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Women and Military Sexual Trauma,

A Resilience Study

Lauren Sloan Zapf

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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Table of Contents

Abstract

Women have served in the military for decades, playing integral roles in both war and peacetime operations. However, at no time in history have women service members sacrificed more than in the past decade, when the many counterinsurgency operations that the nation has fought have forced women to participate directly in combat. With the population of women veterans continuing to rapidly grow, it has become crucial to examine these women's mental health needs. One of these needs includes addressing the epidemic of military sexual trauma.

This Ed.S. research paper examines the nuances of military sexual trauma, including the implications that surviving a sexual assault may have within the military system. The purpose of the research is to familiarize mental health clinicians with, not only the military environment, but with what it means to be a woman serving in today's armed forces. By examining a few therapeutic interventions, including "bottom-up" sensorimotor approaches, which utilize the body as an entry point to unlocking emotions, as well as complementary interventions like yoga, therapists should be able to gain a better understanding of the general practices associated with treating women veterans.

Introduction

Military sexual trauma (MST), a comprehensive term used by the Department of Veterans Affairs to refer to unwanted sexual behavior received in a military setting, is emerging as a critical concern (Nelson, 2002). The increasing relevance of this issue is primarily due to the evolving demographic composition of our military population, where the subgroup of women service members continues to grow in both number and importance in the Department of Defense architecture (Department of Veterans Affairs, 2010). According to the Department of Veterans Affairs (2010), 11.3% of service members who participated in either of the former Operations Enduring Freedom or Iraqi Freedom were women. Moreover, due to the ambiguity of these war campaigns, the definition of combat has become increasingly difficult to discern—creating an environment that allows women to serve directly on the frontlines of these asymmetrical battles (Feczer & Bjorklund, 2009). With more women being called upon to sacrifice their security (and lives) for the nation, it is imperative that the vast network of mental health therapists understands the unique experiences of women service members, not only in combat, but in their daily lives, where MST can be a pervasive threat to emotional well-being (Mulhall, 2009).

MST is defined as, "sexual harassment that is threatening in character or physical assault that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator" (Department of Veterans Affairs, 2010). According to the Department of Veterans Affairs (2010), 78% of service women have experienced sexual harassment, while 33% have been sexually assaulted (compared to 17% of women reporting sexual assaults in

the civilian population). Additionally, according to the Service Women's Action Network (2010), in Iraq and Afghanistan alone, there were 163 sexual assaults reported in 2008, with mostly female victims. Hence, as stated previously, women in uniform oftentimes face unique and daunting struggles, attempting to cope with both combat and sexual trauma.

Focus and Goals

Prior to the in-depth exploration of women services members and MST that is included in this paper, it is important to note that both male and female service members may experience MST, with men often battling additional stigma and shame (Department of Veterans Affairs, 2010). However, due to time constraints, the research included will only address female service member concerns. Through this analysis, not only will women's mental health issues relevant to MST be examined, but other gender-relevant issues unique to a military environment will be analyzed. Specifically, through a combination of personal accounts and thorough academic research, the resilience of women who have experienced sexual trauma will be shown, providing a beacon of hope to other women who will follow along the path of service to country.

Throughout the course of this research paper, specific gender information will be stated by utilizing either the terms woman service member or female service member. Although the term service member should be gender-neutral, too often the American public imagines a man in uniform. As Air Force Brigadier General Dana Born stated, "Women's contributions can be largely overlooked if their gender isn't specified. This puts women service members in a paradox. Specifying gender by using terms like female soldier, airman, or Marine makes women somehow different from the military norm.

However, not specifying our gender renders us invisible" (Williams, R., 2005). General Born's comments strike at one of the primary concerns of many women service members when they seek therapy: That they are not seen as warriors and, consequently, have not been adequately recognized for serving their nation (Foster & Vince, 2009). Hopefully, through this analysis, many women service members will be able to reclaim their voices.

Personal Background

As a graduate of the United States Naval Academy and a six-year veteran of the U.S. Navy, I had the opportunity to serve in a demanding yet personally rewarding environment, constantly enmeshed in a culture where women were a small yet strong minority. Reporting to the Naval Academy in July of 1999, just eight years removed from the Tailhook Scandal and six years removed from the congressional repeal banning women from serving on combat ships, I was uncertain of whether my gender would affect me during my time as a midshipman and, ultimately, during my years as a Surface Warfare Officer. The answer to this question, thirteen years later, is that, inevitably, my gender affected my perspective (and consequently, my overall experience), in both subtle and innocuous ways, and in more direct and impacting forms.

During my ten years in uniform, I became very curious about the role of women in the military, specifically how our rich emotional landscapes interact with and manifest themselves in a seemingly male-dominated environment. It is with this inquisitiveness that I embark on the journey of writing this research paper, with the goal of gaining a deeper understanding of women's issues in the military and, therefore, increasing my ability to address these critical concerns as a mental health counselor.

Purpose

The purpose of this research paper is threefold: 1) To describe the military environment through a female perspective, analyzing the most critical psychological concerns among female military service members, including MST, while validating their experiences and helping them understand their emotional states. 2) To help counselors and other mental health professionals better understand the unique environment of the military and the women who serve. 3) To assist male service members who serve alongside women better understand the mixed-gender environment, so they can create an environment of understanding and tolerance.

The three aforementioned objectives will be addressed through various means. First, to convey the experience to a civilian audience, personal vignettes will be provided, describing specific situations or challenges faced while in uniform. To link these accounts and to describe them through an academic lens, relevant psychological facets (and implications) of being a woman in military will be included. Lastly, because these unique psychological stressors force some women to seek counseling, the most relevant counseling topics, including the effects of MST and helpful interventions that may be used, will be described.

According to an article by Chamba and Bride (2010), women in the military may experience three types of trauma: combat, sexual, and environment-induced. To reiterate, the second subject matter, sexual trauma includes rape, assault, and verbal harassment. Among 327 women who received counseling in a Veterans Affairs treatment facility for stress disorders, 93% had been exposed to some kind of sexual stress, 63% had been sexually harassed, and 43.1% had been sexually assaulted. Based on these statistics,

sexual stress was assessed to be an even more toxic component of posttraumatic stress disorder than combat exposure (Feczer & Bjorklund, 2009). One woman veteran succinctly expressed her experiences related to her gender in the military when she stated, "Being a woman in uniform is its own type of trauma" (Department of Labor, 2011, p. 14). Although many women in uniform many not share this woman's strong opinion, it is important to understand the emotional wounds revealed in this statement.

According to Feczer and Bjorklund (2009), two current therapeutic approaches have produced positive changes with women veterans. First, cognitive-behavioral treatment, including exposure therapy, is evolving into a successful intervention strategy with women who are suffering from posttraumatic stress disorder. Second, narrative therapy is producing successful outcomes amongst many female veterans. Because war is fraught with chaos and disorder, it is imperative that female veterans are given optimum space to reconstruct their years of service (Feczer & Bjorklund, 2009).

Unfortunately, actively engaging in talk therapy may be difficult for anyone who has experienced trauma, especially military sexual trauma. Consequently, it is important to utilize a "bottom-up" philosophy, including physical exercises like yoga and sensorimotor approaches (Ogden, Minton, & Pain, 2006). These approaches are primarily used in response to the many emotional and subconscious processes that occur during traumatic events.

