

So my second base there was one individual that made me feel you know, eh was he was a higher ranking. And so he was diminishing me, I guess or I'm trying to think of the right word downgrading me and then, like you know, I worked with all guys at that ship. So, like you know, if I wasn't talking about whatever they were talking about I just didn't feel included.

Marie described working in an environment in which continuum of harm behaviors were normalized to a certain degree, but noted that if she felt uncomfortable, she could easily voice that she thought the comments were inappropriate. She said:

I've always worked in offices basically with like multiple people. And usually, they are all males. So, I am kind of treated as if one of the guys so a lot of things that like are said and stuff like that. It doesn't bother me but like from an outsider looking in definitely could be considered, like sexist comments and things like that. So, I so like, it's not

something that, necessarily bothers me. Every once in a while it will. And if it does bother me, I usually say something. But like if somebody were to, like hear things that were like talked about, they definitely would feel uncomfortable.

None of the participants experienced any gender-based violence prior to their assaults, but throughout each interview, there was various continuum of harmful behaviors that were spoken about by those participants either identified as harmless, benevolent sexism, or considered overt sexist behaviors that were institutionalized by military regulations. Many of these behaviors that targeted gender had been annotated in previous research as a survival response to institutionalized sexism and harassment (Sadler et al., 2003). This survival response has led to the normalization of women's traumatic experiences or experiences with sexism and how not only are these behaviors expected and normalized, but also speaks to how military women's ability to determine environmental safety is often skewed in a means of self-preservation in hostile, sexist institutions (Sadler et al., 2003). The chapter now turns to women's MSA experiences and how institutions often create barriers to reporting within their own structures.

Participant Assault Experiences and Barriers to Reporting

All participants described their sexual assault experiences while serving as active-duty members. For two participants, this was their first time disclosing their assault to someone else. Many assaults occurred off-duty, and most perpetrators were friends, boyfriends, associates, or mutual friends that the survivors knew, and all perpetrators were other military members, civilians with ties to the military, or former military members.

Gabby's assault occurred while she was on leave from the military. She described going to a hotel and meeting her friend and her high school friend, whom she had not seen in several

years, at the bar at the hotel. She described how her high school friend was pressuring her to continue drinking alcohol with his fraternity brothers. While she had no environmental safety concerns, she was made to feel uncomfortable by her perpetrator when he repeatedly complimented her, although he had previously never disclosed any romantic feelings towards her, which made her feel uneasy. Coupled with alcohol consumption, she blacked out and was assaulted.

She waited to report her assault, noting that she wanted to enjoy her vacation and did not want to speak about it at that time. She noted she told her best friend (her current husband) and expressed that she was not familiar with reporting processes in the military, but reported it to her shop chief, who was a mandatory reporter. However, when the report was made to the Office of Special Investigations (OSI), she was left out of the circle of contact until six months had passed. At the six-month mark, she followed up, and OSI concluded that because her perpetrator was a civilian, they could not investigate until she reported to civilian police. Due to time passing and lack of evidence, the civilian police could not proceed with her case.

Hannah described being at a party in the military barracks where she was drinking alcohol while being under the legal drinking age. She noted that she wanted to continue talking with her perpetrator, who was another military member, an enlisted aviator. She described being very incapacitated by alcohol and did not remember him getting into her bed or the assault.

She described realizing what happened hours after the assault and taking comfort in her friends to decide what to do. She was encouraged to file an unrestricted report due to meeting another girl who was assaulted by the same person. However, she says she does believe that if she knew what the outcome would be, she would have gone restricted. Hannah experienced

conflicting emotions with reporting her assault as she was afraid of what could happen legally due to others involved who were underage drinking.

Carmen described a similar situation as Hannah and Gabby, in which she was at a party right after entering the Air Force with several college friends at an off-base apartment in which several people were underage. She noted that she did not remember the assault happening, but realized she had alcohol poisoning and became physically sick. She mentioned her perpetrator was a married military member with children and noticed that something happened but could not confirm it. She noted that days later, her perpetrator asked if she was okay, and then she knew, and it was confirmed that sexual activity had happened against her will. She took a plan b, and later her perpetrator asked her if she was pregnant. Shortly after, she started to experience flashbacks about the event and what had happened during her assault.

Carmen made a restricted report after reporting to the advanced upgrade training school and soon started experiencing nightmares. Once that began, she sought the help of SAPR programs in which she filed a restricted report and was able to get therapy until the COVID-19 pandemic happened. Due to continued therapy throughout that time, she was able to function during COVID-19. Carmen felt that a restricted report was best for her due to her being early in her military career and not wanting to ruin the life of someone who was high in rank and had influence with other higher-ranking individuals within Carmen's career field.

Evelyn experienced sexual assault on three different occasions. The first incident happened while she was on break from advanced upgrade training school, also known as tech school. She noted her first perpetrator was an Air Force civilian employee who assaulted her the night of New Year's Eve. She told someone who was not in her chain of command; however, he did not report the assault nor offer her resources. She eventually went to a female NCO who gave

her options and resources for reporting, and she reported it as a restricted report. The second incident happened with an NCO whom she had told about her prior assault experience. The NCO took a personal interest in her career, and his personal interest soon turned into inappropriate behavior. She reported the assault to her chain of command, and it was found that the NCO acted inappropriately, and he received nonjudicial punishment. Third, she was assaulted while on temporary duty (TDY) by another NCO who groped her.

Marie works as an Active Army Guard Reserve recruiter at a local university in her area. The person who assaulted her was another Army Reserve member. Like other participants, her assault occurred around social events in which alcohol was involved. It took place on Halloween of 2019.

Marie initially did not want to report; however, she confided in several people within her chain of command, one being a first sergeant, an Equal Opportunity officer, and her commanding officer, who encouraged her to report so that she could at least file paperwork to protect herself later when it comes to disability. Due to her being a recruiter and being geographically separated from her unit, she had to travel to another military installation to report her assault with the SAPR, however, when she tried to make the report restricted, it was found that her restriction rights had been compromised due multiple mandatory reporters within her chain of command trying to determine how to help her, and not having a full understanding of SAPR procedures, thus making her assault public knowledge. She noted once the SARC told her that her restriction rights were compromised, she never heard any follow up regarding her next steps, and never participated in any investigation proceedings.

Latrice recalled meeting her perpetrator on a dating app. She was in the middle of a divorce and was waiting for it to be finalized; and used the dating app to find friends to hold

conversations and to distract herself from the issues she was going through with the divorce. She mentioned that she chatted online with her perpetrator for several days before meeting and then decided to go on a drive with him, in which they engaged in deep conversation. The drive was about to end, and that's when she noticed that the energy in the car changed. and she had a gut feeling that she was not safe when he kept trying to coerce her to go to his house. She agreed and that's where she was aggressively assaulted. She talked about not reporting her assault for months due to already feeling outcasted by her unit and painted as a bad airman due to previous issues within her command. She also knew that due to UCMJ, a sexual assault would not reflect favorably upon her during her divorce proceedings, even though she and her ex-husband were legally separated, the military can still punish military members for adultery if the divorce is not finalized and evidence of adultery came to light. Latrice knew she was separating and had not reported her experience of sexual assault until she applied for VA benefits prior to getting ready to exit the armed services via the Benefits upon Delivery of Discharge program, which is a program that allows service members to file for disability 180–90 days prior to them separating from active-duty service. During the interview, Latrice mentioned that she was looking at her options to formally report her sexual assault with SAPR due to already reporting it with the VA.

Taylor's assault happened like previous survivors in which she was at a party with military friends. She noted that her perpetrator was her female friend who had too much to drink, and she was also drinking alcohol. Taylor described her friend's personality as impulsive, and she often expressed she never knew what type of mood her perpetrator would be in when they would come together for social gatherings. However, that night, Taylor went to the rest room and her perpetrator followed her, and sexually assaulted her.

In the days following the assault, Taylor presented numb and in disbelief at what happened. Taylor confided in a SAPR Victim Advocate and one of her friends who attended that party. Taylor reported her assault to a victim advocate she believed she could trust, but in a shocking turn of events, instead of helping Taylor report the assault, the victim advocate told her perpetrator about her plans to report her to the SARC to make a formal report. Due to this, the perpetrator confronted Taylor and said that she did not remember doing anything due to being drunk, and this situation put a strain on the friend relationship, and Taylor never tried to report her assault again.

Willa's assault was different from the other participants as her assault occurred within the context of a long-term dating relationship. Willa asserts that her and her then-boyfriend had been dating for quite some time, and they both had a strong Christian faith in which Willa noted that she was saving sexual relations for when she was married. Willa has clear boundaries of what is acceptable behavior and what is not. However, her perpetrator constantly violated those boundaries. Willa noted that she and her perpetrator got a hotel room and went to sleep without the expectation of sex due to their religious beliefs. Willa was assaulted while she was sleeping.

During the aftermath of her assault, Willa expressed periods of self-blame and did not believe that what she experienced was assault until she went to counseling and came upon the self-awareness that what happened to her was a sexual assault. When she tried to report her assault, SAPR would not take her report due to the perpetrator being a romantic partner. She had to report her assault to the Family Advocacy Program (FAP), in which a board decided if her boyfriend was to be placed on an offender list or if nothing was going to happen. Once the board convened, it was determined that nothing would happen to her perpetrator. Additionally, Willa did not report the sexual assault to FAP due to the possibility of them making it an unrestricted

report. Barriers she faced were that she was young in her military career and had a command that she has not had many interactions with to help guide her and help with resources if an unrestricted report was filed.

There were several commonalities associated with almost all participant experiences, and that is that almost every participant except for one was assaulted while under the influence of alcohol. Additionally, all participants went through a period where they compartmentalized their assault experience or had periods of disbelief in which they were able to ignore their assault until they began to experience hallmark symptoms of PTSD, such as flashbacks, nightmares, anxiety, depression, and insomnia. How participants coped with their experiences seemed to coordinate with institutional support or lack of support, organization of advocacy services and reporting within chains of command or military institutional structures, and if participants delayed or denied care or reporting in any form.

Perceived Support, Retaliation, and Reprisal within Military Systems

Support for survivors varied depending on if they were trying to utilize support from military systems, civilian support services, or other programs affiliated with the military. Support differed within military leadership command structures and highly depended on which reporting procedures participants used (restricted or unrestricted) or if they reported it at all. Participants described military leadership as specifically having difficulties helping survivors navigate MSA and often contradicted support by reprising against survivors using legal military regulations that pose barriers from survivors to report.

Gabby observed her leadership only being supportive up to 3 weeks after her assault happened and expected her to go back to normal life and mission requirements almost as if she was only allowed a certain amount of empathy after experiencing a traumatic event before she

had to get back to bigger mission of the Air Force. Further, she described her commander trying to get her medically discharged after seeking inpatient treatment for trauma and spoke on how it felt in that moment. She stated:

They you know tried to get me kicked out like my commander tried to medically discharge me. It was a whole process. I like fought for it. And I was no like, I promise you like this, you guys think that you know nothing traumatic or nothing bad can happen to anyone and they can come to work and be fine and dandy. So that was another struggle.

