



## ***Rape, Sexual Assault and Sexual Harassment in the Military*** ***The Quick Facts***

Despite over 25 years of Pentagon studies, task force recommendations and congressional hearings, rape, sexual assault and sexual harassment continue to occur at alarming rates year after year. In addition to the devastating effects of sexual violence on survivors and their families, rape, sexual assault and sexual harassment threaten the strength, readiness and morale of the U.S. military, undermining U.S. national security.

### **THE CRISIS**

\* 3,192 military sexual assaults were reported in fiscal year 2011, an increase of 1% from fiscal year 2010 and a 1.1% decrease from 2009.<sup>i</sup>

\* While sexual assaults are under-reported, this problem is exacerbated in military settings. In 2010, out of the 19,000 sexual assaults that occurred in the military, the Department of Defense (DOD) estimates that only 13.5% of survivors reported assault.<sup>ii</sup> It is difficult to determine the number of assaults in 2011 since the *Workplace and Gender Relations Survey of Active Duty Member (WGRA)* was not conducted in 2011.

\* In 2010, approximately 55% of women and 38% of men reported that their assailant sexually harassed or stalked them prior to the incident of rape or sexual assault.<sup>iii</sup>

\* In 2011, 1518 of the 3192 reported sexual assaults were considered actionable<sup>iv</sup> by the military, a decrease of 22% from the previous year. Prosecution rates for sexual predators are astoundingly low—in 2011, less than 8% of reported cases went to trial. Of the cases that went to trial, 191 subjects were convicted, resulting in 148 offenders serving jail sentences and 122 being discharged. An estimated 10% of perpetrators resigned in lieu of courts-martial (RILO), which effectively means the military allowed rapists to quit their jobs in order to avoid facing charges.<sup>v</sup>

\* The Department of Defense does not maintain a military sex offender registry that can alert service members, unit commanders, and military families to the presence and movement of sexual predators within the military population.

### **CONSEQUENCES OF MILITARY RAPE, SEXUAL ASSAULT AND SEXUAL HARASSMENT**

\* While experiences of rape, sexual assault, and sexual harassment are strongly associated with a wide range of mental health conditions for both men and women veterans, MST<sup>vi</sup> is the leading cause of PTSD among women veterans, while combat trauma is the leading cause of PTSD among men.<sup>vii</sup>

\* Rape, sexual assault, sexual harassment and their attendant consequences are often risk factors for homelessness among women veterans. 39% of homeless women veteran VHA users screened positive for MST in FY2010 compared to 22% of all women VHA users.<sup>viii</sup>

\* Stress, depression and other mental health issues associated with surviving rape, sexual assault and sexual harassment make it more likely that survivors will experience high rates of substance abuse and will have difficulty finding work after discharge from the military.<sup>ix</sup>

### **THE AFTERMATH: PROBLEMS WITH ACCESSING BENEFITS AND TREATMENT**

\* Some evidence suggests that rape, sexual assault and sexual harassment survivors who have been treated in military medical settings experience a “second victimization” while under care, often reporting increased rates of depression and PTSD.<sup>x</sup>

\* Female rape, sexual assault and sexual harassment survivors who have used VHA services reported a lower quality of care and dissatisfaction with VHA services compared to women using outside care.<sup>xi</sup>

\* While women and men both face enormous barriers to receiving VA disability compensation for MST-related PTSD, evidence indicates that men receive higher compensation ratings than women.<sup>xii</sup>

### **THE COSTS OF MILITARY RAPE, SEXUAL ASSAULT AND SEXUAL HARASSMENT**

\* In FY 2010 alone, 108,121 veterans screened positive for MST. 45.7% (49,388) of these survivors were men.<sup>xiii</sup> In 2010, 68,379 veterans had at least one VHA outpatient visit for conditions related to MST; 39% (26,904) of these patients were men.<sup>xiv</sup>

\* With veterans from Afghanistan and Iraq, 75.9% of these vets that screened positive for MST utilized care within a year. Gender was the biggest predictor of utilization, with men using less care than women.<sup>xv</sup>

\* The Veterans Administration (VA) spends approximately \$10,880 on healthcare costs per military sexual assault survivor. Adjusting for inflation, this means that in 2010 alone, the VA spent almost \$872 million dollars on sexual assault-related healthcare expenditures.<sup>xvi</sup>

### **WHAT SWAN DOES: ADVOCATING FOR JUSTICE, HEALING THE WOUNDS**

\* SWAN is spearheading a national movement to end rape, sexual assault and sexual harassment in the military using litigation, legislative remedies, media advocacy and public education. In order to achieve sexual assault policy reform in the military, SWAN's focus is on the following three areas: protecting victims, prosecuting and punishing sex offenders, and providing civil remedies to service members in cases of sexual assault.

\* Through our National Peer Support Helpline, SWAN provides confidential peer support, legal referrals and counseling referrals to service women and service men, veterans and family members of survivors of rape, sexual assault and sexual harassment in the military.