According to Dr. Bessel van der Kolk's "one mind, three brains" theory, when a traumatic event happens, memory in the frontal lobes (i.e., the thinking brain) shuts down. Consequently, the limbic system (i.e., mammalian brain) goes into overdrive, responding with increased activity, including in the amygdala, which notifies the body of

a threat. Due to this alarm, the brainstem (i.e., reptilian brain) responds with increased heart rate, and can either continue to speed up the physical responses or shut down all together (Ogden et al., 2006). Hence, the purpose of sensorimotor approaches is to wake up the thinking brain, while creating a safer and more trustful environment, making the clients more comfortable with their bodies. Only then can talk therapy begin (Ogden et al., 2006). This Ed.S. paper will focus on these "bottom-up" approaches, including relevant details about how to shape these interventions to women who have experienced MST.

Diversity of MST

It is important, during the course of my research, to adhere to the fundamental truth that women differ in personality and responses to their experiences in service to our country. Thus, every attempt will be made to ensure that these issues are as relevant (and universal) to the general female military population as possible by avoiding stereotypes or labels. It is also important to remember that the military is continuing to make important and positive strides regarding equality and the mental health infrastructure needed to support our women in uniform. Lastly, the subject matter, women who have experienced MST, creates a large umbrella under which smaller subsets of our population can directly be placed. Hence, while discussing women's issues, every attempt will be made to include concerns relevant to women of different cultures, socioeconomic backgrounds, religions, and sexual orientations.

Personal Note

Although the basic features of this research paper seem grand, the women with whom I have had the opportunity to serve inspire me. I hope to illuminate their emotional experiences while giving clarity to the audience of mental health counselors, men in uniform, and friends and family of female service members. In summary, echoing the thoughts of another service women: "I wish to bring no discredit to the military, only to strengthen our standards so that all of us who serve now and in the future can do…honorably" (Nelson, 2002, p. 98).

Background

In his inflammatory 1979 article for the *Washingtonian* entitled "Women Can't Fight," Senator James Webb, a 1968 graduate of the United States Naval Academy and a decorated Marine Corps Officer who served in Vietnam, vehemently declared that women would never be able to lead men in combat and, therefore, should not be able to attend service academies—whose primary mission is to develop skilled warriors (Webb, 1979). Although Senator Webb has since retracted his statements, the shadow that was cast due to these misperceptions still exists, although only in traces. An excerpt from this article follows:

> (Bancroft) Hall, which houses 4,000 males and 300 females, is a horny woman's dream. Virtually every female midshipman who dates is seeing either a male midshipman or a recent graduate. Of the 25 women who have left the class of 1980 since induction day, 20 are married to former midshipmen. While this is a natural human phenomenon, it gets in the way of military indoctrination, and creates a very real resentment among males due to the evolution of a double standard of discipline. Furthermore, it is scarring many women in ways they may not comprehend for years (Webb, 1979).

The year after this article was published, 55 women from the United States Naval Academy tossed their covers in the air in triumph as the first female graduates (Gelfand, 2006). These brave individuals proved that women could survive, and ultimately thrive, in a predominantly male environment, earning the respect of men with whom they served. Since 1980, thousands of women have been called upon to lead in combat zones—whether on the ground, in the cockpit, or from the Combat Information Center of

a combatant ship. Moreover, these women have proven that they are not obstacles that men should be wary of, but valuable players who can contribute different perspectives and methods of thinking, ultimately improving overall military readiness.

Although females in uniform compose a small minority of the overall population, they, for the most part, do not emerge from service with the aforementioned scars that Senator Webb claimed, but, ultimately, with resilience and strength gained through years of stress and challenges (Mulhall, 2009). Thus, the purpose of the first part of this research paper is to examine these challenges, including the pervasive, yet subtle and constant sexual harassment that is present, so others, including professional counselors, can grasp female service members' experiences, helping to highlight their underlying resilience.

The Uniqueness of the Military

The military is a unique subculture, oftentimes far removed from the lives of ordinary American citizens. An accurate description of this organization includes: "The institution of the military occupies an odd place in society's arrangement; it stands next to other major institutions but separate and enclosed; the fortress, the walled, gated monastery on the ridge above the village" (Gutmann, 2000, p. 118). This shroud of secrecy is necessary for successful operational security. However, because of this isolation from the rest of society, including abiding by different laws (including the Uniform Code of Military Justice), issues such as MST, have not always been addressed transparently and justly (Nelson, 2002).

Referring to the difference between civilian sexual trauma and MST, one service woman stated:

> For a start, civilians are not owned by their jobs. Civilian employees can get away from the people they work with at the end of the day. One half of their lives are entirely private. In the intimate, physical world of the deployed military there are so many more chances for a stare, a joke, and inappropriate touch, or a condescending remark (Gutmann, 2000, p. 211).

Hence, some service women feel nervous and defensive in this environment, and start doubting the basic pillars of military service, which include trust, fairness, and a concern for the unit (Gutmann, 2000). Unfortunately, some of these women also start doubting themselves.

One of the major issues regarding MST is the betrayal and disillusionment that may occur (Nelson, 2002). The terms often used in the military to describe one's peers are "brothers or sisters-in-arms." Upon returning from deployment, many men and women offer the heartfelt, conciliatory cliché that the strain was worthwhile due to the camaraderie of their fellow service members for whom they were ready to die on the battlefield. Hence, when her most-trusted allies violate a service woman, she is often left feeling shattered, asking herself, "Whom can I trust now?" There are no more battle buddies or "brothers and sisters-in-arms" (Nelson, 2002). There may be just the female service member, left to grapple alone, with no way to escape, excluding a dishonorable discharge.

Another major issue in the military environment is the unit transparency that is instilled, beginning in basic training and carrying over to the individual's deployed unit. In the military, one is expected to rely on others in an open environment. This transparent environment often includes a lack of privacy (Nelson, 2002). For example, at

the U.S. Naval Academy in the early 2000's, freshman midshipmen, or plebes, were expected to keep their doors open during the day in inspection-ready conditions. Moreover, the general practice of midshipmen, during this same time, was to leave their doors unlocked, 24 hours a day. In fact, midshipmen were not even given keys to their rooms until 2001. Obviously, in retrospect, there were many problems inherent in this environment, but the most pressing concern was the false sense of trust that many midshipmen developed—a sense of invincibility due to these young men and women co-existing in a sheltered environment—brothers and sisters-in-arms.

Other Unique Concerns of Women Veterans

In addition to trauma exposure, women have other unique concerns in the military setting. Amongst these concerns, seven stand out: Suicide-related ideation and behaviors, body dissatisfaction and eating disorders, menstruation and pregnancy, relationship and marital functioning, parenthood, perceived barriers to care and stigma, and limited social support (Ghahramanlou-Holloway et al., 2011). Regarding marital functioning and parenthood, the statistics show that women service members struggle more than their male counterparts with maintaining relationships and taking care of their children. In a 2009 study, the divorce rate of women veterans was significantly higher than other populations, with 23.4% of women veterans having been divorced, compared to 12.1% of civilian women, and 13.9% of male veterans. Moreover, similar to the general population, active duty women are more likely to be single parents. Currently, 11% of active duty women are single parents, compared to 4% of active duty men (Mulhall, 2009).

