

Reporting Military Sexual Trauma: A Mixed-Methods Study of Women Veterans' Experiences Who Served From World War II to the War in Afghanistan

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ABSTRACT Since 2004, there has been increased effort to reduce military sexual trauma (MST) in the U.S. military. Although MST covers a range of inappropriate behaviors, the majority of research, treatment, and outreach are focused on sexual assault and the experiences of individuals serving in Afghanistan and Iraq. During a study on veterans' involvement in a national peace organization, participants were asked about their military experiences. Veterans served from World War II to current conflicts in Iraq and Afghanistan. Emerging out of the responses were descriptions of women's experiences with MST, barriers to reporting incidents of sexual misconduct and sexual assault, and the challenges they faced when seeking care. Data were gathered using anonymous questionnaires and semi-structured interviews. Out of 52 female veterans, the majority (90%) was subjected to at least one form of MST, and 15% (8) attempted to report the incident(s). Over half of the assailants were of a higher rank than the survivors. The majority of veterans remained silent due to lack of options to report, the status of perpetrators, and fear of retaliation. These data provide a glimpse into the challenges many women veterans faced when seeking assistance reporting incidents or obtaining health care for their MST.

INTRODUCTION

In 1979, the U.S. military began to integrate women into its forces; before this time women served in an ancillary capacity. Integration brought improved opportunities and benefits for women.¹⁻⁴ It also provided increased chances for sexual misconduct to occur between men and women.⁵⁻⁸ Prevalence of military sexual trauma (MST) is difficult to determine because of reliance on self-reporting. MST encompasses behaviors that range from sexual harassment to sexual assault (see Table I for definitions).^{8,9} Current estimates are that 17% of women in the United States will experience sexual assault in their lifetime, versus 33% for women in the military; some studies place the rate for the military between 20% and 68%.^{3,4,10-16} Approximately 32% of all rapes in the United States get reported to police, compared to 20% for military personnel.^{8,11,17} In addition, it is estimated 44% of women will experience sexual trauma

other than rape in their lifetime; estimates for women in the military are difficult to determine.¹⁰⁻¹³

The majority of research, media coverage, and political debate about MST focuses on reported incidents of sexual assault. Sequelae from various forms of MST can range from physical harm such as sexually transmitted infections, traumatic brain injuries, or unwanted pregnancy. Mental health conditions include post-traumatic stress disorder (PTSD), depression, substance abuse, and suicidal ideation. Survivors often have psychosocial issues such as difficulties maintaining close relationships, struggles with long-term employment, and poor social integration.^{13-15,17-29}

Reporting of MST has improved with the establishment of the Sexual Assault Prevention Office (SAPRO) in 2004. In the years 2012 to 2014, there were over 10,000 reports of sexual assault in the U.S. military. In 2013, there was a 53% upsurge in reporting sexual assault compared to a previous average yearly increase of 5%; in 2014, there was an 8% increase.^{8,9} The Department of Defense views these changes as an indication that sexual assaults are on the decline, signaling a "growing trust" in the reporting structure and reduction in underreporting.^{9,30} There is little evidence to show what is causing these shifts or their significance overall. The rise may simply represent an improved reporting process rather than a decrease in assaults.^{8,9,28}

Survivors can report incidents to victim advocates or the Military Criminal Investigative Organization (MCIO) using an unrestricted or restricted report. Unrestricted reports are investigated by the MCIO. The accused's commander (a flag officer) ultimately determines whether or not to "support some form of military action"²⁹ based on evidence provided by the MCIO.^{8,9,31-33} This includes deciding whether or not to prosecute and uphold convictions.²⁹ Some individuals who are found not guilty after a court-martial may be subject

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Data were gathered before the first author's affiliation with the U.S. Department of Veterans Affairs. Final analysis and creation of this article were supported with resources and the use of facilities at the U.S. Department of Veterans Affairs National Center for Patient Safety Field Office in White River Junction, Vermont, and the Gender Research Institute at Dartmouth. The views expressed in this article do not necessarily represent the views of the Department of Veterans Affairs, the U.S. Government, Gender Research Institute at Dartmouth, or Dartmouth College.

doi: 10.7205/MILMED-D-15-00404

TABLE I. Characteristics of the Sample ($N = 52$)