Hannah described an instance when her commander who was previously supportive throughout her unrestricted report legal proceedings, but when the verdict came down that her perpetrator would not be charged, she spoke with her commander, who had a very black-and-white view of assault; she recalled her commander saying that if the perpetrator was found guilty he was guilty, and if he was found not guilty he was not guilty. She described the comment as a slap in the face to survivors due to the perception that he made it seem that she was making a false report.

Participants also noted betrayals of trust within the military leadership as when she would confide in an NCO, they would often revictimize her by sexually harassing her or assaulting her, and she found betrayal within the military health system when she sought mental health services to cope with MST, they were often threatened with damage to their careers or put on duty limiting profiles.

Evelyn described being a flying public affairs airman who maintains flight status and described finding out that her seeking help for MST almost ended her military career. She said:

I did run into issues because I was seeing flight med just for my job, so I'm a nine Charlie so I don't fly every single that, I fly pretty rarely, but I do fly for my unit sometimes and mental health, they had made a doctor's note, whatever, no problem. Flight med saw it and they decided to put me on the DNIF [Duties Not Including Flying] status. And I was not made aware. So I like randomly figured it out one day, because I was checking my IMR [Individual Medical Readiness]. And I saw that I was doing it, so in a way it did impact my career, because I had to go and kind of try to fight that the DNIF and get a waiver approved, and I was never made aware of that.

One participant presented a unique circumstance in which she filed a restricted report but still had to navigate working in proximity to her attacker and how she had to be cautious in not letting her leadership team know of her assault while also letting her supervisor know that she was not comfortable meeting with her perpetrator within the work center.

Carmen described the struggles of having a restricted report and working within proximity to her perpetrator. She described the first time she had seen him after the assault and described how her reality was shattered because the entire time, she had not had contact with him, she thought that he must have known that he had done something wrong. When he came back to her work center, he tried to interact with her as if the assault never took place. After that first interaction, she cautiously told her boss that she was unable to interact with the perpetrator for legal reasons and did not elaborate further. She noted she often lives in fear of her restricted report becoming unrestricted and wishes that there were more resources and systemic ways in which survivors who make restricted reports cannot get stationed at military bases where their preparator is.

Survivors' support is complex and seems to come secondary to the greater mission of military service. This could be related back to masculine military culture and could, in some respects, be reflected in the participant narratives above. Survivors' perception of being believed or perception of reporting processes were helped when leadership was perceived as supportive or was hindered when leadership was seen as unsupportive of survivors' experiences. Further, both types of reporting options presented different challenges that affected support for survivors and to what extent organizational institutions were able to support them and affected how individuals were able to cope with their experiences.

Interpersonal Coping and Healing

The coping skills exhibited post assault were very versatile. Often, participants delayed reporting and care seeking and often compartmentalized their assaults for weeks or months prior to reporting. Specifically, survivors often describe periods in which they had to confront the reality of what happened to them, and often with that confrontation, their reality of the MSA event was shattered and often proved to be more damaging mentally and emotionally than the initial event, which could be due to shock of the initial MST and instances in which survivors could not name the trauma as a sexual assault due to RMA within society or cultural worldview.

Willia stated that it took her almost a year to be able to realize what happened to her was an assault, and once she began to cope, made her stronger within her religious faith. She stated:

So it took a long time, like a year, year and a half. To do that, and then it helped, I moved. So I kind of got changed to free and a little more on plate. But just gradually it came to be as I was working through it, I came to realize, like, I am going to be okay. Like sure when I realized what happened. It was the worst realization like I thought this would never happen. I'm tarnished all of this, that or the other. [...] it forced me back on

my friends and my faith. And just I must really come to the truth that God made me in his image on purpose for a purpose. And it was almost like that the instance of the assault was just driving the nail and some lie that I have been believing...

Latrice articulated that because she is currently leaving the military, she noted that 3 weeks prior to our scheduled interview that she started being able to recall the events of her assault, however prior to reporting it to the VA, she had been in therapy for other issues but never disclosed it to a military provider and had delayed care and compartmentalized her assault for months until she was asked about MST at the VA center when asked how she coped with her experience she noted:

It has been awful recently because it all came back 3 weeks ago. It's been awful. I was diagnosed with PTSD. Last week, I just had a mental health exam with the VA. [...] So that was fun, because she got the real true, dark, dark experiences through full on meltdown crying on Zoom. [...] But it's been awful.

Latrice further moving to the southwest United States to escape the bad experiences at her previous base and describes experiencing flash backs and mentioned that having her daughter gave her a new perspective on life and forced her to be determined to get better and now she is considering reporting an unrestricted report to her command, stating that she no longer feels the constraints of active duty on her life and the previous perceptions of her command no longer affect her as much due to her separating.

Evelyn described a more head on approach to coping in which she noted that dealing with MST is part of everyday life and mentioned incorporating therapy and self-care as a way to cope with her trauma. However, she asserted that even though she has made strides in therapy she still experiences difficult emotions associated with MSA. She said:

So, it's pretty hard for me to kind of try to find these coping mechanisms. Because I do try to cope, I go to mental health I go, I journal because that's what someone recommended, like I talked to my support system, and I do really, really, good. And then it just kind of hits you again. And you just kind of have to try to keep moving forward and focus on the good. That's kind of my, what I tried to do was focus on what good I have and like what good times I've had in the military instead of the bad ones

Gabby described even though she went to inpatient treatment, she expressed great honesty in speaking about not being at peace with that happened to her. She cited an innate need to protect that has helped her to cope and sharing her story has also empowered her to continue her healing journey. She shared her experiences with the fortitude and resiliency that has motivated her. She noted:

Yeah, I mean I'm not at peace with it. Will I ever be? I don't think so. I'm not ever coming to peace with something like that. But emotionally, I'm just trying to, you know, build back up. So, build my emotions back together and get, you know, move forward as far as the way I view things, how I can prevent or protect. You know, the ones I care about.

Additionally, she stated her desire for justice and noted that she still has nightmares about the situation, but takes it in stride knowing that sometimes emotional stress builds up and you have to let it out in a physically emotional way in order to move forward:

I still want justice on this situation. So that's where my mindset is now. Two years later, I just still like it's sad because not a day goes by where I don't think of it. Like it's just something that will always in my head until further notice.

Two participants note that they have not sought help or counseling or their assaults unless something reminds them of the MSA or if someone asks them about their experiences such as with this interview.

Taylor mentioned that she had never talked to others about her situation, besides her mother who was non-supportive, and her victim advocate friend who did not do their duties in reporting her perpetrator. She said:

I was in therapy when I was down at [installation name redacted] based in southwestern United States. And I think that it just compared to my life at that moment, it was so small. So, it doesn't really cross my mind. But in the moment that it does, I just look back and I'm like, I'm thankful I'm not in contact with her anymore. Because then that would be me owning the behavior. So, it's not anything like you just said, the emotions that come up. I'm not angry, I'm not sad. I'm just kind of I don't know.

Marie described not really talking about her assault experience and had mentioned she had never sought mental health counseling and often demonstrates she compartmentalizes her experience. During the interview, Marie became visibly emotional and often held back tears when talking about her experience of assault and the aftermath regarding her treatment. When asked about how she copes with MST today she stated:

I don't ever really think about it until it like gets talked about. Or like, you, like, Halloween hasn't been, like, the best time since then. Either I just kind of keep to myself, but other than that, like it only comes up when like, people talk to me about or, like it only comes up in like a SHARP [Sexual Harassment/Assault Response Prevention] training or things like that. That like makes me kind of more like emotional about it, I would say.

Carmen describes going through lots of therapy in order to be able to talk about her experience openly and saw treatment as a form of empowerment to her sexual assault narrative and also she described gaining control of intrusive thoughts and having to be intentionally mindful of triggers to her mental health, but recalled her experience making her a more empathetic person. She noted:

There was a lot of therapy that got me to this point, for sure. In the beginning day, it was really hard for it to not for me not to control when and I was thinking about it [the assault]. Now it's, it's a thing where, okay, that's a book from the shelf of life, I want to take it out, and what I go that's within my power. Now, it's not just constantly like projecting into my face. There are things that kick it off, and I just have to be mindful of like, that's a, that's a topic that is going to trigger me, or like that's a conversation that I need to just stay away from. And, you know, a situation like, that doesn't just change you from like, okay now you're more sensitive to like content and media, surrounding, like, rape and non-consent, like it just made me a more empathetic person going through something like that.

Hannah described using military resources that offered her free counseling. She noted that these resources greatly helped her heal from her assault. She described utilizing Cognitive Processing Therapy to help her, saying:

I went to the preservation of force and family, and they actually have like licensed therapist and can like refer you to a psychiatrist and stuff and I met my therapist. He's really good therapy. So, I started that and I went through CPT.

She also described a breakthrough in therapy in which she remembered specific things about her assault that challenged her reality of what happened to her and challenged her beliefs of the assault being her fault; she states:

So that kind of like shattered my, like, my reality and stuff. And so I had to go through like a like what do you what does he call it, like, challenging beliefs where he can go through all that and try to like rewire my brain into thinking, like how it's not my fault still, because like, I know, it's not my fault, but there's still some little like stuck point that I get stuck on.

Interpersonal coping and healing styles are often connected to the participants' outlook on continued service and their hope and trust in programs designed to help MST survivors. Considering that participants had a mix of positive and negative experiences with SAPR programs, health and mental health resources, and military leadership and institutions, their experiences with those categories repeatedly either helped empower individuals or were, in part, reasons for why some participants were wanting to separate from the military institution.

Further, healing was often mutually related to support systems that primarily corresponded back to the resources mentioned above. Participants who felt disempowered or were ambivalent regarding their experiences voiced issues with reporting their assault such as the case with Taylor and Marie, in which their abilities to make choices with their reporting options had been compromised in some way. The next section discusses why members continue their military services and the hopes they have for the future that can improve the reporting processes and resources for survivors.

Changes for Future Survivors

Survivors were specifically asked when reflecting on their sexual assaults how they were handled or mishandled by military resources and what things those institutions could improve on to create transparency and establish hope, safety, and security for survivors regardless of reporting status. The survivors' opinions were important in establishing a baseline of understanding of reporting, the process of reporting, and how the DoD can improve SAPR programs and other programs aimed at supporting survivors.

The opinions of survivors on how to improve programs have not been considered in any qualitative study and could be a missing piece to universal improvements in the armed services. Survivors do not just want justice, but they also want overall institutional improvements and accountability for mandated reporters who mishandle sexual assault disclosures. Survivors want to see these changes within their military careers to create a catalyst of improvement not based on theory or the quantitative surveys the DoD has used in the past but create improvements based on the opinions of actual survivors of MSA and MST who have noted significant obstacles to reporting to resources within military structures.