Lack of social support is also an important concern, especially for women who are part of mostly male units. Civilian women who have been mentored by other women have reported increased emotional support, companionship, self-efficacy, and career satisfaction (Ghahramanlou et al., 2011). When a woman is the only one of her gender in a military unit, it can be very difficult to feel the emotional support that is necessary for success. Although the military is implementing many support programs, including e-mentoring, there are still major gaps to fill.

Reflecting upon the concerns that have been discussed. One women veteran succinctly summarized her dissatisfaction with the lack of social support and recognition that she has received, stating:

> We may not really have different needs, but it would be nice to receive the same respect and visibility. I realize that we females make up only 15% of the military, but it seems that we are still ignored. Most news stories are about the father/husband leaving his children or wife. What about the female leaving her husband/children? Where are the programs for the husbands that are left behind? What about the single female returning from a deployment? We are lost in the shuffle as not important enough to notice (Foster & Vince, 2009, p. 24).

Vignette: Military Lesson #1. Understand All Abbreviations

It was an unbearably humid July day along the banks of the Severn River when I emerged from the tailor's shop, refreshed from a break from the rigorous indoctrination of Plebe Summer. Waiting for the other members of my squad to join me so we could all traverse the yard in perfect lockstep to Bancroft Hall, I preoccupied my time memorizing the menu for evening meal and the details of the John F. Kennedy, Jr. plane crash article I

had read earlier that day, in case my squad leader inquired. Wiping the sweat from my brow and readjusting my recently shorn hair, I noticed a young woman drive by in a Jeep Wrangler with a license plate that read "WUBA '99." As I stared at the abbreviation, my platoon commander, a senior female midshipman, inquired, "Hey, Zapf, can you tell me what "WUBA" stands for?"

Disappointed that I could not, I replied, "I'll find out, Ma'am." Unfortunately, I would find out that "WUBA" had several different meanings:

One meaning for "WUBA" is Working Uniform Blue Alpha, a uniform worn by midshipmen at the U.S. Naval Academy consisting of black pants and a black shirt. However, another meaning is, "Women Used by All," a standard term for female midshipmen indicating that women who attend the service academy in Annapolis are promiscuous. The third variation is another insult, "Women with Unusually Big Asses," implying that these women are repugnant and overweight and should be avoided at all costs (Gelfand, 2006).

As an optimistic young midshipman, with only grains of cynicism at the time (an attribute which would increase exponentially over the next ten years), I took a deep breath and sighed upon learning the multiple meanings of this loaded abbreviation and asked myself several questions. What have I gotten myself into? Am I a "WUBA?" Do I join with some of the other female midshipmen, including the driver of the Wrangler, and take back this name, making it a source of pride? The answers to these questions would emerge over time but, for the present, I knew that I was a 17-year old young woman about to be immersed into the stark reality of a military environment. How would I emerge on the other side, ten years later?

Sexual Harassment, Both Soft and Subtle, and Loud and Harsh

The primary purpose of the excerpt above is to illustrate the subtle, yet very hurtful stereotypes that are present in our Armed Forces. All service academies, which are often viewed as the bastions of military leadership development in our country, have derogatory names for female students, including "WUBA," "Trou" (at the United States Military Academy), and "Cockpit" (at the United States Air Force Academy) (Service Women's Action Network, 2011). Although service academy leadership and the majority of students who graduate from these institutions hold disdain for these names, they are still a part of the academies' vernacular. Hence, if the nation's future leaders still refer to women in these ways, how does the majority of other military personnel, many of whom are younger and have less formal education than these officers, view women?

Vignette: Military Lesson #2. A Sailor's Priorities Are Ship, Shipmate, Self

It was a crisp, winter evening in Annapolis, as I jumped into my "rack," hopeful for rest after a Saturday filled with adventure (and no homework), imbued with a newly acquired verve after a depressing and stressful freshman year. Enjoying a stream of placid thoughts, I began to drift into sleep. Suddenly, as I reached a point of unconsciousness, I was awakened by a struggle next to me. Turning to see what was happening, I observed my roommate shove a naked man off her. As this male midshipman struggled to orient himself to the present, including understanding how he had arrived in our room without any clothes, my roommate dialed a male friend who arrived in time to restrain the perpetrator.

Still in shock, I ensured that my roommate was okay before falling asleep again, not fully understanding the impact of the event that had just transpired. Over the next couple of days, my roommate would confide in me, describing the emotions, including anger and betrayal, that she felt towards the perpetrator, a man who was part of our company—a "shipmate" and classmate. Eventually, she would report this incident to the chain of command and the perpetrator would be expelled. However, other repercussions from this event would not be resolved so easily.

Isolation: Living and Working Together, 24/7

I was only a witness to the incident that occurred my sophomore year at the Naval Academy. Because I was just an observer, I cannot and will not speak to the complex emotions that my roommate must have felt. Instead, I can only reflect on how I felt in response to the night's events. First, after I gave my statement to NCIS, I noticed that some of my company mates were no longer friendly with me. The perpetrator had been a popular midshipman on campus and many of his shipmates rallied around him, defending him, while shunning my roommate and me. Obviously, this happens in sexual assault cases, especially on college campuses. However, the attribute that often separates civilian sexual assault cases from military sexual assault cases is the fact that service members involved in these incidents must continue to live and work together. One cannot quit or transfer, without executing a long checklist of tedious and slow bureaucratic procedures. Instead, there exists a sense of extreme isolation.

Referring back to the false sense of trust that is inherent in many military units, this incident also underscored this flaw. We, like many other midshipmen, had existed in a world of unlocked doors. When this trust was lost, we were forced to reevaluate our

world views and means of existing within the halls of our vast dormitory. Fortunately, the Naval Academy began to distribute keys to us to help protect against thieves and sexual perpetrators. However, in military units around the world, there still exists a culture of unlocked doors, where men and women are supposed to live and work together with very permeable boundaries. When a violation occurs and these boundaries are penetrated, where do these women go for support?

The Military and its Relationship to Feminism

Women in the military often live under a microscope (Herbert, 1998), meaning that, due to their minority status, they are closely watched and scrutinized. This can be a stressful experience for many servicewomen. When even more attention is focused on them (i.e., during sexual assault legal proceedings, as mentioned previously), the amount of scrutiny can become unbearable. The inclusion that women sought, by raising their right hands and pledging to defend the Constitution, remains elusive (Herbert, 1998).

The existing culture contributes to this sense of isolation, creating a "male-female duality," ultimately forcing people into categories. Over many years, peace has emerged as a feminine attribute and war as a masculine one (Goldstein, 2001). Hence, women performing "masculine soldiering roles," as one U.S. sergeant stated, "sort of makes the man to feel like—I'm not really the man I thought I was, I've got a female who can do the same job" (Goldstein, 2001, p.283). Moreover, as one U.S. Marine Corps Commandant stated, women's participation in combat "would be an enormous psychological distraction for the male who wants to think that he's fighting for that woman somewhere behind…It tramples the male ego. When get right down to it, you've got to protect the manliness of war" (Goldstein, 2001, p. 283).

