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Victims of sexual harassment and sexual assault in the military: Understanding risks and promoting recovery

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ABSTRACT
Ultimately, sexual harassment and sexual assault can only be eradicated by understanding and intervening with its perpetrators, however a thorough understanding of victims and their experiences is also crucial. Knowing who victims are—that is, who do perpetrators choose to victimize?—aids in predicting and interrupting perpetration. Knowing about victims’ experiences during and after harassment and assault—that is, how are victims impacted?—is necessary to design effective, sensitive interventions to support their recovery. To assist the field in these efforts, this article reviews what is currently known about risk for experiencing sexual harassment and assault during military service and the issues survivors face in recovery. Particular attention is paid to identifying areas where more study is needed.

Ultimately, sexual harassment and sexual assault can only be eradicated by understanding and intervening with its perpetrators, however a thorough understanding of victims and their experiences is also crucial. Knowing who victims are—that is, who do perpetrators choose to victimize?—aids in predicting and interrupting perpetration. Knowing about victims’ experiences during and after harassment and assault—that is, how are victims impacted?—is necessary to design effective, sensitive interventions to assist in their recovery.

Prevention and intervention efforts have benefitted greatly in this regard from the robust scientific literature related to civilian victims of sexual harassment and assault that has developed over the past 30 years. In contrast, the literature on sexual harassment and sexual assault victimization during military service remains small, albeit growing. The paucity of literature in this area is problematic because particularities of the military context shape who is most likely to be victimized, the nature of victims’ experiences of sexual harassment and assault in the military, and thus their recovery from them.

To promote the continued expansion of knowledge in this area, this article reviews what is known about risk for experiencing sexual harassment and assault in the military and the issues survivors face in recovery with a particular eye toward identifying areas where more work is needed. It is important to note that, consistent with the Introduction to this Special Issue, our review is premised on the notion that sexual harassment and assault in the military exist along a continuum. In a context where victims work, live, and socialize with the same group of individuals, ongoing experiences of sexual harassment may create a climate of threat for a victim comparable to that created by a single instance of sexual assault. Moreover, few victims experience sexual assault in the military without also experiencing sexual harassment (Morral, Gore, & Schell, 2015b). In the review that follows, we align our terminology to match what has been specifically found in the literature; however, we encourage readers to remember this continuum and the fact that conceptually, it may not be possible to draw firm lines between...
sexual harassment and sexual assault in the military context.

**Risk factors for experiencing military sexual harassment and assault**

Any review related to victims of sexual harassment and assault in the military must begin with a discussion of who victims are. As noted earlier, this is fundamentally a discussion of who perpetrators select for victimization. Given this, the following should not be interpreted as suggesting that victims hold responsibility for their victimization, as that responsibility lies solidly with the perpetrator. Rather, the risk factors reviewed here are markers that identify those individuals at increased risk of experiencing sexual victimization during their military service. Also of note, risk factors for sexual assault victimization have received more study than risk factors for sexual harassment victimization. But in most cases, when risk factors for both forms of victimization have been examined, findings have revealed similar risk factors for both. We note specific exceptions below, when appropriate.

**Demographics and other personal characteristics**

As in the civilian sector, the risk factor most strongly and consistently associated with sexual harassment and sexual assault victimization in the military is being female (Street, Gradus, Stafford, & Kelly, 2007). Specifically, recent estimates suggest that during the past year, 26% of female service members, compared to 7% of male service members, experienced sexual harassment (Morral et al., 2015b), and 20% of female service members, compared to 1% of male service members, experienced sexual assault (Morral et al., 2015b).