Gabby has been very vocal about wanting to raise awareness, which is one of the reasons she wanted to be a part of the study. She wanted to increase empathetic understanding of what survivors go through, create sensitivity for survivors, and create an environment where people are not afraid to speak up and against sexual assault. She said:

I think like increased awareness and like, increase the likelihood that they will intervene for someone else like if they saw something. I think also, too, it's very hard to put somebody else to be in that person's shoes that it happened to. And what's something like that like? You never know how sensitive it is to people. So, if you bring It up, they're

like, like, I don't know if I just, you know, open a room for them or what? I think the main one of the main reasons people don't talk about it is because, you know, they're too shy or they're afraid, you know, someone's going to have negative feedback, or like me, like people didn't believe me. But I think if people were more you know connected with other that have gone through it, or think that honestly...we get trained on this, but I think there needs to be more than just training on it once a year.

Hannah spoke about having a more consistent presence with SAPR victim advocates, and she asserted that although her experience with advocates was good due to having advocates in her unit whom she could talk to, she feels like other survivors may not have have the same privilege of being able to talk to advocates they trusted without it seeming like a burden, with that, she felt that SAPR should have their own dedicated mental health counselors that specialized in helping MSA survivors. She stated:

Honestly, I feel like SAPR should have their own, like counselors, their own like licensed counselors that are embedded in SAPR. So that like, I mean because the mental health clinic is fine on base but everyone knows like the mental health clinic is like very hit or miss. And so if you had someone who like specialized in, you know, sexual assault like counseling for like survivors like, I feel that would do a lot better to help survivors through mentally. I guess just I know, like the SAPR programs exist, and they're there and they can be for you. They're like, like that, but I guess kind of like making it so that someone's constantly checking up on you, I guess. Like I feel like I had that lecture like working with two different NCOs (names redacted), so like I could literally just go up and talk to you guys whenever I wanted. But I feel like some people don't have the

probably. And I mean maybe they're not willing to like to reach out and then they probably just like isolate themselves.

Carmen talked about her struggles with having a restricted report and how there are no adequate protections for survivors who work in the same career field as their perpetrators, which she felt was a disadvantage to restricted reporting that most do not think about. She discussed creating a system in which perpetrators are flagged by military assignment officers to prevent perpetrators from being stationed at the same base as their survivors. She said:

How do I know where this guy is getting stationed? Like how do I ensure that we don't get into the same unit again? Like how do I make sure that if I feel like he is targeting me in some way, I can, like advocate for myself without necessarily outing? Those would be things like those are things that I worry about as someone who's filed a restricted report.

Evelyn spoke about how one of her offenders had previously done the same thing to multiple female military members, and she spoke about dispelling the stigma of reporting people due to the culture of the military of not wanting to draw negative attention to members that may impact their careers:

I think we need to do better as a whole about protecting survivors. Because after my incident with the NCO at my unit, I talked to other people who had been previously stationed there who were currently station there. And they said things like, oh yeah, he said something weird to me too, or he did that whatever. And they never reported it. Because we are kind of raised in the military culture of, you don't want to rock the boat, you know, you're supposed to handle it at your level. And there's almost that unspoken thing of life you don't want to be the one, the first one to break that barrier and say something that happened to me or this person is doing something that's not acceptable.

And I think we need to try to do whatever we can to dispel that stigma because had someone else gone to their leadership before me, maybe this wouldn't have prevented it, but at the very least, it would have created a pattern. And that's kind of what helps me get the courage to report.

Similarly, **Hannah** spoke on the need for more sexual assault trauma specialists who were mental health counselors. She stated:

So, I would say that SAPR, obviously is a huge resource. I went to them for a little while. But after a while, that system is so congested that there are times where I would call my VA [victim advocate] and I wouldn't get an answer. And that's not her fault, necessarily. It's just because there's so much going on. So, if there's an ability to kind of expand that program, make it more readily available. I was very lucky because I went to SAPR, I got a referral to the mental health clinic. I think if they have more resources specifically geared towards this area, that could be helpful. ...But I think if there are more dedicated personnel to this specific area, I think that could be huge.

Marie also believed that there should be more awareness built around SAPR and noticed that SAPR presence is very minimal and only during military annual SAPR training. She also noticed that SAPR training does not go over grey areas or unusual situations in which mandatory reporters or someone trying to advocate for survivors could possibly face, which is one of the reasons why Marie is advocating for more training on complex situations that could occur during an assault because of what happened to her. She stated:

I think just like more awareness. And like, I just, I don't know that, like, everybody, you have to go through like the SHARP training all the time. Like, once every however often, I just don't that it's covered in detail enough to where like, somebody would feel like, if I

had no idea that I could file a restricted report and still, like, get the help that I needed.

Until like they came and talked to me about it, like stuff like that, I feel like, is unknown.

And I just think that, yeah, just being the people that are victims, like knowing that they have help out there. And having that stuff more well known, I guess.

Latrice advocated for a sex offender registry. She noticed that survivors often get the brunt of criticism when it comes to reporting but not the offenders, especially if they are found not guilty within the military justice system. She points out the unfairness of how perpetrators can continue with their lives, are promoted within the military, and are not labeled as a predator. She also went on to assert that just because someone is found not guilty does not mean they did not commit a crime, and the crime should follow them for a period to see if they re-offend. She mentioned the following:

Honestly, the one thing that kind of resonated with me is if there I guess you just having kind of like, the same way that there's like the sex offender list, you know kind of a, like a hit list, I guess were like the people who do terrible things. Because just a thought of having to stay somewhere and be heard or not be heard. And just like this person, who really did something awful, like just gets to promote and go about their lives, and they're not labeled in any kind of way, and there's nothing following them ever. Like that just kind of sucks. And it's very discouraging. So, I've just been thinking this entire time, like even if, you know there is a trial and he's not like, deemed guilty at all, that there should be at least be some kind of label that follows you know, saying like, well, obviously, like unless I thought that it was serious enough to take it this far. So just because you were deemed not guilty doesn't make you innocent either.

Taylor recommended having a group therapy program like Alcoholics Anonymous or Narcotics Anonymous and mentioned that outsourcing mental health support for survivors could be alienating due to civilian counselors not understanding the military lifestyle and giving a sense of alienation to survivors. Further, she noted that instead of removing survivors from their work centers, perpetrators who work within proximity to survivors should be removed to allow survivors to work without being in high-stress environments. She mentioned:

I would say there should be a type of therapy program that they get enrolled in, whether its restricted or unrestricted whatever, it can be seen as just a mental health thing.

Initially, I thought, oh yes send them off base for a couple of months. But that can seem alien, even. Like they're the reason it happened. And I don't like the idea of that. In some way, shape, or form, I feel like the person who assaulted them, like adult should be called or removed from around them because they are obviously the problem. So that person can feel comfortable in their surroundings again.

Willia suggested giving survivors a decompression or healing time like that of convalescent leave because during her assault, the COVID-19 pandemic happened, and she was authorized telework or did not have to be at work at all. She mentioned that the break from the everyday stressors was instrumental in her recovery as a survivor:

I guess just because it worked so well for me, like giving them a long break. If that's what they need, like you know, so that you don't have to go straight back in everything like, collect yourself. And then what I just found so helpful was like my, I thought that the MFLC [military family life counselor] was like lifesaving, you have a free counselor or someone who isn't going to take any notes or diagnosing you with anything or like putting more labels on you.

The participant survivors expressed many great concerns about SAPR programs and resources. Although many participants agreed that SAPR is a needed organization, there needs to be more training to the general military population on handling ambiguous circumstances that occur due to overall mismanagement of how sexual assault disclosures are handled and reported. Within the participants' narratives of experiences, it was found that there was a continuum of behaviors exhibited by people in leadership roles and advocacy roles that affected their outcomes; some situations were blatantly negligent or mismanaged and could have compromised survivors' safety, such as the narratives of Marie and the narrative of Taylor.

Some participants' experiences were handled in a textbook model to how SAPR programs are supposed to work in essence. However, it was noted that regardless of how well the SAPR programs and other resources worked for participants, there were still resources that survivors coveted, such as sexual assault trauma-informed counseling services with individuals and groups that are separate from the mental health clinic, convalescent leave for survivors, creating a sex offender registry list separate from the CATCH program, and creating assignment policies so that survivors and offenders in the same career field are not able to get the same duty station. The problem of sexual assault in the military does not completely lie with SAPR but seems to lie with the broader military community and perceived unwillingness to advocate and the general lack of training in crisis management to help advocate on behalf of survivors in the days, weeks, or months after an assault.

Research Question Responses

What barriers to reporting did women who experienced MST experience or perceived to experience?

Gabby described feeling scared because she was unfamiliar with the reporting processes, which posed a significant barrier to her being able to report her assault, describing the daunting process of reporting within the military justice system to an out-of-body experience. She stated:

I was scared. It was like when it happened like that whole night. I didn't know how to act like I was scared. I felt like my soul had left my body and I was just like, I don't even know. Like how to describe how I was feeling like I didn't know what to do. I really did not know how to go about this [reporting] if it was going to be a different process than just going to the cops as if I was a civilian or whatever.

Hannah described not wanting to report her assault unrestricted due to underage drinking. She had previously had a DUI and was afraid of being kicked out of the military due to leadership finding out about further underage drinking. Eventually, she overcame that fear due to wanting to pursue justice and asserted very frankly how her decision to report unrestricted changed throughout the developments of her case and through her own pursuit to ensure this never happened to anyone else. She said:

Honestly, I think I was just like, if I get kicked out, this will look really bad on the commander, so I don't care anymore. Right, so I was like hey, you know what fuck it like were gunna, were gunna do this. I remember it was my decision right there was I don't want to report it because of the alcohol situation.

Carmen described being new to the military and decided it was best for her to report restricted as, similarly to Hannah, at the apartment where she was assaulted, there were people underage drinking. An additional barrier was that her perpetrator was someone who had an established career and rapport with military leadership, and she felt the likelihood of her being

believed was slim due to the trust and rapport her perpetrator had within her career field. She noted:

In my mind I needed to get the therapy to get the resources I needed, I needed to report. But because there were underage individuals in my home who had been drinking, I was really scared because I was, I was like, 3 months on active duty. This guy was about to start a PhD program and the Air Force was paying for, like I was like, if I came for him, there's no scenario where I come out. So, like, I need it on paper. But I was like, there's no way that I win this fight. I get someone whose so well regarded in the community, like, why would he have any business blowing his life up like that. I don't want that to have to happen to me, like a month into active duty.

Evelyn described feeling like her career opportunities were going to be limited due to her seeking help through mental health services for her assault; her fears of reporting also created fears of entities such as SAPR and mental health thinking that SAPR reports and mental health reports that reflected negatively upon her would follow her career. She said:

I was scared that this would limit my opportunities when it came to deployments or PCS [permanent change of station] or, like other opportunities in my career field, because maybe this would come up somewhere as being an issue. So, I definitely was, I was really scared about that. So, I definitely was really scared about going to start to see the SAPR office or later, eventually, I started seeing mental health for this just because I was really struggling holding that alone. So, I want to talk about it. And every time I had to go to official like an office on base and talk about this, I was terrified that it was going to negatively impact my career.