In order to maintain a safe distance from female service members, male service members sometimes separate the women into simple categories, including "bitch, whore, and dyke." (Williams, K., 2005). If a woman service member is protective, distant, and professionally assertive, she may be called a bitch. If she is friendly, regardless of her actual sexual behavior, she may be called a whore. Lastly, if she rejects men's advances, she may be called a dyke. Accusations of homosexuality were particularly dangerous until recently, due to the ramifications that being gay could have under the "Don't Ask, Don't Tell" policy. "Lesbian-baiting" became a weapon of sexism and control then, used for many years to label women who violated perceived sex-appropriate behaviors (Herbert, 1998).

The media oftentimes do not bolster women's plight in service to their country, typecasting them into additional negative roles. Included in the media's recent portrayals were two women service members, Jessica Lynch and Lynndie England, represented in diametrically opposed ways. First, Private First Class Jessica Lynch was featured as the poster girl for the Iraq War in 2003. Probably the most famous service woman of this time, Jessica Lynch represented women playing the role of the victim, having been rescued from behind enemy lines by special operations forces. Conversely, the other woman service member in the media during this time was Private First Class Lynndie England, who, due to her moral failures in the Abu Ghraib prison, was portrayed as the ultimate villain (McKelvey, 2007).

It is important to view the nuances of these two portrayals. First, we must reflect, in depth, about our own reactions to both of these incidents. Did we feel protective of Jessica Lynch? Would our feelings have been different if it were a male service member

being rescued? Second, regarding Lynndie England, what was behind our abhorrence? Obviously, she performed heinous, inhumane acts on others. However, she was not the only service member acting in such terrible ways. Then, why was she at the center of the scandal? Moreover, was there any part of us, as women, who were disappointed because she was a woman, and women are supposed to be morally superior (McKelvey, 2007)?

Therapists must be able to answer many of these questions prior to counseling women service members. Just like counseling people from other subpopulations, working with service members requires cultural competence. Additionally, working with women service members requires an even deeper level of cultural knowledge and astuteness, challenging one's views of both the military and feminism (Department of Labor, 2011).

The aforementioned isolation that women may experience in uniform can also carry over to the civilian world. Not accepted entirely by some of their male service members, women veterans enter a civilian world where they may not be fully accepted by their female counterparts either (Solaro, 2006). Some of these women may not give women veterans the respect that they desire, not comprehending the courageous roles that they currently play in war. Mainstream contemporary feminism's past anti-war views may also be hindering these women service members' efforts even more. This model of feminism oftentimes devalues military service and service to the government, in general—"leftover relics of a 70's, bell-bottom wearing, anti-Vietnam movement" (Solaro, 2006, p. 77). Hence, military women continue to find themselves on the outside, labeled "dupes of the patriarchy" by the left and "products of dysfunctional father/daughter relationships" by the right (Solaro, 2006, p. 77).

With the Abu Ghraib scandal, it can be argued that, "a certain kind of feminism died" (McKelvey, 2007). A woman (Lynndie England) was being viewed as an aggressor and victimizer. The assertions of some modern feminists—that women are morally superior—were now incongruent with the realities of some of the scandal's photos. Therefore, this incident proved that there needed to be a new kind of feminism, void of such illusions (McKelvey, 2007). As therapists, it may be beneficial to further develop the following feminist outlook, regarding women in service to their country:

> Women do not change institutions by assimilating into them, only by consciously deciding to fight for change. We need a feminism that teaches women to say no—when necessary, to the military or corporate hierarchy within which she finds herself…In short, we need a new kind of feminism that aims not just to assimilate into the institutions that men have created over the centuries, but to infiltrate and subvert them. We need to create a world worth assimilating into (McKelvey, 2007, p. 4).

As counselors, it is important to also recognize that women do belong in the military and the roles that women play will only increase in importance over the next few years. It is also imperative to advocate for change for women service members and veterans. In order to create a military culture that is fair and just, all professionals in human services fields who treat veterans must be cognizant of the present policies and ready to effect change if necessary**.**

Vignette: Military Lesson #3. Obey the Chain of Command

Still disillusioned by my experience at the Naval Academy, I reported to my first ship in June of 2003, disheartened and tired, but ready to work hard as a Surface Warfare

Officer. Unfortunately, more challenges awaited me as I met my direct supervisor, a lieutenant commander, after a turnover in leadership in August. Immediately, I felt uneasy in his presence as he made awkward and personal comments to me. His behavior would worsen over time, as he continued to inquire about my personal life, even accusing me of being a lesbian. Moreover, for reasons unknown, he continuously compared me to his estranged wife, giving me her old subscriptions to Shape magazine and talking about the women on the covers. At one point, he even commented on the length of my fingernails, telling me that I probably had a hard time scratching men's backs during sexual intercourse, a behavior that he liked women to perform with him. Although his comments were more bizarre than dangerous, his presence made me feel uncomfortable and I ensured that I was never alone with him in any tight engineering spaces (he was the chief engineer onboard and I was the electrical officer). Vigilance and disgust were pervasive emotions for me during that period.

As someone that wanted to remain under the radar, I had difficulty bringing my concerns to the ship's leadership. However, my supervisor also made these comments to other women onboard and they were not as reticent. These women included two other officers and one enlisted woman. Sharing our concerns with each other, we finally agreed to put our experiences with the chief engineer in writing. After submitting this list of grievances to the captain of the ship, we were enthusiastic that the man's behavior would finally be addressed.

A few days later, the captain and the executive officer met with us and reviewed the letter that we had submitted. After the meeting, we were still hopeful that justice would be served. However, days turned into weeks, without the issue being addressed

again. The chief engineer finished his tour onboard, as scheduled, even receiving an award and orders to another leadership position, as executive officer of a minesweeper ship (the second in charge onboard). Likely not wanting to bring negative attention to the ship and their careers by pursuing an investigation, the captain of the ship and the executive officer continued to be promoted, with the former becoming an O-6 (U.S. Navy Captain) and the latter commanding his own ship a few years later.

Power and the Military Chain of Command

The purpose of the previous vignette is to illustrate the implications of sexual harassment and assault within the chain of command. Many perpetrators in the military setting are in leadership positions (Ghahramanlou-Holloway, Cox, Fritz, & George, 2011). When sexual harassment and assault occur, a woman service member has nowhere to turn, because her chain of command is also the one who violated her. Also, women in lower ranks are especially vulnerable to incidents of MST. For example, studies have found that women who are enlisted are twice as likely to be assaulted than women who are officers (Lauby, 2011).

The justice system in the military is also different due its utilization of the Uniform Code of Military Justice (UCMJ). Under the UCMJ, the commander of the unit acts as the adjudicating authority. So, when a sexual violation occurs within the chain of command, the commander of the unit is likely to have a better relationship with the more senior person. Also, there is no human resources department on ships or deployed ground units. Consequently, the commander remains the sole authority to review and decide issues of justice. There are many repercussions because of this procedure. For example, in 2007, only 8% of sexual assailants were referred to courts martial, or military

court, compared to 40% of similar offenders who were prosecuted in civilian courts (Mulhall, 2009).