Although women’s increased risk for sexual victimization is determined by a complex array of sociocultural factors (Jewkes, Sen, & GarciaMoreno, 2002), this finding is consistent with the hypothesis that perpetrators of sexual victimization may be more likely to target individuals with less sociocultural power, perhaps because these individuals may be less likely to fight back or to formally report victimization experiences due to concerns about being disbelieved or retaliated against (Burks, 2011). Supporting this notion, studies have found that experiencing sexual harassment or assault in the military is linked to demographic factors historically associated with lower socioeconomic status and power, including younger age, less formal education and nonmarried status (Harned, Ormerod, Palmieri, Collinsworth, & Reed, 2002; LeardMann et al., 2013). Military demographic factors generally associated with low organizational power, such as lower pay grade (e.g., enlisted vs. officer rank) and fewer years in service, also increase risk for experiences of sexual harassment and assault (Harned et al., 2002; Sadler, Booth, Cook, & Doebbeling, 2003). Interestingly, as in the civilian literature (Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2013; Scott, Leffley, & Hicks, 1993), evidence as to whether minority racial group membership increases risk for experiences of sexual harassment and sexual assault in the military context is mixed (cf. Harned et al., 2002 and in contrast Sadler et al., 2003 and Stander, Merrill, Thomsen, Crouch, & Milner, 2008).

The sociocultural power hypothesis would also suggest that lesbian, gay, bisexual, and transgender service members might be at particular risk for experiencing sexual harassment and assault during their military service. With regard to sexual orientation, studies to date (which have focused solely on women) have reported mixed findings: two studies found no link between sexual orientation and risk for sexual harassment and/or sexual assault during military service among women veterans (Dardis, Shiperd, & Iverson, 2016; Lehavot & Simpson, 2014), one study found that experiences of sexual assault during military service were significantly more frequent among lesbian and bisexual veterans as compared to heterosexual women veterans but found no differences in sexual harassment victimization (Mattocks et al., 2013), and one study found sexual assault in the military to be significantly more frequent among women veterans who had same-sex partners as opposed to women veterans who had been exclusively heterosexual during their lifetime (Booth, Mengeling, Torner, & Sadler, 2011). To our knowledge, only one study has examined sexual victimization among transgender veterans, showing that these individuals were more likely to have experienced sexual harassment or assault during their military service than were matched controls (Brown & Jones, 2015). It is important to note that all these studies highlighted were of veterans, not service members. Although it is unknown if these veterans identified as lesbian, gay, bisexual or transgender at the time of their military service, it is unlikely that a majority lived openly as lesbian, gay, bisexual or transgender at the time of their service given “Don’t Ask, Don’t Tell” policies from 1994 to 2011 and bans until recently on transgender individuals serving in the U.S. military. Given theoretical conceptualizations of sexual harassment positing that it is in part a tool used to enforce traditional gender roles by punishing women who deviate from a prescribed traditional feminine gender role
and men who deviate from a prescribed traditional masculine gender role (Franke, 1997), it is possible that gender nonconformity, rather than their sexual orientation or transgender identity per se, was the reason these individuals were targeted for sexual victimization during military service. As such, this remains an area in which additional study is warranted.

In addition to the demographic risk factors just reviewed, there is strong evidence that, as is true for civilian sexual assault, sexual assault in the military is associated with a number of variables related to prior trauma exposure. Most work to date has focused on prior sexual victimization, finding that childhood sexual trauma exposure. Most work to date has focused on prior sexual victimization, finding that childhood sexual abuse and experiences of premilitary adult rape are risk factors for experiencing sexual assault in the military (Merrill et al., 1999; Sadler et al., 2003). Although more work is needed on how other forms of trauma may affect sexual victimization risk, experiences of childhood physical abuse have also been linked to experiencing sexual assault during military service (Merrill et al., 1999). More study is needed on mechanisms underpinning this increased risk, but it seems likely that variables identified in civilian samples such as posttraumatic stress disorder (PTSD; Littleton & Ullman, 2013), substance abuse (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Merrill et al., 1999) social anxiety (Schry & White, 2013), and other mental health symptoms associated with earlier victimization experiences may be influential in the military context as well. In addition, aspects of sexual behavior that may have been impacted by earlier victimization experiences, including decreased sexual assertiveness (Schry & White, 2013), earlier age of onset of consensual sexual activity (Fergusson, Horwood, & Lysnkey, 1997), and increased number of consensual sexual partners (Krebs, Lindquist, Warner, Fisher, & Martin, 2007; Merrill et al., 1999) may play an important role.