	<i>n</i>	%
Time Period Joined the Military		
Pre-1973 (Women's Auxiliary Corps: World War II, Korea, Vietnam, Cold War)	24	46.2
1973–1978 (Women's Corps: Vietnam, Lebanon, Cold War)	7	13.5
1979–1992 (Integration Begins, Before Formalized Reporting of Sexual Misconduct: Cold War, Central America, Grenada, Persian Gulf)	16	30.7
Post-1992 (Some Formalized Reporting Options, Pre-SAPRO: Middle East, Africa, Somalia, Bosnia, Haiti, Afghanistan, and Iraq)	5	9.6
Military Rank		
Officer	19	36.5
Enlisted	33	63.5
Branch of Service		
Air Force	14	26.9
Army	18	34.6
Marines	2	3.8
Navy	18	34.6
Type of Occupation in the Military		
Administrative	9	17.3
Intelligence (Security Clearance Required)	9	17.3
Laborer: Mechanic, Supply, Police	7	13.5
Medical	11	21.1
Technical: Computer Technology, Air Traffic Control	10	19.2
Other	2	3.8
N/A	3	5.7
Served Outside of the United States	22	42
Served In a Combat Zone	17	32.7
Afghanistan	2	3.8
Iraq	6	11.5
Grenada	1	1.9
Persian Gulf	5	9.6
Vietnam	6	11.5
Average Age When Joined the Military	20.4	
Average Length of Time Served in the Military	6 years, 5 months	

to nonjudicial punishment.²⁹ Restricted reports do not provide an opportunity for investigation, as they are designed to provide privacy for the survivor. In turn, they also protect the accused; some survivors choose restricted reports out of fear, others because they believe assailants will not be held accountable.^{9,31,34–36} In 2014, 25% (1,482) out of 5,983 cases were restricted reports. Of the 4,501 unrestricted reports filed, 62% (2,701) of individuals felt they suffered retaliation.^{8,9,29,30,32,34}

Commanders put forth 39% (1,764) of unrestricted reports for prosecution in 2014. Of these cases, 52% (910) went through the court-martial process, with 39% (359) convicted and 13% (117) faced nonjudicial punishment. Combined, these cases represent 10% of all unrestricted reports compared to the estimated 3% of civilian cases that go to prosecution and 2% that are convicted.^{8,9,12,32–34} Restricted reports have increased from 25% to 30% between 2007 and 2014.^{9,29}

Although some of these reports get changed to unrestricted status, this shift could reflect a belief that perpetrators are not held responsible or a strengthened fear of reprisals.^{8,9,33–37}

Since SAPRO was established, over 38,000 incidents of military sexual assault have been reported from 2004 to 2014, with an additional 336 from the Military Service Academies.^{8,9,30,35–38} Reports of other forms of MST, such as sexual harassment and coercion, are not included in the SAPRO reports and are, instead, treated as gender-discrimination issues. These incidents are recorded by the Office of Diversity Management and Equal Opportunity and the Defense Manpower Data Center.^{9,31,38} Data are collected biannually using survey techniques. Results are reported as percentages, making it difficult to compare to SAPRO data. Prevalence rates and reporting vary by branch, type of job, and time and place of service.^{5–7,10,15–19,22,24,27,29,30,39–45}

Research on MST mirrors military reporting trends; the majority of studies about MST focus on veterans serving in Iraq and Afghanistan who have experienced sexual assault. Data on MST before 2001 are sparse, fragmented, and address multiple types of MST.^{2,4,6,7,13–17,39–45} Under-reporting of MST, combined with a large gap in research, contributes to an inaccurate understanding of MST in the U.S. military, and it impinges on society's ability to provide access to adequate appropriate health care for survivors. The aim of this study is to describe the experiences of a small group of women MST survivors who joined the military from World War II through the Afghanistan and Iraq conflicts. An exploration of these veterans' difficulties with reporting incidents of MST, and their challenges to obtaining appropriate health care, are also discussed.