Addressing the Problem

The U.S. military has worked assiduously to address the serious problem of MST in its ranks. Currently, the Sexual Assault Prevention and Response Office (SAPRO) acts as the primary facilitator for victim advocacy and support. This military command ensures that representatives are trained and ready to respond to reports of sexual trauma (California Coalition Against Sexual Assault, 2010). However, there still remain several longstanding problems regarding reporting procedures that the military is trying to change. For example, in response to the stigma and fear associated with reporting, SAPRO implemented restricted reporting procedures, where those who have been sexually assaulted can maintain their confidentiality and anonymity, but still receive support, including medical attention, if necessary. However, when making a restricted report, service members are still required to give their rank, gender, age, race, branch of service, and information about the assault (date, time, and location) (Mullhall, 2009). In a subculture where women are a small minority, it can be very easy to infer who reported an incident, solely based on this demographic information.

The Department of Veterans Affairs is also working tirelessly to respond to the growing population of women veterans, implementing new services and appointing qualified personnel who are able to respond to women's unique needs. Currently, every VA facility must have a designated MST Coordinator. Additionally, all veterans who seek assistance at VA facilities are required to be screened for MST (Department of Veterans Affairs, 2010). However, for many women, VA facilities can unhinge past trauma. When visiting these VA centers, some women report secondary victimization, or attitudes and behaviors that promote victim-blaming (Campbell & Raja, 2005).

Moreover, as Foster and Vince stated, “a sea of male faces when female veterans are seeking mental health services, in particular, can only further exacerbate their trauma” (Foster & Vince, 2009, p. 33).

Women’s VA services are also more fragmented, forcing many to drive long distances to multiple facilities to address different needs. As of 2009, only 14% of VA facilities offer comprehensive, gender-specific care (Mulhall, 2009). Lastly, it is important to note that this published research applies to women veterans who self-identify. Unfortunately, many former women service members do not even consider themselves veterans (Department of Labor, 2011). As one woman veteran stated, “When you think veterans—you don’t think of women. As much as society is trying to change, it’s still a man’s world” (Department of Labor, 2011, p. 15).

The Role of the Mental Health Therapist

Prior to exploring the psychological concerns of women service members, it is imperative to note the number of women who emerge from the military with little or no mental health issues. Instead, due to their time in the military, many women are transformed into psychologically stronger, more independent, and more flexible people, ready to tackle any challenge with which they are presented (Foster & Vince, 2009). The ability to integrate this resilience and pride into the therapeutic relationship cannot be overstated. Reflecting on the statements of veteran Jennifer, Diane Bailey asserted, "she (Jennifer) stated that she understands people better and has seen a different world of pain and suffering. She has a greater insight into herself" (Bailey, 2007). Another veteran, yearning for more respect stated, "We're strong. I walked miles and miles for over three months straight. I had to prove myself every day. There should be just a little respect that what we get" (Department of Labor, 2011, p. 29).

The knowledge that counselors acquire about the military culture will contribute to a greater understanding of a veteran's worldview (Department of Labor, 2011). Service members are trained to protect and defend against hostile threats and, therefore, must develop a vigilant perspective, with increased situational awareness. Many veterans must balance their natural optimism and hopeful outlooks with the truism that there are people in the world willing to destroy this happiness. Their mantra oftentimes goes something like, "Hope for the best. Expect the worst." Counselors must be aware how difficult this balancing act can be—holding an optimistic individual perspective with a more Machiavellian, pessimistic collective worldview.

Addressing Military Sexual Trauma in Counseling

MST is oftentimes an interpersonal trauma, meaning that the perpetrator is frequently a close friend, intimate partner, or someone who is professionally trusted. Because survivors may already have an established relationship with the perpetrator, they may be expected to continue to have interactions with the person who violated them. Thus, there is an increased chance of revictimization because they have to continuously experience the feelings of fear and anger associated with the incident (McCutcheon & Pavao, 2011). Additionally, as described earlier, these service women may have once viewed the perpetrators as "service members in arms." Hence, the people that they were trained to help fight with and protect, if necessary, now become the ones they fear the most (McCutcheon & Pavao, 2011). As one female service member stated after an attack, "We have met the enemy and the enemy is us" (Nelson, 2002, p. 12).

Not only do survivors of military sexual trauma harbor angry feelings towards their perpetrators, but they also may have contemptuous emotions towards the military, an institution that they sacrificed much to be a part of and also one that failed to protect them. Consequently, these survivors may have strong reactions to justice issues, including power and control dynamics and may have a difficult time being supervised by men (Solaro, 2006). Addressing the feelings of betrayal, Nelson stated:

> Trauma is compounded by a social climate that prefers not to address, much less celebrate, the sacrifices they made while on active duty. Many feel betrayed by the military that they loved so much. They feel their sacrifices were for nothing and that their battles have long since been forgotten by others—especially by their perpetrators. (Nelson, 2002, p. 10).

The reactions to power dynamics may not initially be apparent, but may manifest over time. For example, a woman veteran discussed concerns she had at work many years after a sexual assault. "I had no problems for 15.5 years until I got to this particular company…and it was all guys. I started going through the same thing with them that I was going through in the military. So I lost my job. I couldn't deal with the male authority figure any more" (Yano & Bastian, 2011, p. 33).

As counselors, it is important to understand these women's unique concerns in session. First, the military culture must be understood and acknowledged. Second, the relationship between rank and the assault must be recognized. Third, the nature of their training and how these attributes relate to the sexual assault must be discussed. In basic training, military personnel are taught how to be stoic, strong, and self-sufficient. Hence, these attributes may be incongruent with how they now view themselves. Fourth, due to the nature of their jobs, service women will often prefer action-oriented practices. Thus, it is important to collaborate with them to create a joint recovery plan. Lastly, the importance of confidentiality cannot be overemphasized. Oftentimes, these women's intimate stories and graphic accounts of their sexual assaults were shared with multiple people, including their immediate supervisors and the commander of their unit, sometimes further contributing to their re-victimization and sense of betrayal (McCutcheon & Paveo, 2011).

Trauma in the Therapeutic Relationship

Once a therapist has grasped the nuances of the military setting, it is important to then understand the psychological complexity of trauma itself, especially traumatic events that occur in the early stages of development. As stated previously, younger

enlisted service women (18-24 years of age) are twice as likely to be sexually assaulted than the rest of the military population. So, an 18-year-old woman, who is still developing her own identity, has numerous obstacles to overcome, including trying to address a traumatic event with underdeveloped coping mechanisms, while also attempting to gain self-efficacy after an event that has left her powerless (especially if the perpetrator was a higher ranking service man) (Ogden et al., 2006).

Trauma and the Brain

Referring back to the neurophysiological responses, both the sympathetic and parasympathetic nervous systems respond to this trauma, as well. The sympathetic nervous system becomes involved in response to the activation of the amygdala. Heart rate and respiration increase and muscles tighten due to a surge of adrenaline. Frontal lobes shut down to expedite bodily reaction time. The person is now prepared to act against the threat. However, when it is not safe to fight or to flee, the parasympathetic nervous system becomes involved. Heart rate and respiration decrease, which can lead to collapse, exhaustion, weakness, and shaking. The response is now, "don't move, it's not safe" (Emerson & Hopper, 2011).