Marie had the belief surrounding her assault that if she reported it, nothing would ever come of it and the feeling the pressure to not report due to her perpetrator having significant power and influence in her area. She stated:

So yeah, ultimately, like, I just thought that I didn't want to put myself through that of trying to like report it, and filing charges or anything, because like I just, I just convinced myself that like, nothing would ever come of it. And even though I had enough evidence so like, yeah. [...] Okay so the person that assaulted me is our Attorney General son. And so, I don't know, I like convinced myself that like, if I would have reported anything, nothing would happen.

Latrice noted not reporting her assault due to fear of mandatory reporters, she could not even confide in her ex-husband due to him being military police, making him a mandatory reporter and feared telling her leadership due to fear of not being believed. She recalled:

I hadn't told anybody from a leadership even the part I did consciously remember about just the aggression part. I didn't say anything because I was like, well, they're not going to believe me. They're gunna tell me like you probably did this to yourself, or, well, why would you be on Tinder if you're married, and I think that was also my fear. Because I was on a dating app, I was scared that they were going to report me to like the UCMJ for adultery and everything like that, because I didn't have proof that my husband had cheated on me technically speaking.

Taylor expressed not wanting to go through the reporting process and not wanting to draw negative attention to herself and noted that she would have felt ashamed if there was a spotlight on her. Further, she expressed an empathetic tone for her attacker, noting she did not want to ruin her career as well. She said:

I didn't want to mess up anything she [the perpetrator] had going on for her. But also, it was the fear of all eyes on me of knowing what happened, whether it was restricted, unrestricted, I just felt like I don't want that spotlight on me of what happened to me. So I'm pretty sure I would have felt ashamed to have that spotlight on me, because no one ever want to think that things like that can happen to them. And then if it was happiness, like, you know, kind of shock, and I didn't want the attention, I didn't want to ruin it for her. So I felt like, maybe it was my self-esteem at the time feeling like I couldn't speak up about it. But yeah, I thought about reporting it. But I think what flooded me more is the consequences of what would happen if I did.

Willia described being mentally overtaken by not reporting her assault, she noted that she went through a complex process of realizing what happened to her was a sexual assault but took her almost one and a half years for her to report it. She stated:

It was eating me alive on the inside part that is like I have to get, I have to process this, you know. And then just thinking about you know some other girl could be experiencing this right now. Like I want to do everything within my power to prevent that from happening. So, if all I can do is make his life a little miserable with a little family advocacy report, then maybe that's enough.

What is the connection between institutional betrayal, institutional sexism, and institutional trauma, and how it impacts survivors' ability to seek help or make a report?

There is a connection between experiences of institutional betrayal, sexism, and trauma and how it impacts survivors' narratives, support systems, and recovery. From a research perspective, the DoD has noted well-documented instances of institutional betrayal, sexism, and trauma in the RAND reports and the Annual SAPR Reports in 2018, 2021, and 2022. Despite

these repeated occurrences and knowledge of how it affects survivor retention rates within the military service, little has seemed to be done to change the cultural dynamics and rape culture within the military to appropriately punish offenders and adequately support survivors. Some survivors who had supportive leadership noted that they did not experience institutional betrayal, and this lack of experience of institutional betrayal corresponded to greater self-awareness and insight into their sexual assault experience. However, individuals who did experience betrayal, trauma, and sexism reacted to questions surrounding their experience with negative emotional sentiment.

Willa experienced institutional betrayal, but not in the conventional way that one would think. Willa's betrayal happened within the context of reflecting the current SAPR protocols of reporting. Prior to 2021, SAPR programs did not take reports of sexual assault if the survivor and the perpetrator were in a dating relationship. Now, in 2023, SAPR programs can take reports, regardless of relationship status, to the offender and take cases of sexual harassment. However, Willa felt a sense of betrayal in that SAPR was not willing to take on her case and felt like the system was equipped to take care of her; she stated:

The reason I didn't go to SAPR, was I think I tried to do the report restricted. But because of the assault happened within the context of a dating relationship, SAPR actually doesn't take those cases. I had no idea that that was the case. But that's kind of that was, I guess, another institutional instance of like, hold on, wait, like this whole institution is designed to take care of people who've suffered sexual assault and I can't go if it's a dating relationship? And then I definitely felt institutional betrayal in the sense that I didn't feel very taken care of and I felt a little dismissed.

Taylor expressed betrayal by a victim advocate who is bound by military laws and regulations to help all survivors. However, that was not the case when the victim advocate, who happened to be in the same friend group as Taylor and her offender, alerted Taylor's offender of her intent to report, after this betrayal, Taylor never sought help or care for any military agency for her assault. She said:

Because the person that I told we were like, a group like, him, and her, we were a group. So I told him and then he went back and spoke to her. I felt like, betrayed, in a sense, because I told him that in confidence, I didn't want him to go back and tell her because she kept texting me like what happened...But it just it felt like a slap in the face because I felt like that was my trauma. And I shared it with you, I wanted to share it with and for him to just tell her everything that happened and for her to be pissed off and cussing and mad, that that was my experience, it felt like betrayal to me. I can't say that I really sought any help after.

Latrice described previous institutional trauma as a reason for not reporting her assault. Previous leadership had labeled her as a bad airman when circumstances out of her control contributed to an injury in which she was not able to do aspects of her job. The stain of being a liability to her unit, the strained relationship, and lack of trust within her leadership made her fear she would not be believed. She stated:

Beforehand as I had I like kind of like labeled myself because that's what they used to do, but they kind of just labeled me as a bad airman because as soon as I got there, I had issues, I got hurt. I injured my ankle, so I was kind of useless to them because they were like, this girl just got a tech school on, she already not working. They were telling me they were going to get me med boarded if I was going to keep being on my profile and

everything like that. So that kind of set the tone for everything. And the next year after that happened, I had issues with my ex-husband. So we split up and I wasn't doing really great. And that was right before the sexual assault happened. And they were not supportive at all, they were pretty much just telling that I'm the problem that I'm like, I'm the reason why bad like bad shit keeps happening to me.

Marie spoke about leadership who were supportive but inadvertently created a secondary traumatic experience due to their inability and incompetence to navigate the reporting processes properly, even though military members are given annual training on reporting procedures. There was also a sexist connotation to the secondary trauma as she was the first person her leadership had dealt with reporting a sexual assault, but she was also the only female in her unit. As she recounted the moment, she realized her case had been mishandled, and she fought back an intense emotional response to the memory. She noted:

I guess like the biggest thing that happened, I'll probably get emotional talking about it, because I'm telling like a brand-new person, but like, my command, like didn't, like, they were really good about making sure I was taken care of but afterwards, like, so many people were really good about making sure I was taken care of. But afterwards, like so many people found out, like, my restricted report, they said I had to become unrestricted. And like, I even had my like, OIC [Officer in Charge], my major at the time like call me personally and just say like, hey, I'm sorry for what happened to you. Like if you need anything from like, let me know. And then he like said a couple of comments like, didn't probably need to get said to me like, oh like you're, that this is the first person that I've ever had, underneath me that had this happened to. And I don't really know what I can do for you, but I'm here for you. And it just like made me like, me feel like, if I; the first

person, like, you should have not like expressed that to me. And then also like, been able to handle it better, I guess. I don't know.

Evelyn described repeated revictimization by male NCOs whom she saw as mentors and felt safe in confiding in them about her previous assaults. She expressed frustration with not being able to trust men and must be cautious at work in whom she confides in for fear of repeat victimizations. She said:

Like every time this has happened, for the incident in tech school, I told him that day about my old boyfriend, when it was that NCO at my unit. I told him about the incident in tech school when I was in Alaska on my TDY, why I had told that NCO like hey, some of these guy in this group, I'm feeling a little uncomfortable. I just want to head home like I just I'm gunna I'm gunna head home now. And like, let's go home. So every time this has happened, it's always been at the hands of a man that I put trust in that I put faith in, and that is so heartbreaking to me because it's like I was doing what I was supposed to be doing.

Hannah described institutional betrayal within her chain of command and betrayal of the military justice system due to her offender not seeing any punishment despite knowledge that he had previously assaulted someone else and during the investigation process, Hannah's friends and coworkers were called to be interviewed by OSI to give character statements about Hannah, seemingly trying to find evidence that she was making a false statement. She said:

It went down to the commander for his commander to see if he would get in trouble. I don't think anything happened. Even though it was like the second time someone raised questions about him in you know, and that's so unfortunate. I remember like when he [OSI investigator] was calling [name redacted] and like, calling all these people for like,

character stuff about me. Like the way that [name redacted] told me, like they were questioning me made it sound like I was like, I'm like faking. And she was actually like getting like really offended because obviously she knows I wasn't faking.

Gabby attested that due to the negligence of OSI, she felt betrayed because they waited so long to tell her to go to a civilian court and waited until hardly even evidentiary support was viable for her case, leaving her with little options to seek justice, she stated:

It kind of feels like a slap in the face for them to drag their feet for so long. It was just like my trust went out the window for anybody, and it just was like that for a long time. And just after the after, you know a month or whatever. So but it was very hard because you know, I just thought of, I couldn't, like my trust for any men just went out the window. Even if they were just genuinely being nice, hold the door open, whatever. It was I just know like, nothing you could do to made me feel like anything secure.

Carmen expressed that how she experienced institutional betrayal is different from those who made unrestricted reports in that she noted she had to be extremely cautious in not disclosing her assault to people that she worked with and nothing that it was a danger to her physical safety, and her military career if her assault was ever found out by others in her chain of command due to her offender presenting as a favorable person who is well-liked in her unit she said, "I felt maybe institutional betrayal from like a criminal idea of like, wow, I really have to like be careful with myself, because its not safe for me to be unrestricted."

Institutional trauma, sexism, and betrayal often layer one another when it comes to sexual assault survivors. Betrayals are often seen in covert ways, such as in weaponized incompetence, such as the cases with Gabby and Marie in which military leaders and organizations did not know how to help survivors, nor did they investigate in a timely fashion. Or betrayals can be

seen as overt in the ways in which organizations try to place blame on survivors or brand survivors in such a way that they feel that they will not be believed, such as the cases with Hannah and Latrice. Regardless of whether the betrayal was overt or covert, all survivors, in hindsight, remember those betrayals, and it becomes part of the bigger picture of how the military structures and institutions let them down and betrayed their trust to a certain degree. Considering that women exit the military at higher rates than men and assault survivors leave voluntarily or involuntarily within 2 years of being assaulted, the next section discusses why survivors continue their military service despite the hardships, betrayal, and mental anguish they have experienced.

Why do you continue to serve, given your traumatic experience?