METHODS

Subjects and Data Collection

Participants are a subset of a study on veterans' involvement in a national veterans' peace organization and the connections between military service and activism. The use of a cross-sectional, descriptive, mixed-methods approach utilizing an anonymous questionnaire and semi-structured interviews allowed for triangulation of the data.^{46–52} The questionnaire contained a combination of closed- and open-ended questions regarding participants' involvement in the peace group, their military service experiences, and demographics.^{47,49,50,52} Three questions addressing discrimination in the military were also included.

Women were given the option to participate in one-on-one interviews in order to gain more insight into their experiences within the peace organization because of the small percentage of women members.^{48,52} Interviews consisted of questions that were similar to those in the questionnaire.^{46–49,52} The terms "military sexual trauma" or MST were not used in any question.

Institutional Review Board approval was granted by the University of Maine at Farmington before gathering data.

Participants were volunteers who were contacted using convenience sampling via the organization's Web site, newsletters, chapter contacts, e-mail lists, and personal discussions. Outreach and access to questionnaires began in June 2010 and interviews began in August 2010. Participants were told that they were contributing to a project focused on their experiences within the peace organization.

Analysis

Results from the 46 questionnaires completed by women were coded numerically and analyzed using Microsoft Excel (Redmond, Washington) for the closed-ended questions.^{46–52} The sample is too small and homogenous to provide a meaningful statistical analysis. Responses from the open-ended questions and interviews were coded using Hyperresearch software (Randolph, Massachusetts). Data were analyzed using grounded theory techniques to identify themes that emerged from the data and for constant comparison between interview and questionnaire answers.^{47,49,52} Five of the 12 participants who were interviewed also completed a questionnaire. Their answers were combined to avoid double counting. Incomplete questionnaires were excluded from analysis.

Ten of the 12 interviewees did not want their interviews recorded; their responses were written or typed verbatim during the interview and transcribed immediately after the interview. Recordings were erased after transcription. Experiences were organized into themes and, if possible, were coded numerically for analysis.^{47,49,52} When patterns emerged, answers regarding experiences in the military from questionnaires were examined for responses that could be classified as MST.^{46–52} All individual identifiable information was removed or de-identified.

To capture differences in women's experiences, participants were categorized by time period, based on their year

of entry. This was done to recognize differences in level and type of integration into the military and to parallel the evolution of military policies addressing gender equality and sexual misconduct. The first group (Pre-1973) includes women who joined between 1944 and 1972. During this period, women were incrementally serving alongside men. The second group joined between 1973 and 1978, corresponding with the end of the draft and the elimination of separate Women's Corps in 1978.⁵³ The third group entered in 1979–1992, when women were becoming fully integrated and ending the year before the Department of Defense began hot lines for MST survivors.^{1,2,53} The final grouping, "Post-1992," covers the years from 1993 to the conflicts in Iraq and Afghanistan.

RESULTS

In total, 373 veterans out of 443 participants completed a questionnaire and/or were interviewed. The final sample consists of all 52 women veteran participants. The average length of interview time was 71 minutes; the range was 8 to 185 minutes. Each major branch of the military was represented, with most serving in the Army (34.6%) and least in the Marines (3.8%); no one served in the Coast Guard. Most women were enlisted personnel (63.5%). Veterans served in 16 different countries and 32.7% in war zones, primarily Vietnam and the Persian Gulf (see Table I).

During interviews, 11 (91.6%) women introduced incidents of MST treatment when describing their military experiences (Table II). Although there was some expectation that participants might address gender discrimination, in-depth discussions of MST were unexpected. An additional 44.2% (23) introduced MST when asked if they had experienced discrimination in the questionnaire. Overall, 90.4% (47) described at least one instance of MST; 29.8% (14) were

TABLE II. Questions Where Participants Initiated Discussions of Military Sexual Trauma Events

Questionnaire (<i>n</i> = 53) ^a	
Questions ^b	Number of MST Responses
30. What was your rank when discharged?	2
34. Have you ever been categorized as disabled by the military?	3
35. Have you ever been diagnosed with PTSD?	7
38. Did your experiences in the military match what you believed you were entering into?	1
39. Did you ever knowingly experience discrimination in the military?	23
40. Were you ever subjected to unwanted touching, comments, assault or violence?	5
Interview (Women Only) (<i>n</i> = 12)	
Questions	
3. Why did you join the military?	5
Follow-Ups to Joining:	
When did you serve?	1
Did/do you feel the military was what you thought it would be?	1
4. What was your primary job in the military?	4
Follow-Up to a Conversation About Veterans Benefits: Have you been diagnosed with PTSD?	1
5. Do you feel you were treated differently than others due to your gender?	5