The traumatized part of the self can become compartmentalized, causing a person to develop different coping strategies to simply survive. These coping mechanisms include fighting (vigilance), fleeing (escape), freezing (phobia), submitting (depression, self-effacement), and attaching (dependence) (Emerson & Hopper, 2011). Many trauma survivors also react to perceived threats by dissociating. Dissociation is defined as, "a disruption of the usually integrated functions of consciousness, memory, identity, or perception of the environment" (Fisher, 2001). Some trauma survivors may also suffer

from alexithymia, which is the inability to recognize and label one's own emotions (Ogden et al., 2006).

With an understanding of some of the neurophysiologic reactions to trauma, it is also important to understand the emotional stages of trauma recovery. Utilizing a tiered recovery model, similar to Dr. Lisa Najavits's Seeking Safety model, David Emerson (2011) suggests a three-stage model. The first stage involves safety and stabilization. During this stage, clients learn to define their own version of safety and to recognize common symptoms of distress. During stage two, clients work to overcome traumatic memories and to integrate theses experiences into their current selves (i.e., to gain a greater appreciation of who they have become as a result of the adversity). Lastly, stage three involves the integration of past experiences into which they wish to be. Much of the work during this stage includes reducing feelings of shame and alienation and creating goals that involve posttraumatic meaning-making (Emerson & Hopper, 2011).

Regarding trauma survivors' tendency to dissociate, it should be recognized that all humans dissociate to a certain extent, which can oftentimes be a creative form of adaptation and survival. The ability to frame these dissociative responses positively in the therapeutic relationship is crucial towards a successful recovery. The goal becomes how to help clients use these dissociative skills to increase ego strength rather than to increase defensiveness (Fisher, 2001). Dr. Janina Fisher, a subject matter expert in sensorimotor approaches, describes some of her laws when working with clients who dissociate. These include, "A part is just a part. The system was designed for survival, not destruction. For every action, there will be an equal and opposite reaction. The therapist is the therapist for all the parts" (Fisher, 2001).

Using visualization techniques can help clients distance themselves from the affect of the trauma (i.e., awake the thinking brain). Because MST often occurs during late adolescent/emerging adulthood, it is important to recognize the psyche of the individual at the time of the assault compared to the characteristics of the adult self who is now in therapy. Clients may be asked to visualize themselves at the age of the incident, asking the following questions: "What part of you might have been feeling that way? Why or how might that part have been triggered? Is this feeling a communication from that part? What might that particular part be trying to tell you?" (Fisher, 2001). Hence, aligning with the clients' own tendencies to fragment parts of themselves, therapists can foster a deeper empathy for the clients' past selves. This technique then increases internal communication and cooperation, making the client more self-aware (Fisher, 2001).

Key facets of many types of trauma, including MST, include the helplessness that was experienced in the face of the threat, combined with the pain of abandonment by potentially protective caregivers (Fisher, 2001). For MST survivors, these caregivers include the institution of the military. Moreover, because these women's boundaries have been violated and their self-reliance skills were seen as futile at the time of the incident, they may not currently be able to trust their emotions and their ability to react to threats. (Ogden et al., 2006).

Sensorimotor approaches seek to address these feelings and sensations, emphasizing that it is now safe to have them and to react. This is accomplished through putting into action the parts (and feelings) that were frozen, or immobilized, during the incident. Hence, the goal of sensorimotor interventions is to uncover the empowering

defenses that were ineffective or abandoned at the time of the trauma through physical exercises or demonstrations. This goal is accomplished through first understanding current maladaptive actions, then learning to stop or inhibit these initial impulses—replacing these reactions with alternative ones to help complete the frozen, or helpless, reaction cycle—then, lastly, practicing ways to act. In a therapeutic setting, this intervention can simply include talking about the trauma, with the emphasis being on physical sensations and actions, rather than on the emotional content (Ogden et. al., 2006).

For example, if a client is talking about her immobilized physical reaction at the time of a sexual assault, it may be beneficial to address what the client wished she could have done differently. This may have included physically punching or pushing back to defend herself against the perpetrator, an act that can now be completed or, at least practiced, in the therapy room. Other ways this approach could be beneficial include when a client was not able to run or flee during a sexual assault. Now, in therapy, a client can tell her story while standing or pacing, unlocking physical reactions that she was not able to experience at the time of the incident (Ogden et. al., 2006).

Another complementary physical intervention for MST survivors includes yoga. According to David Emerson:

> Trauma exists in the space between the scientific—the neurological, the chemical, and the effect on the organism as a whole—and the individual's subjective experience of what life is like now, post-trauma. Yoga can meet people in this space between: where body and mind, science and the subjective converge (Emerson, & Hopper, 2011).

Many survivors of MST do not have a good relationship with their bodies, which have become, "expected vehicles for tension," and reminders of their failure due to not being able to avoid the traumatic event (Fisher, 2001). Hence, yoga teaches clients to regulate their emotions and to get back into their bodies, eventually befriending them (Emerson & Hopper, 2011).

According to a study in 2005, people with PTSD had lower heart rate variability (HRV) compared to the rest of the population (Emerson, 2011). HRV is a means of measuring the brain's arousal systems, including the brain stem. People with low HRV tend to have difficulties regulating their impulses and emotions and are more likely to develop a variety of illnesses including depression and heart disease. Yoga has been proven to increase HRV, contributing to better physical and emotional regulation. Moreover, according to a study comparing an eight-week yoga course with an eight-week dialectical behavior therapy course, yoga participants scored higher than DBT participants on both the body image/body awareness and mood scales (Emerson & Hopper, 2011).

One must be mindful of communication patterns when practicing yoga with MST survivors. In yoga, and even in therapeutic sessions, it is important to use empowering language that always gives the clients choices. Too often, after MST incidents, service women are left feeling powerless and trapped. Trauma-sensitive language then highlights these women's ability to choose. After giving directions, it is important to use phrases such as, "as you are ready," "if you wish," "if you'd like," or "just notice; don't judge." These phrases ensure that the client have the control and can stop at any time (Emerson & Hopper, 2011).

The key concept in both therapy (utilizing sensorimotor approaches) and in complementary practices (like yoga) for survivors of military sexual trauma is assisting them in becoming more comfortable with their bodies. After a sexual assault, these women feel that their bodies are unsafe. Hence, they must be given opportunities to experience physical sensations that unlock their bodies, making them trust their sensations so they can implement new ways of acting into their daily lives (Emerson & Hopper, 2011).

Conclusions and Recommendations

Based upon the previously provided analysis, it is evident that the counseling community has not yet adequately addressed service women's mental health concerns. First, although the Department of Veterans Affairs has recently begun to directly treat the pervasive problem of MST, this government organization cannot continue to treat the growing number of women veterans alone. Moreover, although women currently comprise only 8.2% of the veteran population, this number is expected to almost double to 15.2% by 2036 (Department of Veterans Affairs). This statistic has several implications, including acting as a distress call to counselors outside of the VA, who must be ready and willing to fill the holes in service that will inevitably appear in the near future.