Often in the military, members are asked repeatedly why they joined their respective branch of service. Generally, most military members give answers that vary from the philosophical deep meaning of wanting to be a part of something bigger, wanting to sacrifice themselves for service to the country, or often having a family history of service. Many reasons are to escape socioeconomic hardship, to gain educational benefits, and to travel the world. However, it is rarely asked why someone continues their service, considering the hardships that many military members face. No one ever asks survivors of MST why they continue to serve after experiencing a devastating traumatic experience that often severely impacts their overall quality of life and, according to some research, impacts it more than that of combat trauma.

Gabby, who experienced a sexual assault and encountered many difficulties with reporting, to the point where military officials waited so long to contact her that the civilian police and court system would not take her case, was asked why she continues to serve despite this institutional betrayal and a disservice to her; she stated:

Because I know that there's better things in life to look forward to accomplishing and there's things that you have goals and I think that I don't want that episode of my life to stop me from my career to stop me from doing what I want to do. And it's, you know, there been, I think you know there are people that care, there are people that go out of their way to make sure that I'm okay. [...] And I don't want other people to control the way I think about what I wanted to do with my life. Because other than that I've loved being in the uniform and serving and everything.

Hannah spoke about how her mindset has changed since after her MST event to current day, and spoke about how although what happened to her was devastating and traumatic, it is not everything and she is seizing opportunities within the military to continue her forward trajectory:

I feel that if you were to ask me that maybe like a year ago, I would have been like, I don't want to be in like I want to get out. [...]but like coming here [expedited transfer to an east coast base] being at a good place, and then like I'm married now. I have bought a house like I kinda of realized, like, oh, its stable, and I can really get a lot out of this. I'm planning to cross train into medical next year because that's when my window opens. So, I guess I just kinda of got past that and was like that's not everything, like there are a lot more, even though it does suck. But that was a like really big mental thing for me to get over was that that's not everything so I just look past that and just like the stability and like the growth you can get from it, I guess.

Carmen frankly discussed not allowing her perpetrator to have power over her in determining her career trajectory despite still working with him at her military installation due to her restricted report. She said, "Yeah, there was a very much a feeling of, I'm not gunna let him win, per se, like there's a very much like F-you to it as well."

Evelyn asserted that she still loves the military and the Air Force and the opportunities she's been given, despite her experiences, and still services to make a difference for other with what she has experienced with MST. She stated:

I still love this military and this Air Force, and I still love the people I serve with for the most part. I still love the opportunities I get. And I know of try to keep that balance of, it may not be able to change the whole system or the whole military. But I can make a difference in the sense where if I have a female airman or even a female coworker who can't or I mean no male coworker if I have a troop or someone who comes to me and says, hey this happened to me, I know that I've experience to say okay, here are your options.

Marie, like other participants, did not want one negative experience to determine her entire military career by stating, "I just feel like one situation, or one instance shouldn't like, determine how it goes for the rest of my military career. And so I don't want one thing happening to like, affect everything."

Latrice wanted to separate due to insufficient support from her leadership and lack of other support systems. However, she stuck it out until her contract ended, and motherhood played a role in that decision. She noted:

I just felt like I was stuck, because my leadership was treating me like crap, I used to always say, because my husband and I were mil to mil, I used to tell him, like if I, if we have like a baby, I'm gunna get out, you can stay in. [...]

She continued to speak about her decision to continue until the end of her enlistment and stated:

It wasn't even about doing the time and getting out and literally just felt like I was almost like in prison. And like I just was stuck and I had no other option but to keep showing up and doing what I had to do because like, if I didn't well, then you know...I just didn't see any other options as far as getting out. Honestly, I was in such a dark place back then. There were many times where I just wish like I wouldn't even like wake up the next day. And so to me, it was just like, well either I live this nightmare every single day, or I don't know, maybe one day, I'll just do something to myself on something will happen, something will happen to myself. And that's just the mentality I had back then. And so when I found out I was pregnant, it's like my whole my whole life changed. And I was like, okay, well, now I have a purpose. Now I have a reason to live and do all these things. And like that feeling of just wanting to not be here anymore, just went away. And it stayed away.

Taylor answered very matter of fact that she felt that the Air Force was not to blame from her MST, but it was human factors that contributed to her traumatic experience. She said:

I never blamed the Air Force for it happening. For me, the Air Force was just a bystander. I didn't have any ill will towards the military. I didn't blame anybody, the person that did it. So, for me it was a no brainer. Also like I've been, I was single, like no kids, nothing. So, for me, it was like, this is my career.

Willia described situational circumstances that allowed her to continue getting care and allowed her to continue to serve without much afterthought while dealing with her MST experiences by saying:

I got lucky with COVID, honestly. Because it forced me to quarantine at home with my family and have free time. Then after my commissioning, there was a 60 day leave

period. Then I went to graduate school, which is, you know, separate from the military. So, I had a break from the institution for like 2 years. I do think I have been forced, I've told people, if I had been forced to show up, immediately after another assigned, I might have gone crazy, like I probably would have had a slip a break for mental health reasons...I'm stubborn, I was attached to like, this is my, this is my goals, this is what I want to do. I'm going to do this, like if I, you know dropped dead trying another house. I think that what go me through and what, you know, helps me stick around is like, I can't let one guy ruin my career.

Diary Prompt Responses

Navigating Continuum Behaviors as Survivors

Survivors who still serve within the armed forces face unique challenges in that they are often confronted with triggering continuum behaviors that, prior to their assault, may have been deflected and not as noticeable to them. Now that they are on the other side of victimhood, continuum behaviors may often be tough to navigate within a system that seems resistant to change. Within the diary prompts, the researcher asked survivors: **Why do you continue to serve the military, and how do you navigate environments that enable a continuum of harmful behaviors after your experience of assault?**

Gabby

I continue to serve the military because I do not want to let a person that destroyed me for a short period of my life determine the outcome of my future. I had reasons as to why I wanted to serve, and I wanted to be strong enough to stand up for myself and continue to wear the uniform every day. I wanted to let others know that there are people who care and it is not the end of the world, that you will get through what you are going through.

Carmen

I continue to serve because this is what I am called to do, and I will not allow someone else to take that away from me. His reckless, selfish action has already taken so much from me, and I will not let it define my military career. If I see an environment that is unsafe, I shut it down. My relationship with alcohol has shifted, I do not become drunk unless I am with my spouse, and we have talked about it ahead of time. I foster environments where there are safe spaces for everyone.

Hannah

At first, I continued to serve because I still had how long on my contract and couldn't just quit. Now I continue because I have gotten the help I need and realize that just because this one bad thing happened to me, I'm not going to let it define the rest of my time in the Air Force. I'm, doing my very best to separate the two things. Honestly, I haven't heard or seen many things that enable harmful behaviors. I've heard a couple of things that are off the wall like jokes, and I should have said something to the person, but didn't.

Evelyn

I continue to serve because I refuse to let anyone have that much power over me again. I refuse to give up on my hopes, dreams and goals when the person who did this is allowed to go through life like nothing happened. I'm not naive enough to believe that I can single handedly make a difference, but if I can prevent this from happening to other airmen or support them should something happen then it would be worth it. I can't change the Air Force but maybe I can change one airman's experience.

Willa

I guess I didn't blame my assault on the military entirely, so I still wanted to serve because of all the good reasons I wanted to serve in the first place. I was just starting my career and had a fresh start with a new assignment coming up, so I had that to look forward to. I definitely see cultural features which foster a culture conducive to harmful behaviors as more problematic now that I know first-hand the impact they can have. I am less afraid to speak up about it, though probably still not as confident as I could be. I am more cautious to not put myself in situations where I am alone with another man, especially if there is a power imbalance. I also try to conduct myself as a leader who does not tolerate disrespect upfront to do some intangible good.

Responses to the theme of continued service and navigating the continuum seem to come from a place of empowerment in which most participants noted that telling their stories has empowered them to be able to speak out when continuum behaviors are going on around them. However, it is not upon survivors to be the political speaker box of public safety and advocacy. The military community at large is responsible for keeping people safe, and although empowering survivors to tell their stories, the military community must be mindful of the traumatic exhaustion that survivors can feel for having to be the poster children of sexual assault advocacy while offenders often bear no responsibility within the part that they play in the continuation of sexual violence within the military.

Perceived Closure

Participants were asked about closure after their investigation processes, or any processing of reports that were made. It is important to understand if survivors got a sense of justice in terms of reporting or going through the legal process within the military to gain an

understanding of the participants' awareness of legal and structural proceedings that enabled the success or failure of prosecuting military offenders and to determine further justice system barriers. The researcher asked: **After your investigation or report was concluded, how did you continue to move forward, and was there any closure associated with reporting or the conclusion of the investigative process?**

Gabby

The one thing that blew my mind during this process was the investigation and the result. I had waited for 6 months and got told to go talk to civilian authorities. Now what? I had no evidence no proof nothing to back up my situation. I thought, 'why would I need that though?' with something so strong to fight for and to open a case. I came to find out that there was nothing they could do with the information I had and I had to accept it. It took a long time to accept it just because something as brutal as what had happened made me wonder why wasn't anything able to be done? I fought for months coming up with ideas and ways to get my justice. As I learned nothing could be done, I realized that was that and had to move forward knowing the truth myself and the ones that supported me and lifted me up. It was not easy moving forward from that but I knew It had to be done.

Carmen

I was able to receive therapy after filing my restricted report which helped tremendously. I blacked out during the assault and the therapy helped me to remember enough to feel closure and regain trust in myself. After the assailant returned to our shared career field, I was able to receive more counseling that helped me work through fears of targeting and dealing with them virtually in a somewhat consistent basis. I reached out to the SAPR office to receive assistance/guidance on how to ensure I don't get stationed with this

individual and to transfer my case file but was shuffled around and never received assistance from the office.

Hannah

There was no closure associated with the conclusion of the investigation process. No one was punished, and I was left walking around constantly worried I could run into him. Moving forward from that, I very much dissociated with the fact that it happened and tried my hardest to keep it down and not think of it at all. That was very hard though because it kept popping up every here and there. I was easily triggered, and it was hard to deal with at times.

Evelyn

I made a restricted report about 6 months after my assault. I knew there wasn't much the system could do for me at that point, especially because the perpetrator was a civilian who was no longer employed with the air force. I moved forward by getting the help I needed with the assistance of my support system. I relied on my friends a lot and eventually started seeing mental health, which has been a huge help in my healing process. I had closure in the sense that I felt like I could end that chapter of my life and finally move forward.

Willa

I wanted to make a restricted report, but SAPR told me I could not since it was in a dating relationship, and they directed me to family advocacy. I did go to family advocacy for emotional abuse in the relationship, but I did not tell them about the assault since there was not "CATCH" program equivalent there. A board voted that my case for emotional abuse "did not meet criteria" despite the amount of evidence I had in the form of

messages, so I did not get a lot of closure from that. However, I felt like I had done everything I could within my power. For me, working through forgiveness (after mourning and processing of course) was key to moving forward. I do not do well dwelling in anger, and finding a way to forgive helped me to move forward with healing and purpose instead of bitterness and self-pity.