^aThe questionnaire for one participant who noted experiencing sexual trauma (question 39) was dropped from the final total, as it was incomplete. Her answer is counted here with the initial results. ^bEach question had a "Please Explain" follow-up question that provided an opportunity to give qualitative answers.

officers. Those who joined the military during integration (1979–1992) had the highest percentage of MST, with each subjected to at least one form of sexual misconduct; the majority (87.5%/14) experienced more than one form. Individuals who joined after 1992 had the lowest percentage (60%/3). To contextualize the extent and variation of behaviors, incidents were divided into “sexual harassment,” “sexual coercion,” “attempted sexual assault,” and “sexual assault.”^{12,32,33,38}

Sexual Harassment and Coercion

Veterans described experiences of sexual harassment, which can be general comments, jokes, or images involving sexual innuendo as well as specific comments regarding sexual activity. It may occur with one or more people and be part of a whole workplace culture. These behaviors range from “unwanted comments” to behaviors that are “rampant and part of the norm.” One veteran (1973–1978) described being “harassed virtually every day with catcalls and men propositioning me.” Another (Pre-1973) stated, “Some of the men believed I was there for them to have sex with.” Sexual harassment was the most frequently reported category, and it is high within the first 3 of the groups (91–95%/19, 10, and 16) and lower in the Post-1992 group (60%/3) (Fig. 1).

Participants’ experiences were coded as coercion if they described events that involved intimidation by one person, usually of higher status, demanding sexual behaviors, making threats, or stalking her. One veteran (Post-1992) noted how her supervisor continually pressured her “with sexual comments and invitations.” A participant (1973–1978) said

her “commanding officer pressured me for sex. It was sickening.” Another woman’s experience illustrates how coercion may involve multiple locations. She (1979–1992) described a supervisor who continually harassed her, claiming “women didn’t belong in the military” yet “he would call drunk when we were off duty and his wife was away, to talk me into having sex with him.” Overall, 50% (26) of the sample experienced sexual coercion at least once. Coercion was highest (75%/12) during the period of integration (1979–1992) and lowest (20%/1) for the Post-1992 group (Fig. 1).

Attempted Sexual Assault and Sexual Assault

Seventeen percent (9) of the sample reported an attempted assault and 31% (16) were sexually assaulted by one or more individuals (Fig. 1). Attempted assault was most prevalent in women who joined the military from 1979 to 1992 (31%/5). No one reported an attempt in the Post-1992 group, which also had the lowest percentage of reported rape (20%/1). The Women’s Corps group (1973–1978) had the largest proportion (36%/4) of rapes. Some participants (36%/19) chose not to discuss their experience, others noted incidents as facts without emotion or explanation; one participant said simply, “I was assaulted in AIT” (Post-1992).

Many (64%/33) were quite open about their experiences; one veteran who was gang raped described how some men at her duty station would prey on women (Pre-1973). She said “guys would offer me a Coke and drop a drug in it; when I was passed out they’d rape me.” Another described how she “was assaulted by a superior officer with a bunch of other NCOs around watching, and no one lifted a finger