It is recommended that counselors continue to increase their multicultural competence regarding military concerns. This knowledge becomes multi-layered when working with women veterans due, not only to the need for understanding of the military culture, but also due to the importance of understanding what it means to be a woman in uniform. Several references have been provided to help with this task. Additionally, while counseling women who have survived MST, counselors must adhere to two principles. First, it is integral that women are given the respect and recognition that they deserve. This does not necessarily mean that counselors explicitly thank these women for their service. However, it does mean that counselors convey that they understand that these women are now integral parts of the military, performing their roles just as well, and just as brave, as men. Second, it is important that the therapeutic relationship is collaborative and egalitarian in nature. As stated previously, part of MST involves an

imbalance in interpersonal power. Thus, this emphasis on an equal partnership is paramount to positive transformation.

Working with survivors of MST also demands that counselors continue to keep abreast of the continuous research regarding clients who have experienced trauma. Especially in cases of MST, talk therapy may not effectively open the doors to dialogues of recovery. Many service women pride themselves on being competent and ready to complete any task placed upon them. However, once they enter the therapy room, they may find that they are not adequately prepared to openly talk about their trauma. As Bessel van der Kolk stated, "Describing traumatic experiences in conventional verbal therapy is likely to activate implicit memories, that is, trauma-related physical sensations and physiological hyper- or hypo-arousal, which evoke emotions such as helplessness, fear, shame, and rage" (Emerson & Hopper, 2011). Hence, bottom-up approaches may be the best means of accessing the continuous spectrum of their emotions. Only once they become more comfortable with trusting their bodies, can real healing begin.

The importance of ensuring survivors of MST feel safe in the therapeutic setting cannot be overstated. One of the most widely shared feelings of survivors of sexual trauma is that they no longer feel safe in the their own bodies. Sensorimotor approaches may provide the key to unlocking these feelings in their bodies then. Clients must learn to define their own versions of safety, oftentimes using physical cues to tap into their emotions. Only when their bodies have begun to heal, can meaning-making begin. During this process, counselors must link clients to peer support groups and other organizations that will help clients further normalize their once self-loathing feelings, possibly finding camaraderie for the first time in their adult lives.

Personal Reflection

During the first vignette, my 17-year-old self wondered how she would emerge on "the other side," after her 10 years of military service. Now, my 30-year-old self is ready to answer her question. First, I must state that I was never sexually assaulted in the military. For that, I am fortunate and thankful. My heart goes out to all of the women who were not as lucky as me. I appreciate your sacrifices to this country. Second, I never chose to take back, or refer to myself as, those derogatory names for women service members, including WUBA at the U.S. Naval Academy. I have many strong and independent women shipmates who did decide to use terms, such as WUBA, as a way of gaining their power back. Their decision is entirely theirs. Third, I, like many of my other women shipmates, am a stronger, more resilient person due to my ten years of military service and I have no regrets about my decision to become a part of our nation's defense.

However, it was not without difficulty that I transitioned from a lieutenant to a civilian, at first disillusioned because I could not accurately understand the meaning of my ten years in the Navy. Luckily, my professors at James Madison University did not give up on me. For that, I thank them. Now, I understand that I can use the skills I learned in the Navy—my ability to work under stress, my healthy skepticism, and my determination—to further improve the lives of other women veterans. So, that is where I am on my recovery path—finding the meaning behind some of the pain and adversity…finally.

Appendix 1: Rank Structure in the Army and Women Soldier Demographics

(Source: Congressional Joint Economic Committee Report, 2007)

Grade	Rank Title In Army	Range of Base Salary In Pay Range	All Women	White (Non-Hispanic)	Hispanic (White)	Black	Asian / Pacific Islander	Other Groups [1]
E-0 — E-4	Private - Corporal	$14,436 to $24,744	88,850	45,999	7,938	22,636	4,425	7,852
E-5 — E6	Sergeant - Staff Sergeant	$22,248 to $36,768	60,718	25,604	3,040	22,211	2,521	7,342
E-7 — E-9	Sergeant 1st Class - Sergeant Major	$28,069 to $66,154	13,311	5,529	299	5,987	325	1,171
W-1 — W-5	Warrant Officer - Chief Warrant Officer	$28,958 to $77,400	1,276	505	23	537	32	179
O-1 — O-3	2nd Lieutenant - Captain	$29,628 to $64,271	21,698	13,926	498	3,471	1,112	2,691
O-4 — O-6	Major - Colonel	$44935 to $108,428	10,725	7,636	236	1,773	405	675
O-7 — O-10	Brigadier General - General	$84,287 to $168,000	47	43	0	2	1	1
Total		-	196,625	99,242	12,034	56,617	8,821	19,911

[1] Sum of Alaskan Native/American Indian, Multi-Race, and Unknown.

Source: Department of Defense, "Racial and Pay Grade Distribution of Women in the Active Duty U.S. Military," December 2006.

Appendix 2: Women Service Members Demographics by Branch

(Source: Women in Military Service for America Memorial Foundation)

Statistics on Women in the Military

State	Women Veterans	State	Women Veterans
Alabama	36,082	Montana	8,138
Alaska	8,672	Nebraska	11,405
Arizona	48,112	Nevada	21,699
Arkansas	20,080	New Hampshire	8,853
California	166,110	New Jersey	27,707
Colorado	38,444	New Mexico	16,700
Connecticut	15,144	New York	63,899
Delaware	6,485	North Carolina	70,729
Dist. of Columbia	3,890	North Dakota	4,712
Florida	140,871	Ohio	61,039
Georgia	78,150	Oklahoma	27,009
Hawaii	11,744	Oregon	25,337
Idaho	10,792	Pennsylvania	63,537
Illinois	57,479	Rhode Island	4,959
Indiana	33,622	South Carolina	36,092
Iowa	15,084	South Dakota	6,082
Kansas	18,331	Tennessee	39,694
Kentucky	25,197	Texas	158,350
Louisiana	27,284	Utah	11,160
Maine	10,368	Vermont	3,660
Maryland	49,562	Virginia	93,637
Massachusetts	25,687	Washington	56,204
Michigan	45,417	West Virginia	12,015
Minnesota	23,213	Wisconsin	28,374
Mississippi	18,042	Wyoming	4,578
Missouri	38,206	Puerto Rico	7,241
		Terr/Foreign	8,846
		Total	1,853,690

State-by-State data courtesy of the Department of Veterans Affairs.
Data reported as of Sep. 30, 2011.

Number of Women Serving

Information courtesy of the Department of Defense and the US Coast Guard.
Data reported as of Sept. 30, 2011.