Within participant diary prompts, rarely was any real legal justice ever presented. Closure for survivors often, again, does not lie within the military justice system but relies on the mental fortitude, willpower, and perseverance of women who refuse to let sexual assault overpower them and run their lives. Military justice is time-consuming and emotionally draining, and many survivors do not see their offenders criminally punished or militarily reprimanded. The next logical step for survivors is self-preservation in that they turn to mental health resources, peers, family, and friends to help bring a certain type of emotional closure that the survivor is in control of, thus letting them take control of the narrative and not succumbing to victimhood.

What Does Survivorship Mean to You?

Gabby

I think survivorship means being able to explain to others what you went through and being brave to share about your thoughts on SAPR. Someone will always be a victim, the trauma that is faced will always be something that is a part of them, I think being able to voice your thoughts and becoming the better version of yourself from before the experience shows that you can outcome from what happened.

Carmen

I really struggle with the label's victim and survivor, mostly because I wish it had never happened and I didn't need them. Survivorship for me is walking the line of helping

others and helping myself, knowing that I have made it through some of the darkest days of my life and that unfortunately those days are still coming for some of my sisters. I am a silent warrior who can't reveal their mission but is diligently watching for signs that someone is in distress, that the unspeakable has happened and that I have this unasked for duty to show them it is survivable. Survivorship for me looks like living every day to the fullest, to shine as brightly as I can to tell the world I was not snuffed out.

Hannah

Survivorship to me is when someone has accepted that it has happened to them and decides not to let it define them for the rest of their time despite having been victimized. They acknowledge that it happened, and they can still grieve that it happened because that is never going to go away. When thinking about where I began when I started CPT to now finishing it, I've realized I have made so much progress within myself. Even though I still have tough days, I am better at guiding myself through it. So I think that is a big sign that I have overcome this trauma in my life to the best of my ability, and I am a survivor.

Evelyn

For me survivorship is being able to move past what happened to me. I'm at a point now where I no longer feel guilt or shame when I think about what happened, and I am able to tell people my story. I use my experiences to try and help others who may find themselves in a similar situation. I've grown a lot since my assault, I'm much more secure in myself as a person and I am much less willing to tolerate any sort of inappropriate or predatory behavior. I know recovery is never linear, and I definitely still

have bad days, but I don't let the people who hurt me have any sort of power over me and I try my best to keep moving forward.

Latrice

Showing up every single day despite the challenges that come from waking up in my body that was violated. I'm honestly not sure where I stand just yet, so I don't have very much to say. I feel as if I toggle back and forth between victimhood and survivorship a lot.

Willa

To me, survivorship is accepting the reality that I got through that, and even more, I got stronger in the recovery. It may have been a terrible injustice, but it does not have to define me. I learned to fight the lies that I had believed about myself with the truth of my inherent value. And for me, I know I felt the last hold of victimhood fall off when I was able to extend the grace that God gives to me to my perpetrator. Though I was clear that what he did was wrong, and I would speak against him if I had evidence, I no longer had to walk around keeping him in the courtroom of my heart, living to prove him wrong. I know for everyone, the journey looks different, but for me, this lesson in forgiveness gave me new meaning to freedom and a lesson to take into other injustices I might face.

When speaking with victims about survivorship, there seemed to be an empowering tone to the conversation. Participants often had to persevere through this trauma and other institutional adversities primarily because they were given no other options. However, most survivors interpreted that remaining a victim was not an option for them, and many have worked through what had happened to them through therapy or through other means of self-care. What it means to be a survivor and living in survivorship is often faced with complex emotions that are

often conflicting. Survivors still yearn for justice; however, they have decided for themselves that lack of justice would not be what defined their military careers.

Summary

Described within this chapter were the central themes surrounding eight sexual assault survivor narratives in which six themes were developed from three research questions that were answered surrounding sexual assault experiences of betrayal, continuation of service, and barriers to reporting. Additionally, three subordinate themes emerged in which survivors answered questions via diary prompts about 1) The Meaning of Survivorship, 2) Perceived Closure, and 3) Navigating Continuum Behaviors as Survivors. These central and subordinate themes detailed the stories of survivors and how they navigated the military justice system and reporting authorities during a turbulent time in the military in which sexual assault is highlighted after women have been violently killed and congressional authorities within the DoD are desperately trying to understand why, despite their many reforms, this continues to happen.

Chapter Five: Conclusion

Overview

The dissertation sought to answer three research questions: *(1) What barriers to reporting did women who experienced MST experience or perceive to experience? (2) What is the connection between institutional betrayal, institutional sexism, and institutional trauma, and how it impacts survivors' ability to seek help or make a report? And, (3) Why do you continue to serve given your traumatic experience?* The primary development of this research study involves a literature review examining masculine military culture, past sexual assault scandals, current programs and reforms, and tracking DoD and RAND data. Additionally, the study uses a feminist theoretical framework to examine RMA, institutional betrayal, institutional sexism, health, and risk factors to service women, and perceived barriers to reporting.

IPA was used to design and conduct research protocols. During the analysis of interviews, the research conducted video-recorded interviews with eight self-report active-duty military members from two different service branches who experienced a sexual assault while on active duty or while in an active-duty status within the last 5 years, but not earlier than 1 year prior. Additionally, the researcher collected subsequent diary prompts from participants, allowing for a more profound reflection of meaning and insight. From the interviews and subsequent diary prompts, six central themes emerged: (1) Motivation for joining, (2) Pre-assault experiences with sexism and gender-based violence, (3) Post-assault reporting and barriers, (4) Perceived support, retaliation, and reprisal within military systems, (5) Interpersonal coping and healing, and (6) Hope for the future of survivors. Additionally, three subordinate themes emerged regarding service members' experiences such as: (1) Navigating continuum behaviors as survivors, (2) Perceived closure, and (3) The meaning of survivorship. The central themes and

subordinate themes were described and endorsed by participant narratives in chapter four, results section. Limitations, delimitations, clinical implications, and ideas for future research were also discussed and provided.

Prior to this study, the primary method of collecting data on sexual assault survivors within the DoD was primarily anonymous surveys that were quantitative in nature or through annual report data from Annual SAPR reports and from RAND corporation studies. None of the data articulates firsthand experiences of military members who experience sexual assault. The study aims to examine female active-duty members' experience of reporting sexual assault and sexual violence while serving in the military. Also examined were their experiences with institutional trauma, institutional betrayal, and institutional sexism were reviewed and assessed to determine how those factors played a role in reporting their assaults and why they continue to serve despite their experiences.

Summary of Findings

Within the study, several themes emerged, and all themes intertwined into the results of the research questions being examined throughout the study. The primary reasons for survivors to have barriers to reporting were a combination of fear, confusion, perception of negativity associated with making unrestricted SAPR reports, fear of not being believed, and organizational issues within advocacy and leadership entities. Five of the eight participants had barriers created through organizational issues in which military leadership, investigative agencies, and advocacy agencies contributed to the overall decline of survivors' mental health and an overall degradation of trust within those organizations. Of those five participants who had organizational and advocacy discrepancies that presented barriers to justice and barriers to reporting, only one participant mentioned a favorable outcome.

Survivors were often intimidated by the reporting process due to the consequences it could have on their military careers. They tried to avoid or avoided completely any negative attention that SAPR reports could bring to them, or barriers were created that prevented them from reporting. Two individuals who wanted to make restricted reports had unfavorable outcomes heavily associated with institutional abandonment and reprisal for advocacy organizations. Additionally, two survivors feared collateral misconduct, in which an illegal act happened during the victim's assault. Two participants noted that underage alcohol use was involved in their cases; one participant remained restricted, and the other went unrestricted.

Overall, it was discovered that military socio-cultural and career implications were the primary reasons participants were hesitant to report. However, the advocacy entities and organizational leadership handling were more indicative of external factors that participants could not foresee prior to trying to report an assault and is indicative that not only are survivors afraid of the social stigma of reporting, but they also must be cautious of the organizational missteps that can lead to adverse outcomes within reporting.

When examining the connection between institutional betrayal, institutional sexism, and institutional trauma, and how it impacts survivors, it is essential to note that most survivors experienced institutional betrayal or institutional trauma after becoming motivated to make a restricted or unrestricted report. Instances of institutional betrayal were often found when making initial reports to advocacy agencies. Three participants noted that when they went to make reports, they were dismissed by advocacy agencies, or those agencies were not able to adequately support that survivor due to a lack of personnel and resources. Included within inadequate support was a blatant negligence of one participant in which her victim advocate informed her perpetrator of her intent to file a report that could have placed her life in danger.

Other factors that affected participants' ability to seek help or make a report were the institutional barriers within the military to seeking mental health help. One participant experienced institutional betrayal when she was taken away from her flying duties because she sought help from mental health due to her sexual assault. One participant also experienced institutional sexism as a barrier to reporting, as her command had already stereotyped her and considered her unable to do their current mission, which created institutional distrust in wanting to make an unrestricted report.

Participants are aware of the probability of institutional trauma, institutional sexism, and institutional betrayal; however, it is not until they start making reports that they can recognize issues with reporting processes. Institutional trauma, institutional betrayal, and institutional sexism layer upon one another, creating distrust in the military system, which is congruent with quantitative data associated with official reports within the military justice system. However, at some point prior to making reports, survivors trusted that the military would take care of them. However, they were met with discontent, a lack of resources, and a lack of competency, leading to widespread mistrust.

The participants' reasoning for continued military service was met with an overall positive and empowering association that was not expected given the topic of the study. Participants arguably noted that they continued to stay on active duty because they felt that if they let the trauma they faced consume them, they would never find their way to survivorship. The women in the interview displayed pride in their military duties. They expressed no ill will towards their current jobs, the people they work with, or any general disdain for military service. The most impressive part of the participants' narratives was that they all wanted to be the person they needed if someone else went through a sexual assault. Several participants described

wanting to make a difference in how MST is handled in the future. The participants who were due to separate described further negative experiences with military leadership that provoked them to separate from military service. However, they did not say that their sexual assaults were factors in their separation.

All participants spoke about removing their narrative and power from perpetrators who will likely never see justice. Participants articulated that they did not want this event to control their lives more than it already has, and they mostly did not see themselves as victims. However, as survivors, as many have moved past their experiences, although still affected by it, now they are better emotionally and mentally. All participants mentioned growing confidence from their experiences to speak up when they hear or see continuum behaviors, something they most likely would not have done prior to their experience.

Discussion

The researcher aimed to determine the connections of several theoretical frameworks to the research questions being answered within the study. When reviewing the data collected and the theoretical frameworks mentioned throughout chapter two, there were connections to almost every theoretical framework discussed besides that of minority stress theory regarding how it relates to racial minorities who experience sexual assault. Several findings and their correspondents to the frameworks will be mentioned, along with the descriptive narratives that provide evidentiary support for those theories and how the research questions confirm, or rebuke connections based on current qualitative data that supports those theories.