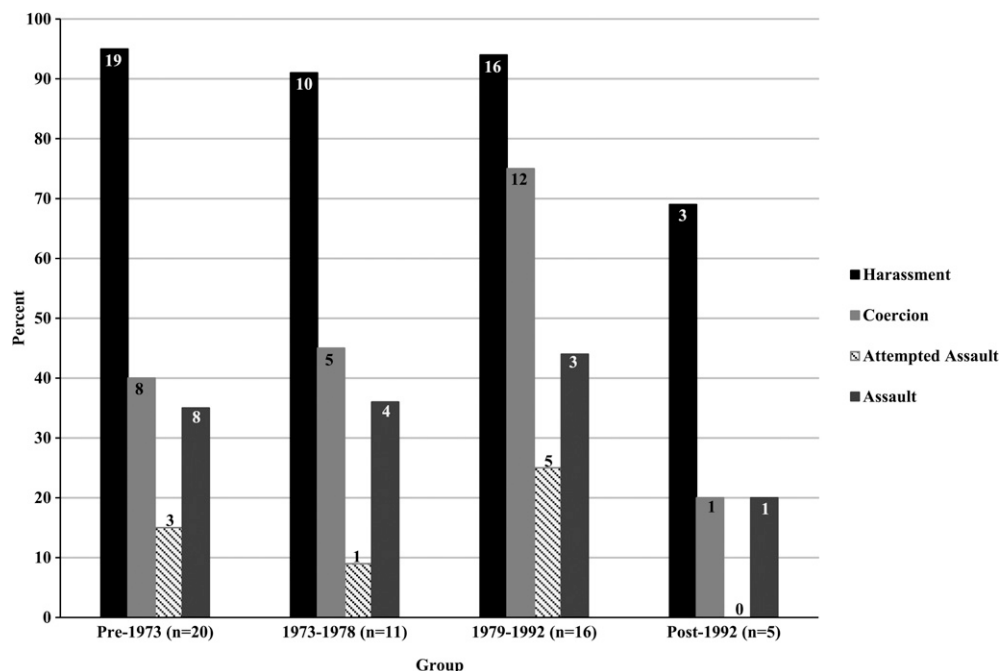


FIGURE 1. Frequency of MST behaviors by type and group (% and *n*) (*n* = 118 behaviors, 48 survivors).

to help me” (1979–1992). Admittedly, some veterans were quite surprised that assault was a possibility. One participant (Pre-1973), while describing how much she enjoyed serving, unexpectedly relayed a story about going on a date with an officer. She noted “an unpleasant situation, I guess today, what do you call it, date rape, yes I was date raped, but otherwise I had no problems at all.”

Places and Perpetrators

Most veterans described living and working in an atmosphere of uncertainty and questionable personal safety due to the combination of sexual misconduct and a perceived absence of accountability for perpetrators. This was intensified if the respondent was one of a few women or the only woman in her unit. Behaviors such as sexual harassment frequently took place in public settings. Sixty-seven percent (32) of survivors noted the location of any MST-related incidents; some described multiple locations. Most (86%/62) events happened on a military base, with 50% (36) occurring at a duty station during working hours; 32% (23) were continual incidents by the same person(s). The constant incidents also included work locations and were described as “ongoing” or “happened in many places.” Actions such as inappropriate comments, jokes, and disparaging sexual images were common in group settings, creating a culture that was deprecating to women.

Often incidents would occur when a woman was alone and on duty.²⁵ One veteran (1979–1992) discussed being on solo duty in a barracks at night when one man in a group of men in the billets yelled twice, “Let’s rape her.” Another (1973–1978) described how her supervisor would make

inappropriate comments, follow women to the bathroom and then block their entrance; usually this occurred when he was alone with a woman. A veteran who was often the only woman in her work area (Post-1992) described being “pursued by a superior officer who was four ranks above me and three ranks above my supervisor ... he invited me out for dates ... The man was old enough to be my father.” She had to change divisions to avoid contact. Seven percent (5) of participants were engaged in off-duty activities and 10% (7) were in their living quarters on base when the incidents occurred. Other veterans (33%/16) did not note a location.

The majority (88%/46) of survivors provided information about their assailant, with 12% (6) identifying more than one perpetrator. Of the 73 noted assailants, 74% (54) provided some form of identification of the assailant (Fig. 2). Although a few survivors mentioned specific names, most noted the perpetrator’s role or rank when discussing him. All but two assailants were identified as male. The one exception occurred in basic training, when a participant was assaulted by two female Drill Instructors. She (1973–1978) said, “it was pretty confusing, pretty horrifying ... I was really afraid so I didn’t say anything.” The majority (80%/43) of the identified assailants were in a status or rank higher than the person who was abused. Of this group, 48% (26) were the survivors’ direct supervisor and 31% (17) were in a variety of command positions. Some survivors were assaulted by recruiters or by physicians performing physicals during the entry process. One veteran noted, “the doctor who examined us before joining seemed just a little too touchy—not like a normal doc” (1979–1992). The remaining assailants were coworkers (20%/11) and 26% (19) were either undisclosed or unknown.