ACTIVE DUTY

	Women	Total	% Women
Army	76,694	565,463	13.6%
Marine Corps	13,677	201,157	6.8%
Navy	53,385	325,123	16.4%
Air Force	63,552	333,370	19.1%
Total DoD	207,308	1,425,113	14.5%
Coast Guard	6,790	43,251	15.7%
Total	**214,098**	**1,468,364**	**14.6%**

RESERVE & GUARD

	Women	Total	% Women
Army Reserve	62,473	288,686	21.6%
Marine Corps Reserve	5,704	100,453	5.7%
Navy Reserve	20,549	103,015	19.9%
Air Force Reserve	28,463	106,814	26.6%
Total DoD	117,189	598,968	19.6%
Coast Guard Reserve	1,592	9,526	16.7%
Reserve Total	**118,781**	**608,494**	**19.5%**
Army National Guard	53,290	365,166	14.6%
Air National Guard	19,500	105,685	18.5%
National Guard Total	**72,790**	**470,851**	**15.5%**

Number of Military Women Held as Prisoners of War During Individual Military Conflicts

Civil War	1
World War II	90
Desert Storm	2
Operation Iraqi Freedom	3

Number of Women in Individual Military Conflicts

Civil War	Unknown
Spanish-American War	1,500
World War I	35,000
World War II (era)	400,000
Korea (in theater)	1,000
Vietnam (in theater)	7,500
Grenada (deployed)	170
Panama (deployed)	770
Desert Storm (in theater)	41,000

Revised 11/30/11

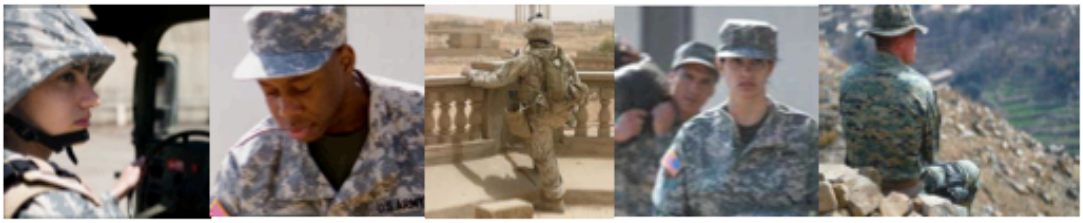
Appendix 3: Military Cultural Competence Check List

(Source: Department of Labor Women's Bureau)

I. Supporting Staff Development **A. Training and Education** Military Knowledge	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
16. The different branches of the military						
17. Military-specific language/terminology, acronyms, rules/regulations						
18. How to read and understand military forms (e.g., DD214)						
19. The unique experiences of female service members						
20. Types of discharges from the military						
21. The experiences of female veterans upon discharge from the military						
22. Types of benefits for female veterans (e.g., VA, SSI, housing options)						
23. Eligibility criteria for various benefits						
24. The U.S. Department of Labor's assistance programs for veterans (e.g., Homeless Female Veterans, a new Homeless Veterans' Reintegration Program or Homeless Veterans with Families Program; Veterans Workforce Investment Program; Incarcerated Veterans' Transition Program)						
25. The specific service needs and preferences of female veterans (e.g., types of services, methods of delivery, who provides the services)						
26. The resources available to female veterans (e.g., VA, community-based, Web-based)						
27. The barriers/challenges to accessing services for female veterans (e.g., availability, location, experiences with the VA)						
28. The process for attaining benefits and services through the local VA						

Appendix 4: Veterans Affairs Outreach

(Source: Department of Veterans Affairs)



VETERANS:

- DID YOU EXPERIENCE ANY UNWANTED SEXUAL ATTENTION, UNINVITED SEXUAL ADVANCES, OR FORCED SEX WHILE IN THE MILITARY?
- DOES THIS EXPERIENCE CONTINUE TO AFFECT YOUR LIFE TODAY?

Both women and men can experience sexual harassment or sexual assault during their military service. **VA refers to these experiences as military sexual trauma, or MST.** Like other types of trauma, MST can negatively impact a person's mental and physical health, even many years later. Some problems associated with MST include:

Disturbing memories or nightmares
Difficulty feeling safe
Feelings of depression or numbness
Problems with alcohol or other drugs
Feeling isolated from other people
Problems with anger or irritability
Problems with sleep
Physical health problems

THE DEPARTMENT OF VETERANS AFFAIRS (VA) HAS SPECIAL SERVICES AVAILABLE TO HELP WOMEN AND MEN WHO HAVE EXPERIENCED MILITARY SEXUAL TRAUMA (MST).

People can recover from trauma. To help veterans do this, VA provides **free, confidential treatment** for mental and physical health conditions related to experiences of MST. You do not need to have a VA disability rating (be "service connected") and may be able to receive treatment even if you are not eligible for other VA care. You do not need to have reported the incident(s) when they happened or have other documentation that they occurred.

Department of Veterans Affairs mst support team VA Cares About Military Sexual Trauma

WHAT KIND OF SERVICES ARE AVAILABLE?

- Every VA healthcare facility has a designated MST Coordinator who serves as a contact person for MST-related issues. This person can help Veterans find and access VA services and programs. He or she may also be aware of state and federal benefits, and community resources that may be helpful.
- Every VA healthcare facility has providers knowledgeable about treatment for the aftereffects of MST. Many have specialized outpatient mental health services focusing on sexual trauma. Vet Centers also have specially trained sexual trauma counselors.
- Nationwide, there are programs that offer specialized sexual trauma treatment in residential or inpatient settings. These are programs for Veterans who need more intense treatment and support.
- To accommodate Veterans who do not feel comfortable in mixed-gender treatment settings, some facilities throughout VA have separate programs for men and women. All residential and inpatient MST programs have separate sleeping areas for women and men.
- Veterans should feel free to ask to meet with a provider of a certain gender if it would make them feel more comfortable.

Service connection or disability compensation is <u>not required</u> to receive free treatment for conditions resulting from MST.

HOW CAN I GET HELP?

- Speak with your existing VA healthcare provider
- Contact the MST Coordinator at your local VA Medical Center
- Contact your local Vet Center
- Call 1-800-827-1000, VA's general information hotline

A list of VA and Vet Center facilities can be found online at www.va.gov and www.vetcenter.va.gov.

More information about MST is available at www.mentalhealth.va.gov/msthome.asp.

October, 2010

Department of Veterans Affairs

mst support team

VA Cares About Military Sexual Trauma

Appendix 5: Story from a Survivor

(Source: Department of Veterans Affairs)

Glenda's Story of Recovery

Glenda's journey has been long as well. As a 21-year-old recruit, she was raped by her commanding officer while she was held down by the unit's first sergeant.

Afterwards, the lieutenant said that if she told anyone, he would see that she received a dishonorable discharge and would report that she was "unsuitable for service."

After her discharge, Glenda felt she could not go home to her family and began a bleak odyssey which led her to drugs, alcohol and prostitution. "I didn't care. I was numb. I was homeless and almost suicidal."

Some of her symptoms included fear of men, fear of crowds, and "paranoia about people behind me."

Finally, on the advice of other Veterans she had met, Glenda came to the VA hospital in Bay Pines, FL. She was diagnosed with PTSD, one of the painful conditions that can result from Military Sexual Trauma.

It was not easy. Glenda remembers, "I went through their program a bunch of times. As part of a therapy called Prolonged Exposure, my therapist asked me if I wanted to record my experiences. She thought I should listen to them. I agreed even though I never got used to it. But I'm glad I did. It worked. They made me realize it was not my fault."

With the support of other VA programs, including transitional housing, Glenda today has moved home, has a great relationship with her family and only has one semester to complete for her degree in social services which she plans to use "to help women Veterans who have been through what I went through."

"The VA saved my life. Every time I go to the VA hospital, I go in just to talk to my therapist and tell her, again, thank you."

Her advice for other Veterans: "Those secrets are not going to go away. Call the VA.

They can help you live again."

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