It is essential to know that throughout the study, the researcher refers to the masculine warrior paradigm, which is the basis of military indoctrination that values masculine traits of behaviors that enable social and systemic structures that enable specific emotional responses to

traumatic events (Do & Sameuls, 2021). This paradigm of prioritizing masculine behaviors and systems could be partly to blame for victims who compartmentalize emotional responses and delay care post-sexual assault and their psychophysiological reactions to trauma. The masculine warrior paradigm of indoctrination, coupled with institutional betrayal, institutional trauma, and institutional sexism, connects survivors based on responses from masculinized systems not built to protect them.

Connection between Institutional Betrayal, Trauma, and Sexism

Within military systems, when there is a lack of response or lack of appropriate response time to victims' sexual assaults, or when offenders have no consequences, this can be considered an institutional betrayal and further creates a more significant secondary trauma response known as institutional trauma (Goldsmith et al., 2012; Monteith et al., 2022). Within the study, participants explored their institutional betrayals, and it was found that the two participants who had more emotional responses to interview questions about their sexual assaults had negligent and harmful experiences with institutional betrayal.

Marie experienced an institutional betrayal that she had reframed that her leadership was trying to help her in the best way they knew how; however, because her leadership disclosed her sexual assault to so many official entities, by the time she was able to report it to a SARC, she was notified that her option to report restricted had been stripped away to do so many official entities that knew about her assault. Additionally, her leadership displayed their inefficiencies with reporting processes when her OIC disclosed that he had never had to help someone report a sexual assault and admitted that he did not know how to help but wanted to do the best he could, despite being formally trained every year like all military members across the DoD.

Similarly, Taylor experienced an institutional betrayal when her friend, a victim advocate, disclosed her intent to make a report to her perpetrator. When Taylor described this act of betrayal, she became silent as if in deep reflection and remembered that she never tried to report her assault again due to similar fears of retaliation or that advocacy organizations would not help her. Taylor admitted that she never sought mental health counseling due to this abuse of authority.

Further, institutional sexism plays its part in several participants' narratives. The military has a deeply held belief in gender binaries, and sexism becomes a contributing factor to the differential treatment of women who do not fit the social model of a military woman and the indoctrinated institutionalized woman. Young and Nauta (2013) asserted that gender binaries and gendered cultural norms within the military dictated how women were treated. If women do not conform to masculinized military culture and exist outside the spectrum of what is deemed appropriate femininity, they are often labeled as problematic or threats to unit cohesion and good order.

Latrice noted that institutional sexism played a role in her not reporting her sexual assault due to several factors: (1) she was a new airman to her unit and due to an injury, could not perform tasks at her job. Her leadership created the dynamic that she was just another woman not ready to do the work needed for the mission, (2) the perception that she was lazy did not give her faith that her leadership would believe her due to her already going through a divorce, (3) she noted her leadership believed that she was problematic. She stated that her divorce was her fault and that she is the reason bad things happen to her. Not only did her unit already make gender stereotyping assumptions about her, but they also blamed her for her failed marriage despite her having proof of her husband's infidelity prior to her assault.

Further, all participants experienced some form of institutional sexism, whether hegemonic or benevolent. Most of the sexism experienced in their day-to-day interactions fell along the continuum of harmful behaviors, such as Marie being in an environment where sexist jokes, crude comments, and other inappropriate conversations were tolerated and normalized, like the concept of objectification theory. Objectivation theory noted that women who live in cultures or systems that routinely objectify women often have reduced awareness of physical and emotional safety (Carr et al., 2015). In return for repeated exposure to environmental safety risks, women often experience significant traumatic response symptoms.

Evelyn described being repeatedly victimized after the first assault she experienced by two other NCOs within her unit whom she had emotionally felt safe around. However, she used her vulnerability to create a false emotional connection, which led to mistrust between two individuals who happened to be authority figures. Evelyn's experience of revictimization had a profound impact on her ability to trust.

Barriers to Reporting

The first research question sought to determine what barriers to reporting survivors perceived throughout their sexual assault experience. The themes presented represented narratives that corroborate those barriers to reporting often came from leadership, advocacy entities, and mandated reporters who mismanaged and inefficiently managed the sensitive timelines associated with reporting sexual assault. The study's finding contradicts the literature that retaliation and reprisal are often at the hands of perpetrators or allies of perpetrators (Farris et al., 2021). Participants essentially had to weigh the consequences of the career repercussions of reporting and how it would impact them in the long term. Carmen noted that due to these barriers, she opted to make a restricted report because her perpetrator was an affluent, influential,

well-respected member of her career field and a higher-ranking individual. Her offender's influence also made her think of the potential long-term career impact if she made an unrestricted report.

Military justice systems often utilize non-relevant survivor information that can have a lasting impact on the institutional betrayal and trauma survivors experience and can also disadvantage survivors seeking justice (Dardis et al., 2018). Hannah recalled OSI interviewing her peers and friends, asking specific questions about her character, and asking questions regarding a previous incident in which she got a DUI in which she was administratively punished. However, she had no bearing on her immediate sexual assault case and recalled that the accused never had friends or other peers interviewed about his character to her knowledge. Within Hannah's case, commanders who, prior to the changes at the end of 2021, were able to preside over sexual assault cases had the accused commander precede over her case, and it was a detriment as her perpetrator was never punished.

Additionally, Dardis et al. (2018) described unethical proximity to offenders without punishments for the perpetrators, often allowing for the continued traumatization of victims, as in the cases of Hannah and Carmen. Hanna described after being informed that her accuser would not be charged that, he could still be around her and be in her workspace once the order of protection was lifted. Carmen described a similar situation, however, within a restricted report capacity. Carmen asserted that she and her accuser work in the same career field and the same workspace and that she had to be cautious in not accidentally disclosing reasons why she cannot work in proximity to her perpetrator, for fear of initiating a mandatory reporting that would out her perpetrator and potentially have long-lasting career impact.

When military institutions place obstacles for survivors to report their assaults, it often creates shattered belief in systems that are supposed to protect survivors. Survivors noted that the primary perceived barrier was the career impact that a sexual assault had on their career paths and the difficulty in utilizing military resources to make reports. Roadblocks to reporting were often met with frustration and disappointment due to lack of timeliness efforts on leadership, lack of timeliness or lack of knowledge on reporting for mandated reporters, or lack of support from advocacy entities.

Continued Military Service

Women often leave the military within 28 months of experiencing a sexual assault (Morral et al., 2021). Contrary to the quantitative research that examines the rates of military member separation after sexual assault, within this study, only two participants were separating from military service; when asked about their reasons for separating, participants cited wanting to have a more stable work-life balance and cited wanting to be more present parents in their children's lives, which they felt would not be possible in the armed forces.

Moreover, all participants besides the two that were separating noted that they would continue their military service because they felt empowered to do so and did not want to let sexual assault or the perpetrators have power on the trajectory of their military careers. No participants expressed hate or anguish and no real blame for the military's involvement in their sexual assault reporting. However, they want improvements that mitigate their issues and are now empowered to advocate for other survivors.

Implications

Military women experience unique stressors and specific traumas that need to be further understood so that clinicians wishing to work with these populations have the clinical

background to provide the most comprehensive, culturally competent care to active-duty service members. When working with servicewomen who experience these types of traumas, it is crucial to understand the language of the military, customs, courtesies, and expectations of those military members within their respective branches. Additionally, cultural competency also entails knowing that military culture is rank based. Although participants' experiences were similar, women who were junior officers had different institutional experiences than those of women who were enlisted. Further, clinicians should be aware that most participants in this study who remain on active duty do not associate all negativity with their military experience but see the military as a factor in how their experience was handled.

Delimitations and Limitations

Given the sensitive nature of MSA, it was challenging to find active-duty women willing to tell their stories to other active-duty women due to confidentiality, fears of safety, and putting their trust in another military member. However, the participants who agreed to tell their stories were often motivated by creating empathy, change, and a more inclusive environment for women to thrive within their military services. Additionally, the biggest setback within academic research surrounding active-duty sexual assault survivors is that women who have reported their sexual assaults through formal channels such as the DoD SAPR programs are considered a protected class, and research on those individuals is highly regulated. Within trying to advertise through official programs within the military (SAPR program, First Sergeants Associations, Public Affairs offices), the researcher was informed of DoD regulations that prevented the use of non-DOD contracted researchers from acquiring participants through official military resources due to federal regulations according to the Headquarters of the Air Force Lead SAPR Researcher. The researcher instead used self-report measures, social media recruitment, and

snowball sampling to acquire self-reported military members and sexual assault survivors to participate in the study.

Additionally, due to the recruitment method heavily relying on social media platforms and social media groups, there needed to be more confidence in obtaining ideal candidates even though they fill out information that perpetuates otherwise in the pre-screening survey. One individual who passed the screening survey and seemed eager to participate was a cisgender male, and the interview was terminated. Additionally, the researcher had several transgender women reach out wanting to participate in the study, which for future research should be an area that is studied due to unique circumstances, policies, and procedures within the military that affect transgender members.

Further, the subject matter and population made it difficult to obtain completed study requirements post-interview. Several participants would complete the interview, but receiving the diary prompts back and attending the focus groups seemed a more significant challenge and causal to participants possibly being emotionally provoked by either the interviews or questions associated with MST or scheduling issues due to military and familial obligations.

Last, focus groups were eliminated from the study due to the difficulty in participant continuation due to military service obligations. Two participants were set to deploy within weeks of the scheduled focus groups, and two other participants were going to be on TDY in another state, completing a military exercise in which they would not have internet or phones. Additionally, the focus group was canceled because it was found that due to the sensitive information, the researcher could not guarantee the confidentiality or complete anonymity of participants if conducting a focus group. The researcher and chair believe the complete cancellation of the focus group was best regarding participant safety.

Recommendations for Future Research

First, the study has many limitations, and the researcher recommends that the same study be replicated with a broader assault experience range. For example, instead of participants having to be assaulted within 5 years, but not earlier than 1 year, the researcher should expand that research to 10 years. The reason is that the researcher may get a greater depth and diverse group of willing participants to participate and tell their stories. Many potential participants have sexual assault experiences after the 5-year cut-off period. Additionally, future research should include members who are guard or reserve components and survivors who have had no more than 6 months of separation from active-duty service.

Second, another area for future study would be extensive qualitative research surrounding racial minorities and transgender individuals. A better understanding of minority stress and how it relates to racial and sexual minorities is paramount, considering that 25% of current participants in this study identify as people of color. In addition to learning about how minority stress affects outcomes within sexual assault, there could be future examinations about how systemically racist and homophobic military health policies and military regulations affect treatment and access to resources for gender and sexual minorities who experience sexual assault.

Third, future research should include qualitative analysis of leadership, mandated reports, and victim advocates on how well different commands effectively manage crisis intervention for survivors' post-assault. The result of this current study supports the idea that leadership, advocates, and other mandated reporters often play a pivotal role in resource awareness for survivors and play a role in providing survivors with adequate care and services that could

potentially increase positive coping mechanisms, reduce traumatic responses, decrease institutional betrayal, and decrease secondary trauma by institutions.