**Military environmental factors**

Although certain individuals are more or less at risk for experiencing sexual harassment or assault in the military, there is evidence that particular aspects of the military environment increase risk for sexual victimization in general. For a discussion of cultural factors and norms that may contribute to sexual harassment and assault in the military broadly (e.g., emphasis on violence and hypermasculinity; premium value placed on military performance and team allegiance), readers are encouraged to consult Castro, Kintzle, Schuyler, Lucas, and Warner (2015) and Turchik and Wilson (2010). Here, we will focus on factors that lead to variability within the military context, in terms of identifying settings in which sexual harassment and assault in the military may be more or less likely to occur.

For example, not all branches of military service confer equal risk of sexual victimization. Male and female members of the Air Force are at substantially lower risk of experiencing sexual harassment or assault compared to members of other military branches, even after accounting for many of the demographic characteristics thought to explain branch differences (Morral et al., 2015b).

Being quartered in mixed gender barracks is another variable hypothesized to increase risk for sexual assault among women in the military, but the single study conducted to date has not supported this as a risk factor (Sadler et al., 2003). This same study of female veterans did, however, find that experiencing unwanted sexual attention in sleeping quarters and observing others engage in sexual activities in sleeping quarters are indeed factors that increase women’s risk of sexual assault (Sadler et al., 2003). Studies also suggest that commanders and peers play an important role in establishing (or discouraging) a culture that tolerates sexual harassment and assault. For example, women in units with officers who engage in sexually harassing behaviors themselves or who tolerate the sexually harassing behaviors of others are at increased risk of experiencing sexual assault (Sadler et al., 2003). Working in a unit populated by service members with more negative attitudes about women in military service may also represent a risk factor, as service members with these attitudes report greater tolerance for sexual harassment (Vogt, Bruce, Street, & Stafford, 2007) and in turn, working in a military environment with a climate tolerant of sexual harassment or a masculinized work environment (e.g., high ratio of male to female workers; male supervisor) increases risk of sexual harassment for women (Harned et al., 2002). These same organizational characteristics are also indirectly predictive of sexual assault in the military, through sexual harassment (Harned et al., 2002).

Finally, a recent study found that female service members who had been deployed in the previous 3 years in support of operations in Iraq and Afghanistan and had been exposed to combat had a greater likelihood of experiencing both sexual harassment and sexual assault during that time period as compared to other female service members (LeardMann et al., 2013). This is an important area for continued investigation, but one interpretation for these findings is that combat-heavy war zones increase risk for sexual victimization because they represent the most traditional military environments in terms of a masculinized work environment, acceptance of violence, and emphasis on performance over prevention of sexual violence.
Impact of sexual harassment and assault in the military and issues faced in recovery

To develop effective treatment and other interventions to assist in service members’ recovery from sexual harassment and assault, it is important to identify the types of difficulties with which survivors are likely to struggle afterward. To truly understand these difficulties and how to best intervene, one must understand what might be driving or contributing to them; this in turn, is often influenced by the specific nature of the sexual harassment and assault experiences and survivors’ perspectives on those experiences. In this section, we review what is known about these topics and highlight where the key gaps in knowledge lie.

Impact of sexual harassment and assault in the military

Although there remains important work to be done to further delineate the difficulties with which survivors of sexual harassment and assault in the military struggle, research to date suggests they are similar to those of civilian sexual trauma survivors. For example, as with civilian survivors of sexual trauma, symptoms of PTSD, depression, anxiety, and substance use disorder are common among men and women who experience sexual harassment and assault in the military, as are physical health complaints (Kimerling, Gima, Smith, Street, & Frayne, 2007; Street, Stafford, Mahan, & Hendricks, 2008; Suris & Lind, 2008; Turchik & Wilson, 2010). Risk of suicide is also elevated among both survivors of civilian and military sexual victimization (Belik, Stein, Asmundson, & Sareen 2009; Gradus, Shipherd, Suvak, Giasson, & Miller, 2013; Peterson, Voller, Polusny, & Murdoch, 2011; Ullman, 2004). Both civilian and military sexual harassment and assault survivors also often report struggles with shame, self-blame, and self-doubt, experience disruptions in important relationships, have difficulties trusting themselves or others, and express concerns about sexual functioning and sexuality (Bell & Reardon, 2011; Peterson et al., 2011; Wasco, 2003). (For a more extensive review of the impact of sexual harassment and assault in the military, see Bell & Reardon, 2011).