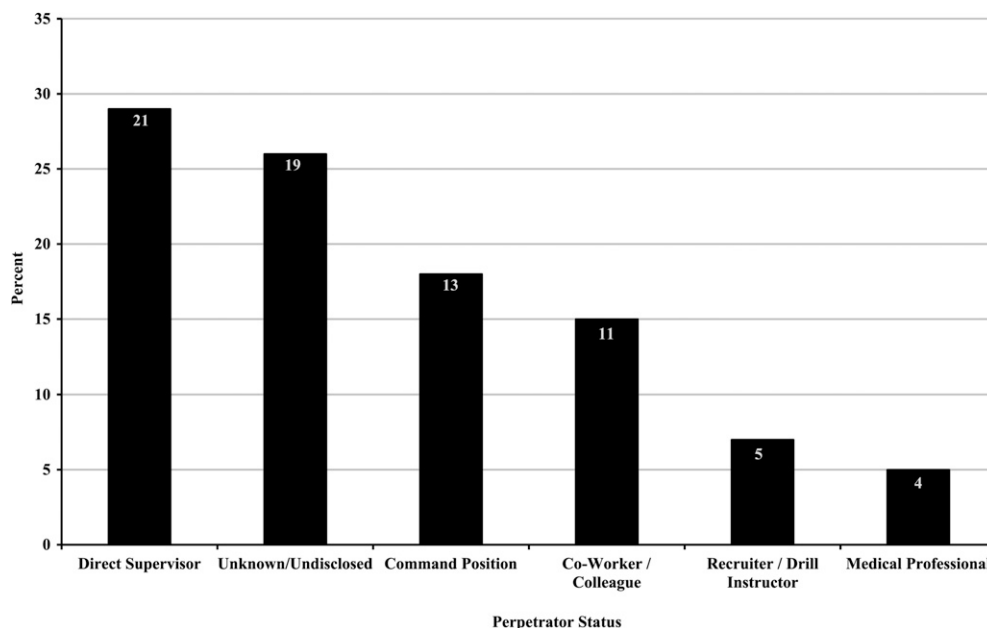


FIGURE 2. Perpetrator status (%) ($n = 73$ identified perpetrators from 46 survivors).

Reporting

Overall, 15% (8) of the veterans who experienced MST reported or attempted to report what happened. Reporting of MST incidents increased within groups, from 10% (2) for Pre-1973 to 18% (2) for 1973–1978 and to 25% (4) for the 1979–1992 group. No one from the Post-1992 group reported their MST experiences. Of the participants who filed a report, 25% (2) described a favorable outcome, 12% (1) had a mixed (both positive and negative) outcome, and 62% (5) experienced a negative outcome. One veteran (1979–1992) discussed a positive response after reporting a man who refused to “stop patting her on her bottom” when playing basketball. She noted he was not “in my chain of command and was an officer of equal rank, so I wasn’t intimidated about reporting it.” He immediately stopped.

A participant (1973–1978) experienced a mixed response when she reported being assaulted by someone from a different unit. Instead of filing a report, her commander asked male members of the unit about the assault, identifying her as the survivor; “placing her at great risk.” Another individual (1979–1992) described how she reported the “first major incident” she experienced during a party hosted by her battalion commander. On arrival, she discovered that she “was to be the entertainment for it.” After reporting the incident, although the individuals involved were transferred, her commander “threatened” her so she “stopped reporting that type of thing.”

Many discussed barriers they faced to reporting. One veteran (1979–1992) described trying to report sexual harassment and rape:

“I went to psych, where I was told that I was being persecuted, but there was nothing that could be done. I went to the chaplaincy and was again told there was nothing that could be done. I went to JAG [Judge Advocate General] and was told that, unless I was in trouble, there was nothing that could be done.”

Veterans throughout all time periods were accused of fabricating incidents, told to be mindful of their status, were blamed for wrongdoing, and/or faced misconduct charges, and therefore stopped seeking help. One participant from the Pre-1973 group noted that when she reported her MST experience, she was admonished and “told not to make waves because she was just given a rare opportunity in her job.”