Fourth, another area of concern is the trajectory of offenders. Limited qualitative studies examine military sex offenders and their ability to re-offend in the future. According to previous research in the literature review, recruits who screened high for RMA were likely to offend within 2 years of being in the military. More studies should examine perpetrators, RMA, violence against women, and perceived awareness of wrongdoing by offenders. Studies need to examine offender patterns of behavior, reasons for joining the military, and the ability to discern right from wrong to have a more well-rounded understanding of MSA crimes.

Finally, studies should be conducted with SAPR programs implementing a sexual assault support group. It was suggested through participants that SAPR programs should have dedicated MFLC counselors who are sexual assault and trauma-informed to see if involvement with trauma-informed clinicians decreases the likelihood of depressive symptoms and PTSD symptoms and reduces overall psychophysiological reactions to trauma.

Summary

This dissertation aimed to explore three research questions: *(1) What barriers to reporting did women who experienced MST experience or perceive to experience? (2) What is the connection between institutional betrayal, institutional sexism, and institutional trauma, and how it impacts survivors' ability to seek help or make a report? And, (3) Why do you continue to service given your traumatic experience?* The study involved developing a literature review encompassing masculine military paradigms, feminist theory, and betrayal trauma concepts that were integrative to the study surrounding MSA. A phenomenological study was conducted using

a qualitative coding design in which interviews were analyzed from eight participants who were self-reported active-duty military members.

Within the study, primary themes emerged: (1) Motivation for joining, (2) Pre-assault experiences with sexism and gender-based violence, (3) Post-assault reporting and barriers, (4) Perceived support, retaliation, and reprisal within military systems, (5) Interpersonal coping and healing, and (6) Hope for the future of survivors. Additionally, three subordinate themes emerged regarding service members' experiences such as: (1) Navigating continuum behaviors as survivors, (2) Perceived closure, and (3) The meaning of survivorship. These themes were discussed using participant narratives and summarizing the eight participants' overall breadth and depth of experiences. Limitations, implications, and areas of further study were also annotated within the dissertation.

The primary way of reporting experiences of sexual assault was mainly using anonymous surveys and quantitative data. This study aimed to get survivor perspectives who remained in service. Many studies have been conducted using veteran populations who no longer fear institutional repercussions; however, active-duty military women have unique stressors that cannot be quantified with traditional quantitative data and cannot capture the essence of their experience within quantitative data analysis.

Furthermore, the study with active-duty women involved correlates to most data presented within previously written literature; however, this study gave quality insight into decision-making and motivational factors for reporting and the continuation of military service. In summary, organizational, leadership, and inadequate advocacy agencies create barriers within the reporting process and women who decided not to report formally already recognized leadership factors as a primary reason for not reporting for fear of social stigma and other social

repercussions. Within environments where women felt that their reports were mismanaged or mishandled, they reported more emotional and mental health issues associated with mishandling of reports, and those who felt supported or had little trouble making reports seemed to have more self-awareness and insight into their mental health and more mindfulness coping skills to control emotional conflicts associated with trauma.

Last, this study aimed to give women who had been silenced by institutions a voice, to bring awareness to the unique stressors and adversities that active-duty women face and to help advocate for continued process improvements within the DoD. Additionally, the study aims to continue the empowerment of women to come forward in fighting unjust systems and to continuously advocate for the changes they wish to see in the armed forces. Women should be able to serve their country without fear of retribution of coming forward if they are sexually assault, and the study gives valuable insight to what survivors' face in the weeks, months, or years after a sexual assault. It is with this hope that that more survivors come forward, demand expanded support, and hold leadership and advocacy agencies accountable to mismanagement and be the advocate that they wish that they had.

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Appendices

Appendix A

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

July 14, 2023

Brandy Preston Joseph Torres

Re: IRB Exemption - IRB-FY22-23-1801 Sisters in Harm: A Phenomenological Study Examining Active-Duty Military Women's Lived Experiences of Military Sexual Assault and Trauma

Dear Brandy Preston, Joseph Torres,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your stamped consent form(s) and final versions of your study documents can also be found on the same page under the Attachments tab. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP

Administrative Chair

Research Ethics Office

Appendix B

Consent Form

Title of the Project: Sisters in Harm: A Phenomenological Study Examining Active-Duty Military Women's Lived Experiences of Military Sexual Assault and Trauma

Principal Investigator: Brandy Preston, Doctoral Candidate, Community Care and Counseling, Department of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be an active-duty women who experienced a sexual assault within the last 5 years but not within 1 year. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine lived experiences of active-duty women who experienced sexual assaults who remain active-duty despite experiencing a traumatic event.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. First, participants will be individually interviewed for 1.5 hours with the researcher on pre-determined interview questions in which the researcher will prompt the participants for responses. These interviews will be audio-and video-recorded.
2. Second, the participants will be given writing prompts/diaries in which the participants will have 24 hours to respond to the writing prompts in as much detail as possible surrounding the topic of research. This should take participants approximately 30–60 minutes.
3. Third, all participants will attend a focus group where the researcher will facilitate conversation around themes associated with some founded data to determine similarities and differences between participants, which will be audio- and video- recorded and last approximately 1.5–2 hours in length.
4. Fourth, after data collection is completed, the participants and researcher will follow up with each individual participant to look over transcripts, observed themes for accuracy of their accounts and to ensure that information is congruent with the participants narrative. This should take approximately 30–60 minutes.

How could you or others benefit from this study?

The study has a direct benefit to the military community as it explores an unknown population of survivors' post-assault trauma. The study aims to better understand the needs of long-term sexual assault survivors who remain active-duty military and are working to determine how sexual assault effects their career span.

What risks might you experience from being in this study?

There is minimal risk involved with this study, but the possibility of psychological stress exists. The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include possible psychophysiological distress due to recalling information surrounding a traumatic event. To reduce this risk, I will use pre-screening survey to determine participants risks for psychological distress, monitor participants with the help of Sexual Assault Prevention and Response Program Victim Advocates, discontinue the interview, and provide referral information for crisis intervention or counseling services.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data collected will be stored on a password protected computer and hard copies of the data will be stored in a locked file cabinet. After 7 years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recording will be stored on a password protected computer for 7 years until after participants have reviewed them and confirmed them for accuracy and then deleted. The researcher and members of her doctoral committee will have access to these recordings. All recordings will be password protected and maintained by the researcher and erased after 7 years.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of all interview procedures and conclusion of the study participants will receive a \$25.00 Amazon gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Brandy Preston. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Joseph Torres, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio record/video record me as part of my participation in this study.

Printed Subject Name

Appendix C

Recruitment Flyer

Research Participants Needed

Sisters in Harm: A Phenomenological Study Examining Active-Duty Military Women's Lived Experiences of Military Sexual Assault and Trauma

- Active-Duty Military women?
- Experienced a sexual assault while active duty?
- Experienced an assault within the last 5 years but not less than 1 year ago?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to examine lived experiences of active-duty women who experienced a sexual assault and to determine the needs of post-trauma survivors who remain active duty.

Participants will be asked to do 1.5-hour interviews with a researcher and participate in focus groups. Participants would be asked to write about their experiences in writing prompts given to them by the researcher. Additionally, participants would need to be available for follow-up interviews or questions for 30 days post initial conclusion of the study, which should take 30–60 minutes.

Potential benefits of participating in the study are making the military safer for sexual assault survivors, contributing to future studies to create safety, support survivorship, and retain women with the armed services, and potentially able to examine female survivors across their career span to examine resiliency after trauma.

Participants will be compensated with 25 dollar Amazon gift cards at the conclusion of the study

If you would like to participate complete the survey and contact Brandy Preston by email at: [REDACTED] or text/call: [REDACTED]

A consent document will be given to you at the time of your scheduled initial interview.

Brandy Preston, a doctoral candidate in the Community Care and Counseling Program School of Behavioral Sciences at Liberty University, is conducting this study.

Please contact Brandy Preston at [REDACTED] for more information.

Appendix D

Pre-Screening Questionnaire

1. Are you currently active-duty military or on active-duty orders?
 - a. Yes-active duty/on active orders.
 - b. No
2. Do you identify as a cisgendered woman (assigned female at birth) and over the age of 18?
 - a. Yes
 - b. No
3. Have you experienced a sexual assault while active-duty or while on active-duty orders?
 - a. Yes
 - b. No
4. How long ago was your sexual assault?
 - a. Less than 1 year ago
 - b. Between 1–3 years ago
 - c. Between 3–5 years ago
 - d. Over 5 years ago

Appendix E

Interview Questions

1. Can you describe your reasons for joining the military and why you chose your service branch?
2. Prior to joining the military, did you have knowledge of adversities that you could possibly face in the military with being a woman (sexism, gender-based discrimination, etc.)?
3. Did you experience sexism/institutional sexism prior to your assault?
4. Did you experience institutional betrayal any time prior or after your assault?
5. What is your current unit like? If you have been to multiple units, can you briefly describe the climate (hostile, fun, respectful, enjoyable) of each unit that you were previously at?
6. Can you tell me about events leading up to the sexual assault?
7. Prior to your assault did you have environmental safety concerns such as being sexually harassed, stalked, or experience unwanted sexual advances or someone making sexual advances towards you that made you uncomfortable?
8. Was the assailant someone you knew?
9. What happened in the hours or days after your assault?
10. What made you decide to report your sexual assault and what made you go restricted/unrestricted with your report and why?
11. What fears did you have with reporting your assault and what made you push past the fear and ultimately report your assault?

12. Did you feel supported by leadership/friends/family after the assault? If you did not feel supported, in what ways did they create an unsupportive environment?
13. Did you experience any retaliation, reprisal, or ostracism from peers, coworkers?
14. How do you cope with your experience on a day to day as someone who experienced this XX years ago?
15. How do you feel your experience with MSA changed you? In what ways?
16. Do you feel like your overall health has suffered due to your experience?
17. Why do you continue to serve despite your experience?
18. What do you feel could be done to help survivors who want to continue to serve?
(once reports are done, legal issues have been resolved, they stop seeking SAPR services, health services).

Appendix F

Diary Prompt Question

1. What was the hardest emotional day after your sexual assault? Describe your feelings and the situation surrounding those feelings.
2. After your investigation or report was concluded, how did you continue to move forward and was there any closure associated with reporting or the conclusion of the investigative process?
3. How was your health affected after the event? Can you describe the day to day physical, mental, and emotional struggles you face due to assault?
4. Why do you continue to serve the military and how do you navigate environments that enable continuum of harm behaviors after your experience of assault?
5. What changes do you believe the military could make to increase reporting and build trust in SAPR programs and with survivors? How do you think the military handled your situation and what could have been done better before, during, and after?
6. How do you believe military leadership could help to create environments of safety and reduce gender-based discrimination within the military?
7. Can you explain what survivorship means to you? After victims no longer seek SAPR services, or other resources, how do you know you have moved from victimhood to survivorship and what does survivorship look like to you?