Of late, an issue of particular interest to advocates, stakeholders, and policymakers concerned about the nature of the medical discharges some sexual assault in the military survivors receive has been the relationship between sexual harassment and assault in the military and personality disorder diagnoses. To speak to this issue, we are aware only of Kimerling and colleagues’ (2007) study, which reviewed Department of Veterans Affairs medical record data and observed an increased risk of receiving a personality disorder diagnosis among both male and female veterans who had screened positive for sexual harassment or assault in the military. However, the methodology involved did not permit accounting for certain confounding variables, such as experiences of childhood trauma, that may have increased survivors’ risk of developing a personality disorder independent of their experiences of sexual assault and assault in the military. Generally, the issue of personality disorders among survivors of sexual harassment and assault in the military intersects with an ongoing conceptual debate about the extent to which categories in current diagnostic systems accurately represent the diffi experienced by survivors of “complex traumas”—that is, those involving traumatic stress that is ongoing over time, occurring when the victim is developmentally vulnerable, and involving victimization at the hands of a known perpetrator (e.g., Herman, 2012; Resick et al., 2012). Although personality disorder diagnoses may accurately capture some of the difficulties with interpersonal relationships, emotion regulation, identity, and other issues often experienced by these survivors, they require an onset of symptoms in childhood and thus may not be appropriate for problems developed after adult experiences of complex trauma; the term “complex PTSD” has been proposed as an alternative way to conceptualize these symptoms. Notably, Luterek, Bittinger, and Simpson (2011) found that even after taking childhood and other adulthood interpersonal trauma into account, experiences of sexual assault in the military continued to significantly predict complex PTSD symptoms in their sample of women veterans. Although these findings do not address the conceptual debate or issues of prevalence, they do suggest that sexual assault in the military can lead to symptoms historically identified as characteristic of per-sonality disorders. However, there remains much scholarly discussion and empirical study to be done to solidify our understanding of these issues among both civilian and military sexual trauma survivors.

Contributors to impact of sexual harassment and assault in the military

Despite the general similarities in difficulties experienced by civilian and military sexual harassment and assault survivors, there are a handful of studies to suggest that there may be differences in the likelihood or severity of those difficulties. For example, several studies of women veterans have found sexual harassment and/or assault in the military to be more strongly associated with PTSD than premilitary or postmilitary
sexual trauma (Himmelfarb, Yaeger, & Mintz, 2006; Luterek et al., 2011; Suris, Lind, Kashner, & Borman, 2007) and Forman-Hoffman, Mengeling, Booth, Torner, and Sadler (2012) reported similar findings for eating disorders among women veterans. Studies of this sort are rare, as analyses are complicated by the high frequency of preand postmilitary sexual trauma among individuals who experience sexual harassment or sexual assault during their military service. Continuing to persevere in examining these issues is important, however, as learning whether there are factors involved with the experience of sexual trauma in the military context that make it particularly likely to be associated with poor health afterward is key to informing efforts to assist in recovery.

In the absence of empirical studies identifying these factors, conceptual analysis highlights some variables that are likely influential. First, as noted earlier, many survivors of sexual harassment and assault in the military must continue living and working with their perpetrator and his or her friends on an ongoing basis, thus potentially increasing their risk of revictimization. Indeed, evidence suggests that a substantial proportion of service members who experience sexual harassment and assault in the military are subjected to multiple unwanted sexual experiences (Morral et al., 2015b). Exposure to multiple sexual traumas is particularly problematic as multiple experiences of trauma have been consistently shown to lead to more significant and persistent mental health difficulties among both women civilians and veterans (Green et al., 2000; Sadler, Booth, Mengeling, & Doebbeling, 2004). The chronic stress caused by ongoing exposure to the perpetrator and threats of revictimization may also contribute to negative health consequences.