Most (70%/36) participants in each time period stated that they did not report due to lack of perpetrator accountability. Veterans who discussed why they did not report their experience described 2 common themes. First, 33% (17) did not report because of pressure not to report, fear of further violence or repercussions; second, 29% (15) felt nothing would be done to support them or to hold the assailant accountable. One participant (Pre-1973) stated, “I doubt anyone would do anything to help me.” Another (1973–1978) explained, “The attitude back then was that you were a woman trying

to do a man’s job, you might as well take the lumps . . . I was afraid to report it because I pretty much knew it would not be taken seriously and would probably result in retaliation . . . Report it? Unthinkable.” A veteran (1979–1992) echoed the sentiments of others, stating; “To whom? And what good would it have done? The lesson learned is to keep your mouth shut. There were consequences to reporting.” A few discussed women they knew who were compelled to transfer to another duty station or leave the military because of sexual misconduct.

Atmosphere

Most veterans discussed their experiences in the military as rewarding yet challenging because of a culture that placed women in a secondary status and discouraged reporting. This culture combined with “pervasive” sexual harassment fostered an expectation for women to change their behavior because, as one veteran (1979–1992) noted, men “couldn’t control themselves.” One participant (1973–1978) described superiors telling her “it was my fault for being sexually attractive or being too sensitive” and a couple of others (1973–1978) noted that men “assumed that women were there for men’s pleasure.”

These views extended to how leadership reacted to sexual misconduct. One veteran (1979–1992) said, “command seemed to support the belief if there was a rape or assault the woman was accused of being in the wrong place at the wrong time or being too provocative.” Another (1979–1992) described a situation where a woman from her unit reported being raped. In the next day, the unit commander told the entire company that “rape is incidental to your whole experience here.” Some of these attitudes were expressed by individuals in leadership positions, who were often the perpetrators of sexual misconduct. One participant (1979–1992) decided not to report her assault because “He was in my chain of command, and I thought everyone would believe him and turn against me.” A few respondents (Pre-1973 and 1979–1992) specifically mentioned having to deal with a “good ol’ boys network” that denied the validity of their MST experiences and treated women with hostility.

Sprinkled throughout the participants’ experiences were statements reflecting a loss of faith in the military as a safe institution. One veteran (Pre-1973) described her feelings after her commander accused her of lying when she reported her MST experiences. She said, “You realized the cards are stacked against you and you are voiceless.” Others (Pre-1973 and 1979–1992) talked about feeling “deceived,” as individuals they put their trust in to protect them failed to do so. One noted, “I have a hard time trusting anyone. I feel betrayed and let down by an institution that was supposed to treat all equally.”

Veterans from each time period noted ongoing health issues ranging from physical injuries because of military service to mental health issues including PTSD, depression,

TABLE III Experiences Engaging With VHA Health Care System ($n = 52$)

Veteran Experiences	All Participants ($N = 52$)		Pre-1973 ($n = 20$)		1973–1978 ($n = 11$)		1979–1993 ($n = 16$)		Post-1992 ($n = 5$)	
	n	%	n	%	n	%	n	%	n	%
Sought Benefits	38	73.1	13	65.0	10	90.9	10	62.5	5	100.0
Had Difficulties Getting Benefits	20	38.5	6	30.0	2	18.2	8	50.0	4	80.0
Gave Up or Did Not Seek Benefits	14	26.9	7	35.0	0	0.0	6	37.5	1	20.0
Do Not Qualify for Benefits	7	13.5	4	20.0	3	27.2	0	0.0	0	0.0
Have and Use Benefits	18	34.6	8	40.0	3	27.2	6	37.5	1	20.0
Have and Do Not Use Benefits	11	21.1	1	5.0	1	9.1	8	50.0	1	20.0
Expressed Problems With Health Care Experience	27	51.9	4	20.0	1	9.1	8	50.0	1	20.0

and suicidality as a result of MST. Close to 35% (18) of participants received care at a Veterans Health Administration (VHA) facility^{16,20,44,54–59} (Table III). These veterans were “treated well,” reported a “smooth” process for getting care, and were happy with their health care. Others gave up or stopped using the VHA (26.9%/14) because of “difficulties” getting benefits, which ranged from trying to get them for 18 months (1973–1978) to 12 years (1979–1992). Many (51.9%/27) expressed challenges getting appropriate care because of “wait times, lack of equipment, and lack of confidence in providers” (1979–1992). One veteran described the process of obtaining care as “hideous and humiliating” (1973–1978), another was treated with “disrespect” (Pre-1973), another was “lost” in the VHA system (Pre-1973), and 1 described in detail how an intake worker “rolled his eyes at me when talking about sexual harassment and sexual assault” (1979–1992).^{3,6,16,20,44,54–59}