**For more information, please contact [policy@servicewomen.org](mailto:policy@servicewomen.org) or call (212) 683-0015 x324.**

*SWAN is a national civil rights organization founded and led by women veterans. SWAN's vision is to transform military culture by securing equal opportunity and the freedom to serve in uniform without the threat of harassment, discrimination, intimidation or assault. SWAN also seeks to reform veterans' services on a national scale to guarantee equal access to quality health care, benefits and resources for women veterans and their families.*

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- <sup>i</sup> Department of Defense, SAPRO. 2012. "Fiscal Year 2011 Annual Report on Sexual Assault in the Military." Available: [http://www.sapr.mil/media/pdf/reports/Department\\_of\\_Defense\\_Fiscal\\_Year\\_2011\\_Annual\\_Report\\_on\\_Sexual\\_Assault\\_in\\_the\\_Military.pdf](http://www.sapr.mil/media/pdf/reports/Department_of_Defense_Fiscal_Year_2011_Annual_Report_on_Sexual_Assault_in_the_Military.pdf);
- Department of Defense, DMDC. 2011. "2010 Workplace and Gender Relations Survey of Active Duty Members." Available: [http://www.sapr.mil/media/pdf/research/DMDC\\_2010\\_WGRA\\_Overview\\_Report\\_of\\_Sexual\\_Assault.pdf](http://www.sapr.mil/media/pdf/research/DMDC_2010_WGRA_Overview_Report_of_Sexual_Assault.pdf).
- <sup>ii</sup> Department of Defense. SAPRO, 2011.
- <sup>iii</sup> Department of Defense, DMDC, 2011.
- <sup>iv</sup> Actionable cases are sexual assault allegations that have been investigated by the service's criminal investigations office and found to be both substantiated and within the jurisdiction of the military's criminal justice system.
- <sup>v</sup> Department of Defense, SAPRO. 2012.
- <sup>vi</sup> The phrase Military Sexual Trauma (MST) is the official term for the psychological trauma that may result from military rape, sexual assault and sexual harassment. SWAN considers the term a euphemism and prefers to call these crimes and violations what they are—rape, sexual assault and sexual harassment. The term "MST" masks the severity of this crisis, and it is important to properly name these egregious acts committed against our men and women in uniform.
- <sup>vii</sup> Street et al. 2008. "Sexual harassment and assault experienced by reservists during military service: Prevalence and health correlates." *Journal of Rehabilitation Research and Development* 45: 409-420; Kang et al. 2005. "The role of sexual assault on the risk of PTSD among Gulf War veterans." *Annals of Epidemiology* 15(3):191-195.
- <sup>viii</sup> Vanessa Williamson and Erin Mulhall. 2009. "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans." New York: Iraq and Afghanistan Veterans of America.
- <sup>ix</sup> Skinner et al. 2000. "The Prevalence of Military Sexual Assault Among Female Veterans' Administration Outpatients." *Journal of Interpersonal Violence* 15 (3):291-310.
- <sup>x</sup> Rebecca Campbell and Sheela Raja. 2005. "The Sexual Assault and Secondary Victimization of Female Veterans: Help-Seeking Experiences with Military and Civilian Social Systems." *Psychology of Women Quarterly* 29 (1): 97-106.
- <sup>xi</sup> Kelly et al. 2008. "Effects of Military Trauma Exposure on Women Veterans' Use and Perceptions of Veterans Health Administration Care." *Journal of General Internal Medicine* 23 (6):741-747.
- <sup>xii</sup> In conjunction with the ACLU, SWAN filed a Freedom of Information Act (FOIA) request to obtain data concerning gender differences in compensation awarded for MST-related PTSD claims. Based on data analyzed for fiscal years 2008-2010, men are more likely than women to receive 70% and 100% ratings for MST-related PTSD claims ( $p < .001$ ). See also Department of Veterans Affairs, Office of Inspector General. 2010 "Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits." Washington, D.C.: Office of Inspector General.
- <sup>xiii</sup> Department of Veterans Affairs, Office of Inspector General. 2010. "Review of Inappropriate Copayment Billing for Treatment Related to Military Sexual Trauma." <http://www4.va.gov/oig/54/reports/VAOIG-09-01110-81.pdf>.
- <sup>xiv</sup> Department of Veterans Affairs, Office of Mental Health Services. 2011. "Summary of Military Sexual Trauma-related Outpatient Care Report, FY 2010." Washington, D.C.: Department of Veterans Affairs, Office of Mental Health Services.
- <sup>xv</sup> Jessica, Turchik A., Pavao Joanne, Mark Hanna, and Kimerling Rachel. "Utilization and Intensity of Outpatient Care Related to Military Sexual Trauma for Veterans from Afghanistan and Iraq." *Journal of Behavioral Health Services and Research* (2012).
- <sup>xvi</sup> Suris et al. 2004. "Sexual Assault in Women Veterans: An Examination of PTSD Risk, Health Care Utilization, and Cost of Care." *Psychosomatic Medicine* 66: 749-756.