Second, previous research indicates that the availability of social support is one of the best predictors of recovery after traumatic experiences (Ozer, Best, Lipsey, & Weiss, 2003) and unfortunately, the military context can present several challenges to survivors’ ability to access social support following sexual harassment and assault. For example, some survivors may be deployed and far from friends, family, and other sources of support. Even though close at hand, service member peers may not be perceived as viable sources of support due to fears that any disclosure may lead to “going public” more broadly. In this, survivors may be concerned about social ostracism, being labeled “troublemakers” who are betraying unit cohesion, or the inadvertent initiation of a potentially unwanted criminal investigation. Service members who have experienced sexual harassment or assault in the military may also have concerns about accessing formal sources of help due to fears of negative career consequences, retaliation, or victim-blaming responses (Bergman, Langhout, Palmieri, Cortina, & Fitzgerald, 2002; Pershing, 2003) and indeed, how systems respond to survivors’ help-seeking may have a pivotal impact on mental health. For example, Bell, Street, and Stafford’s (2014) study of male and female reservists who had experienced sexual harassment or assault in the military found that survivors’ satisfaction with the reporting process was related to well-being even many years after discharge. This host of barriers to accessing support in the military context is, of course, in addition to the many others, such as shame, self-blame, fear of rejection, or experiences of victim-blaming responses, that prevent many survivors of sexual trauma in any context from accessing support from others (Ullman, Foynes, & Tang, 2010).

Although other factors likely also contribute to the difficulties survivors face following sexual harassment and assault in the military relative to survivors of civilian sexual trauma (see Bell & Reardon, 2011, for a more extensive review), the final variable we will highlight as potentially influential is the discord between experiences of sexual harassment and assault in the military and core military values with which survivors often identify and in which they often deeply believe. For example, experiences of sexual harassment and assault at the hand of a fellow service member are difficult to reconcile with military training promoting the notion of being “service members in arms” who protect and look out for each other. Receiving unsupportive responses from peers, commanding officers, or formal sources of help may lead to a sense of institutional betrayal (Smith & Freyd, 2014) and questions about what one’s personal sacrifices in the name of our country have truly been for. Moreover, experiences of victimization are deeply at odds with the military’s emphasis on strength and personal control, and many survivors struggle to integrate these experiences with their identity and sense of self prior to the sexual harassment and assault, which perhaps involved a significant sense of personal power. This may be amplified to the extent others label them as “weak” for having “allowed” themselves to be victimized or for experiencing difficulties afterward.

Given these factors it is not surprising that many survivors struggle with self-blame, identity, issues related to power and control, and intimacy, trust, safety, and other core features of relationships. These and the other difficulties reviewed earlier are common among a broad range of survivors of sexual harassment and assault in the military but how any individual
survivor reacts to his or her experiences of sexual harassment and assault is dependent upon a variety of factors including the specific nature of the experiences (e.g., single event vs. ongoing; severity of the event; single vs. multiple perpetrators; known vs. unknown perpetrator) and characteristics of the environment (e.g., responses of others at the time; types of subsequent interactions with perpetrator; concurrent exposure to other trauma, like combat). In addition, a range of individual difference variables, such as race, socioeconomic class, previous trauma history, developmental level and age, can not only intersect with these variables, but may themselves affect reactions to and recovery from sexual harassment and assault as well. Although the impact of each of these variables on survivors’ recovery remains an important next frontier for research related to sexual harassment and assault in the military, here we review what is known about how two specific individual difference variables with particular salience in military culture, policy, and environment—gender and sexual orientation—shape experiences of and recovery from sexual harassment and assault in the military.

**Gender**

As noted earlier, women are at much higher risk of experiencing sexual harassment and assault in the military as compared to men, but it is estimated that in absolute numbers, due to the disproportionate number of men in the military, a larger number of servicemen than servicewomen experience sexual victimization annually (Morral, Gore, & Schell, 2015a). Although many studies of sexual harassment and assault in the military have focused exclusively on women, and to our knowledge only one study (focusing on prevalence) exists on transgender veterans, the body of literature on men’s experiences, particularly in terms of how these experiences are similar to or different from women’s experiences, continues to grow. Findings show that although women are far more likely than men to experience the most severe forms of sexual harassment and assault in the military (e.g., penetrative assault; Morral et al., 2015a; Street et al., 2007, 2008), men are more likely to experience physical injury or the threat of physical injury during sexual assault in the military (Morral et al., 2015b) and are more likely than women to report experiencing more than one sexual assault in the previous year (Morral et al., 2015b). This suggests that although men may be less likely than women to experience severe sexual harassment and assault in the military, when they do experience severe assaults, these experiences tend to be repeated and characterized by physical injury. Women’s and men’s experiences also differ in other ways. Men are more likely than women to identify the intent of the assault as being to abuse or humiliate them (70% of men vs. 42% of women) and to describe the event as “hazing” (34% of men vs. 6% of women; Morral et al., 2015b). Women’s experiences of sexual assault in the military are more likely to involve alcohol (56% of women vs. 29% of men), whereas men’s experiences are more likely to involve multiple perpetrators (49% of men vs. 35% of women). For both women and men, the majority of their perpetrators are male, although this is more monolithically true for women, with 95% of women reporting male sexual harassment perpetrator(s) and 87% of women reporting male sexual assault perpetrator(s). In contrast, 67% of men report that their sexual harassment perpetrator(s) was a man or men only, with an additional 16% reporting that perpetrators were both men and women; for sexual assault, these percentages are 63% and 8%, respectively (Morral, Gore, & Schell, 2015c).