DISCUSSION

Throughout this study, veterans demonstrated great resilience as they continued to serve despite the challenges they faced with MST, and throughout their lives since leaving the military. Many are proud of their veteran status and feel they served honorably. Yet, most have a sense of disappointment and betrayal due to lack of assistance for their experience(s), no options to report what happened to them, or resistance when trying to make a report regardless of when and where they served.^{1,2,7,15,17,24,27,36,37,39,40,43} Some found these feelings caused difficulty trusting caregivers and contributed to their decision to stop seeking benefits from the VHA, or to seek care outside of the VHA system. Since many of the identifiable assailants were individuals of higher rank or status than the survivor, strong feelings of distrust of government organizations created a barrier to seeking care. Expanding education for providers and caregivers that specifically addresses older veterans’ potential hesitancy to discuss MST and other health conditions related to military service could help reduce a veteran’s hesitancy to reveal sensitive information.^{17,20,28,44,54–61}

Underreporting of MST-related incidents continues to be a challenge for the military.^{2,9,13,18,24,32,33,38} Another theme that emerged was the importance of leadership in provid-

ing a safe and welcoming atmosphere for survivors to seek assistance and to file an unrestricted report so that an investigation can be made. Although the military has made significant systemic improvements, many continue to believe that few perpetrators are held accountable.^{9,32,33,35,36} Similar to current survivors, many participants believed perpetrators would not be held accountable, and that they themselves would face some form of retaliation if they made a report or told others about their experiences.^{1,7,9,24} This may continue because of flag officers’ current role in determining which cases proceed to court-martial and what consequences accused or convicted individuals face.^{3,8,9,29}

Another key theme from the data is the importance of creating long-lasting systemic and cultural change. Many of the experiences these veterans revealed are shared by other veterans and current service members.^{2,6–9,11,13,15,18,22,28,41,43,53,59,61} The veterans in this study may possibly have experiences and strategies for coping with MST that could be useful for understanding others recovering from MST.^{11,53,59,61} Extending outreach designed for older veterans’ health issues, along with expanding research on MST in veterans serving before 2001, may provide new insight into the MST recovery process. More research about women veterans serving before 2001 is needed to expand our understanding of their experiences serving the nation.^{11,20,24,41,61}

Limitations

This is a small mixed-methods study, therefore, results cannot be generalized to the larger population of women veterans. Data could be biased because of selective memory, confusing particulars of events, or the complexities of living with trauma, including pain associated with retelling of events. Our sample was selected from a group of veterans currently in a veterans’ peace organization rather than a random selection. Membership in this group may be associated with specific experiences or attitudes that were not measured. The participants are fairly homogeneous regarding differences of race/ethnicity, class, and sexual orientation. These and other groups face additional barriers to care and may have a different risk of MST, which has not been explored in this project.^{27,34,50,55} Some interviewees may

have taken the survey before their interview, which may have had an influence on their answers. This was not apparent in the analysis. None of the participants expressed anti-military or antigovernment sentiments.

CONCLUSION

This study shows that experiences of MST span decades of women's involvement in the U.S. military, and that older veterans' experiences are similar to what women face today. There is an urgent need for services and research focused on MST and other traumas associated with military service for veterans who joined before 2001, to learn about their needs and how they are coping with the long-term impact of MST. Finally, these veterans' experiences can help support current discussions on the need to reform the MST reporting process, and to create options for reporting and for care for all types of sexual misconduct outside of the chain of command.

ACKNOWLEDGMENTS

We thank Julia Neily, RN, MS, MPH, and Daisy J. Goodman, CNM, WHNP-BC, DNP, MPH, for their insightful comments and article review; Dovey Balsam, BA, and Nicole Moreau, BA, for data collection; Annabel Martin, PhD; GRID; anonymous reviewers; and, most importantly, veterans throughout the nation who shared their experiences.

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