Although there can be gender differences in the prevalence of certain disorders, research has shown that the mental health difficulties women and men experience following sexual harassment and assault in the military tend to be similar (Bell, Turchik, & Karpenko, 2014; Kimerling et al., 2007). Some work has suggested, however, that the intensity of symptoms may be worse for men as compared to women (Murdoch, Pryor, Polusny, & Gackstetter, 2007; Shipherd, Pineles, Gradus, & Resick, 2009; Street et al., 2007; Vogt, Pless, King, & King, 2005). Given that men’s experiences of sexual assault in the military are particularly likely to result in injury at the time, ongoing pain and physical injury may also be a component of men’s recovery struggles. Unfortunately, men are less likely to seek out treatment or other formal sources of help (in general and also after experiences of sexual harassment and assault in the military; for a review, see Bell, Turchik, et al., 2014). This may in part be due to men’s tendency to perceive their sexual harassment and assault in the military experiences as having been incidents of hazing as opposed to sexual assault, making services identified as sexual assault-related (e.g., assistance from a “sexual assault advocate”) seem inapplicable. Also, qualitative work by Turchik and colleagues (2013) found male survivors of sexual harassment and assault in the military to report male-specific treatment barriers such as “male pride” and concerns about others’ perceptions of their sexual orientation which might prevent them from seeking treatment. Given this, it is not surprising that at least one study has found that men may be even more strongly affected by negative experiences with help-seeking than are women (Bell, Street, et al., 2014).
Bell, Turchik, and Karpenko (2014) provided an in-depth review of other similarities and differences in issues men and women face in recovering from sexual harassment and assault in the military but in brief, gender role expecta-tions and the sociocultural envir-onment may be influential. For example, although both men and women often acquire an identity of strength as a result of their military service, this identity may be especially salient for men, given societal conceptualizations of masculinity. As a result, men may struggle more intensely in their recovery with reconciling their experiences of victimization and subsequent difficulties with their sense of what it means to be a “real man.”

Given the alignment of masculinity with heterosexuality and the fact that most perpetrators of sexual harass-ment and assault in the military are male (Morrall, Gore, & Schell, 2015c) men may also be more likely to question their sexual orientation following sexual harassment and assault (Walker, Archer, & Davies, 2005).

Although victimization may not clash with feminine gender norms in the same way as it does with masculine ones, women’s reactions to sexual harassment and assault in the military are likely colored by their broader experiences within the military, a masculinized culture in which women represent a significant minority and frequently report experiencing gender-based harass-ment (e.g., Street, Vogt, & Dutra, 2009). Female veterans report having had less support from peers and superiors during their service than do their male counterparts (Street, Gradus, Giasson, Vogt, & Resick, 2013; Vogt et al., 2005) and sexual harassment and assault in the military may reinforce women’s feelings that they are unwelcome or that others believe their “purpose” within the military and perhaps life more generally is to be in a sexual and subordinate role. They may have difficulty in relationships with men and when in maledominated environments; this, of course, may make the remainder of their time in service quite difficult.

To our knowledge, no articles exist on issues that transgender individuals struggle with after experiences of sexual harassment and assault in the military, but given their marginalized (and historically forbidden) status and stigmatized identity, it is likely their struggles may overlap with those of lesbian, gay, and bisexual individuals, reviewed next.

Sexual orientation
Unfortunately, there is a dearth of research examining sexual harassment and assault in the military among lesbian, gay, and bisexual service members and veterans, in part due to the inability to study this issue effectively under “Don’t Ask, Don’t Tell” policies. Certainly under “Don’t Ask, Don’t Tell,” and perhaps even still today, perpetrators may have capitalized on stigma by threatening to publicly identify victims as lesbian, gay, or bisexual—whether true or not—if they did not engage in sexual activity. What other specific experiences are commonly part of lesbian, gay, and bisexual individu-als’ sexual harassment and assault victimization in the military has yet to be studied.

We are not aware of any studies examining the health impact of sexual harassment and assault in the military among lesbian, gay, and bisexual service members or veterans. However, some data suggests that lesbian, gay, and bisexual civilians who experienced victimization because of their sexual orientation have more mental health and other difficulties than victims of nonbias crimes and nonvictims (Herek, Gillis, & Cogan, 1999). Moreover, stigma may, even in the absence of “Don’t Ask, Don’t Tell,” continue to serve as a barrier to lesbian, gay, and bisexual service mem-bers making formal reports of their experiences of sexual harassment and assault in the military, seeking out treatment, or otherwise engaging sources of formal or informal help. All in all, increased attention to this area is required to be able to effectively assist these survivors.

In this future work, careful attention should be paid to how experiences of sexual harassment and assault in the military, particularly when perceived to have been driven by bias, might contribute to internalized homophobia, identity conflict, self-blame, or shame (Burks, 2011). The literature on civilian lesbian, gay, and bisexual individuals’ reaction to hate crimes or other victimization based on their sexual orientation is likely highly relevant, but the increased need (at least historically) for secrecy, the hypermasculinity, and the general social conservatism of the military context may introduce unique elements. Moreover, as was mentioned earlier in relation to women, experiences of sexual harassment and assault of lesbian, gay, and bisexual individuals in the mili-tary occurs against a backdrop of devaluing and de-privileging messages in both the military and broader cultures. How the two intersect and/or possibly amplify each other to shape not only victim’s health, but also their perceptions of themselves, others, and the world, is important to understand.

Conclusion
Individuals enter the military knowing they are at risk for difficult, even traumatic, experiences such as com-bat, separation from loved ones, and lasting physical
injuries or health concerns. They join, knowing that these hardships and difficulties are in service of their country’s and fellow countrymen and women’s well-being. Few, if any, individuals join expecting to experience sexual harassment or sexual assault during their service and when these experiences do occur, they can be difficult to understand or make sense of. Because of this, recovery can involve unique challenges.

In this article, we have reviewed what is known and what needs to be known about victims of sexual harassment and assault in the military. Continued attention to identifying contextual factors that facilitate the occurrence of sexual harassment and assault in the military is important, as is a better understanding of perpetrators and their behavior. This information is crucial for identifying those service members who are at greatest risk for experiencing sexual victimization and may also highlight factors important to consider in efforts to promote recovery. Generally, understanding how the weight of empirical evidence relating to civilian sexual harassment and assault does or does not generalize to the military context should also be a priority. Specific to impact and recovery, as noted earlier there appears to be both considerable overlap in impact and recovery needs after sexual victimization in civilian and military contexts, and also indications that military survivors may be more likely to experience more severe difficulties. Empirical studies are needed to understand what factors contribute to these similarities and differences. Finally, understanding more about sexual harassment and assault in the military among understudied groups, such as men and lesbian, gay, bisexual, and transgender individuals, as well as how experiences and impact are shaped by other individual difference and cultural variables, is also pivotal to assisting survivors effectively.

All in all, to best assist existing victims and to prevent other service members from similar victimization, it is incumbent upon the field to continue to expand our knowledge in the areas we’ve highlighted, as well as to apply this information to intervention efforts. We encourage readers to consult other articles in this Special Issue for more information about best practices and implications for intervention, both in terms of treatment of individuals as well as prevention and other systemic, institutional efforts. Sound information about victims—including who they are and what they face in recovery—is the foundation upon which these interventions must be built to ensure their sensitivity and ultimately, their effectiveness.

References


